



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
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Survey and Certification Reporting Line:(888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 21, 2023

Ms. Johanna Beliveau, Administrator
VNH - Visiting Nurse & Hospice - Vermont & New Hampshire
88 Prospect Street
White River Junction, VT 05001

Provider ID #: 471506

Dear Ms. Beliveau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 29, 2023**.

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

Sincerely,

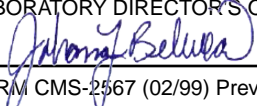
A handwritten signature in cursive script that reads "Suzanne Leavitt".

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/29/2023
NAME OF PROVIDER OR SUPPLIER VNH - VISITING NURSE & HOSPICE-			STREET ADDRESS, CITY, STATE, ZIP CODE 88 PROSPECT STREET , WHITE RIVER JUNCTION, Vermont, 05001	
(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
E0000	Initial Comments An unannounced, onsite Emergency Preparedness Program Conditions of Participation (418.113) survey was conducted from 03/27/23 through 03/29/23 by the Division of Licensing and Protection. The agency was found to be in substantial compliance as a result of this investigation. There were no regulatory violations identified.	E0000	See Attached	
L0000	INITIAL COMMENTS An unannounced, onsite recertification survey was conducted by the Division of Licensing and Protection from 03/27/23 through 03/29/23 as authorized by the Centers for Medicare and Medicaid Services to determine compliance with all Conditions of Participation. The following regulatory violations were Identified:	L0000		
L0531	CONTENT OF COMPREHENSIVE ASSESSMENT CFR(s): 418.54(c)(7) [The comprehensive assessment must take into consideration the following factors:] (7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care. This STANDARD is NOT MET as evidenced by: Based on record review and staff interview, the Hospice Agency failed to assess for any grief/loss concerns by initiating a Bereavement assessment which coordinates with the plan of care goals PRIOR to the death of the patient. Findings include: Record reviews conducted by all surveyors from 03/27/23 through 03/29/23 did not contain documentation of	L0531		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE President & CEO	(X6) DATE 4/19/23
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L0531	Continued from page 1 initial Bereavement Assessments for HOSPICE clients. Further review of client records took place on 03/29/23 at 09:54am. Client records were reflected on a large wall screen in the conference room for easy navigation and search by two agency staff and observed by surveyors. Review of the agencies Bereavement Care Planning Policy and Procedure on page 1. Labeled, Bereavement Risk Assessment (section 4) and revised on 01/18/23 states under Policy: VNH shall Upon admission to hospice assess the patient, significant family members and caregivers for grief and bereavement needs. The Bereavement plan of care reflects the assessed needs from the initial assessment of the bereaved per agency policy. A Chaplain and Director of Nursing (DON) confirmed on 03/29/23 at 09:45am, that Bereavement Assessments had not been completed or documented upon admission prior to death of the client.	L0531		

**Division of Licensing & Protection Federal Participation Requirements Survey
Plan of Correction**

Visiting Nurse & Hospice for VT & NH

Date Survey Completed: 3/29/2023

Tag ID: L0531

Deficiency:

Content of Comprehensive Assessment (CFR(s): 418.54(c)(7)
Standard: Bereavement.

Corrective actions & Preventative Measures		Completion Date	Monitored by
1.	Reviewed and confirmed that assessment tool in EMR (Epic) included all elements of bereavement assessment per regulations	3/31/2023	Completed (one time)
2.	Education to all staff (including nursing, chaplaincy, MSW) at an all staff meeting regarding regulation, organizational expectation to complete bereavement assessment and how to access and use form in EMR (Epic) at the time of admission	4/5/2023	Completed (one time)
3.	Individual meetings with chaplains to confirm understanding of regulation and how to complete assessment in EMR using standardized bereavement questions	4/30/2023	Clinical Manager, Hospice Services
4.	Admission checklist used by admitting clinician updated to include bereavement assessment	4/5/2023	Completed (one time)
4a.	Updated admission checklist shared with all staff and made available on a shared file access point.	4/14/2023	Clinical Manager, Hospice Services maintains shared file
5.	Include audit of bereavement assessment in chart review conducted after each admission; follow up with staff individually if assessment not completed	4/14/2023	Clinical Manager, Hospice Services performs chart audits and escalates to Director of Hospice Services if non-compliant

Tag L0531 POC accepted on 4/21/23 by M. Higgins/S. Leavitt