



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line:(888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 18, 2019

Lyne Limoges, Director
Orleans Essex Vna & Hospice
46 Lakemont Road
Newport, VT 05855-1550

Provider ID #:477018

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the Recertification Survey conducted on **December 12, 2018**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Division Director

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2018
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NAME OF PROVIDER OR SUPPLIER ORLEANS ESSEX VNA & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 46 LAKEMONT ROAD NEWPORT, VT 05855
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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G 000 INITIAL COMMENTS

G 000

An unannounced onsite recertification survey was conducted by the Division of Licensing & Protection on 12/10-12/2018. The following regulatory deficiency was identified:

G 438

Have a confidential clinical record CFR(s): 484.50(c)(6)

Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.

This ELEMENT is not met as evidenced by:
Based on interviews and record review the Home Health Agency (HHA) failed to assure that all patients receiving Master of Social Work (MSW) services have a confidential clinical record.
Findings include:

G 438

CFR(s): 484.50(c)(6)

Based on exit interview -

1/11/2019

Referral process changed
Referrals are now in-house.
MSW called to advise of referrals; which she comes to the office to pick up - until she receives an Agency Laptop.

Per interview with the Executive Director (ED) at 9:50 AM on 12/12/2018 confirmed the MSW services are contracted through the State Designated Mental Health agency. The ED also stated that the MSW has been available to sufficiently assist the HHA in meeting the psychosocial needs of patients who have been referred to the MSW. Per interview on 12/12/18 at 10:05 AM the MSW stated that s/he covers both the Home Health and Hospice patients for the HHA. The agency submits referrals to the MSW either in person when the MSW is at the agency office for meetings or by fax to the contracted mental health agency. Per telephone confirmation on 12/12/18 at 11:30 AM staff from the contracting agency stated faxed referrals addressed to the MSW are received at the mental health agency; printed and retrieved by office staff; and placed in a mail box for the recipient to

We have given her office space for documentation, (paper) until her laptop is issued. It is anticipated she will be fully functional with Agency laptop by January 11, 2019.

*Doc until 1.17.19
M H 181*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lynne B. Pinogias MSW, RN</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>12/27/2018</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER ORLEANS ESSEX VNA & HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 46 LAKEMONT ROAD NEWPORT, VT 05855	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

G 438 Continued From page 1
retrieve. The potential opportunity exists during this faxed process for unauthorized individuals to access protected information included in the content of a patient referral from the HHA.

In addition, the HHA failed to provide the MSW access to a computer for the completion of documentation regarding home visits made to HHA patients and computer access for the purpose of communicating with other members of the HHA clinical team via the Electronic Medical Record (EMR). Instead, the MSW utilizes a computer at the mental health agency, whose security and electronic safeguards are unknown, and prints the completed home visit notes at the contracting agency. The MSW hand delivers home visit notes to the HHA where they are scanned into the EMR. The MSW has not had access to the HHA EMR system, during the 3 years of working with the agency's patients.

Per interview at 10:35 AM the ED confirmed being unaware of the process used by the MSW for the transmission of referrals involving paper copies which contain patient information; and further was unaware the MSW was completing home visit notes on a separate agency's computer where the notes are saved and printed.

E 000 Initial Comments

At the time of the Home Health Agency re-certification survey conducted by the Division of Licensing and Protection on 12/10/18 - 12/12/18 the Emergency Preparedness survey was conducted. The Agency was found to be in Substantial Compliance with the Federal requirements for Emergency Preparedness.

G 438 G 438 CFR(s): 484.50(c)(6) contd.

All administrative staff will be informed via internal email that referrals will NO longer be submitted via fax to Northeast Kingdom Human Services. Referrals are to be made via EMR (HealthWyse/Casamba) email directly to MSW.

MSW will be issued secure Agency Laptop for the purpose of receiving referrals, obtaining patient medical history and completing documentation.

E 000

psc center 1.17.19
MH 19

01/14/2019

Skilled Nursing
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Hospice
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Personal Care Attendants
Homemakers

Phone: (802) 334-5213

Fax: (802) 334-8822

46 Lakemont Road Newport, Vermont 05855

Lyne B. Limoges, MSN, RN, Executive Director

December 28, 2018

Suzanne Leavitt, RN MS
State Survey Agency Director
Agency of Human Service – Dept. of Disabilities, Aging & Independent Living
Division of Licensing & Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060

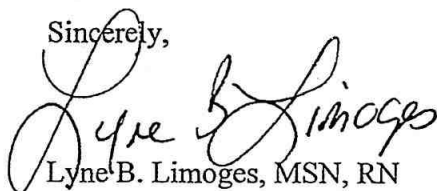
Dear Ms. Leavitt,

Enclosed is our Plan of Correction for our most recent State Designation and Re-Certification Survey noted deficiency.

Please contact me at (802) 334-5213 Ext. 814 or at the above address if additional information is needed.

Thank you.

Sincerely,



Lyne B. Limoges, MSN, RN
Executive Director

CC: Survey & Certification Fax # (802) 241-0343