

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 State Designation survey conducted on **December 12, 2018**.

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

Sincerely,



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

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0477018	(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) COMPLETE DATE
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H 001	Initial Comments An unannounced state Designation survey was conducted by the Division of Licensing & Protection on 12/10-12/2018. The following State regulatory deficiency was identified as a result of the survey:	H 001		
H1704	17.4 Patient Rights XVII. Patient Rights 17.4 A patient has the right to confidentiality of his or her protected health information and the right to review the written record upon request This REQUIREMENT 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: 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	H1704	H1704 17.4 Patient Rights Based on exit interview – 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. 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. <i>POC Accepted 1-7-19 MH/81</i>	1/11/2019

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lynn B. Dimock, RN, RN</i>	TITLE Executive Director	(X6) DATE 12/27/2018
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STATE FORM 5299 UPGO11 If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2018
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H1704	Continued From page 1 health agency; printed and retrieved by office staff; and placed in a mail box for the recipient to 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.	H1704	H1704 17.4 Patient Rights 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. <i>Poc amt 1.17.15 MH/S</i>

01/14/2019



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

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December 19, 2018

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

Dear Ms. Limoges:

The Division of Licensing and Protection conducted a re-certification survey at your agency on **December 12, 2018**. The purpose of the survey was to determine if your agency was in compliance with Federal participation requirements for Home Health and Hospice Agencies participating in the Medicare and Medicaid programs. As a result, one deficiency was found and requires a plan of correction.

Please write or type your plan of correction including a correction date in the space provided on the enclosed CMS-2567 form. Please **sign, date, and return** this report to this office no later than **December 31, 2018**

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to assure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.

You are reminded that deficiency forms are available to the general public after a specific period of time. Therefore, please be specific in your statements concerning corrective actions. If you have any questions regarding the deficiency statement please do not hesitate to contact me at (802) 241-0480.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzanne Leavitt", written over a horizontal line.

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