

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

May 2, 2018

Ron Cioffi, Director
Rutland Area Visiting Nurse Association & Hospice
7 Albert Cree
Rutland, VT 05701-4648

Provider ID #:477007

Dear Mr. Cioffi:

Enclosed is a copy of your acceptable plans of correction for the State Designation survey conducted on **March 28, 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

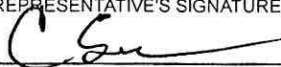
APR 27 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2018
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NAME OF PROVIDER OR SUPPLIER RUTLAND AREA VISITING NURSE ASSOCIATI	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701
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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
H 001	Initial Comments An unannounced onsite State Designation survey was conducted by the Division of Licensing and Protection from 3/26 -3/28/18. The following are State regulatory findings.	H 001		
H 517 SS=D	<p>5.7(a) Requirements for Operation</p> <p>V. Requirements for Operation</p> <p>5.7 A home health agency shall notify the Department of all critical incidents among its current patient population within specified time frames below. Verbal reports shall be followed by a written report that summarizes the occurrence.</p> <p>(a) A home health agency shall report any suspicion of abuse, neglect or exploitation as defined in 33 V. S. A. §6902 to the Division of Licensing and Protection ' s Adult Protective Services unit within 48 hours.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure that an allegation of theft by an employee was reported to Licensing and Protection for 2 patients sampled (Patient #1, #2) Findings include:</p> <p>1. Per review of the patient complaint log for the agency, Patient #1 lodged a complaint with the agency on 11/24/17 that alleged there was \$300.00 missing from their wallet during a home visit by an aide providing personal care to the patient. There was evidence that this was reported to Adult Protective Services as required,</p>	H 517	<p>H 517 Plan of Correction:</p> <p>This has been reviewed with staff and managers at all branches. All complaints or allegations of theft or other similar wrong doing shall be reported to Licensing and Protection (Survey and Certification) in addition to Adult Protective Services within 48 hours. Managers and Director to review all complaints for correct reporting. Date of completion 3/29/18.</p> <p><i>H517 - POCAmt 5.1.18 KC/SL</i></p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Director of Homecare

(X6) DATE

4/20/18

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2018
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H 517	Continued From page 1 however not reported to Survey and Certification. 2. Per interview with the Human Resources Director on 3/28/18, Patient #2 had reported to the agency on 12/12/17 that they were missing \$100.00 from their apartment and suspected that the Home Health Aide may have taken it. Per review of the documentation, this allegation was reported to Adult Protective Services but not to Survey and Certification as required. The aide was the same employee that was questioned regarding the incident with Patient #1 on 11/24/17. Per interview on 3/28/18, the Director of Human Resources stated that the agency terminated the aide's employment. Although they did not have any solid evidence, they considered two incidents involving the same employee in a short period of time posed a risk to the patients. The HR Director also confirmed that these incidents were not reported to Survey and Certification.	H 517 H 517	H 517 Plan of Correction: As noted on previous page, this has been reviewed with managers and staff at all branches. In the event of allegations of theft or similar wrong doing, reports shall be made to Licensing and Protection (Survey and Certification) in addition to Adult Protective Services within 48 hours. Managers and Director to review all complaints for correct reporting. Date of completion 03/29/18.	

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April 11, 2018

Mr. Ronald Cioffi, Director
Rutland Area Visiting Nurse Association & Hospice
7 Albert Cree
Rutland, VT 05701-4648

Dear Mr. Cioffi:

The Division of Licensing and Protection conducted a survey at your agency on **March 28, 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 **April 24, 2018**

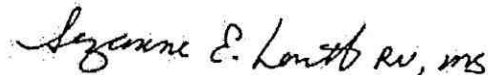
Plan of Correction (POC)

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,



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