

Division of Licensing and Protection

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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 13, 2019

Johanna Beliveau, Administrator
Vna Of Vt & Nh
88 Prospect Street
White River Junction, VT 05001-5400

Provider ID #:477002

Dear Ms. Beliveau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 22, 2019**.

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

Sincerely,

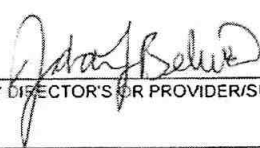


Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Division Director

Enclosure

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

PRINTED: 04/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED C 04/22/2019
NAME OF PROVIDER OR SUPPLIER VNA OF VT & NH			STREET ADDRESS, CITY, STATE, ZIP CODE 88 PROSPECT STREET WHITE RIVER JUNCTION, VT 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	
G 000	INITIAL COMMENTS	G 000			
	An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 4/22/2019. The following regulatory deficiency was identified at this time. Specifics are detailed below:				
G 806	Supervision of home health aides CFR(s): 484.80(h)	G 806		please see attached	
	Standard: Supervision of home health aides. This STANDARD is not met as evidenced by: Based on medical record review and staff interviews, the home health agency failed to assure that aide supervision is performed every 14 days for 1 of 3 skilled clients receiving home health aid services (Client # 1). The specifics are detailed below:				
	Per medical record review, Client # 1 has home health aide (HHA) services ordered daily to assist with personal care, bowel regime and transfer out of bed to chair. Supervisory visits were done in early January 2019 with an expectation that the next visit would be on or before 1/30/2019. No visit is documented until 2/12/2019. The next visit is documented as having been done on 3/1/2019 and not, as expected, on or before 2/26/2019 per "clinical preference." There is no documentation to explain this schedule change. 3/19/2019 is the next aide supervisory visit done, outside the 14 day requirement.				
	During interview at 2:45 PM, the clinical manager confirms that aide supervisory visits are not conducted every 14 days for Client # 1.				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	
			President & CEO	5/9/19	

*Account 5.9.19
GC/SL*

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.

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

Visiting Nurse & Hospice for VT & NH
Date of Survey: Monday, April 22, 2019
Tag ID: G806

Deficiency:
 Supervision of home health aides CFR: 484.80(h)
 Standard: Supervision of home health aide

	Corrective actions & Preventative Measures	Completion Date	Monitored by
1.	Education to all field staff and scheduling staff regarding 14 day supervision regulations during staff meetings with managers; attendance documented	5/15/2019	Clinical managers via attendance logs.
2.	Education to all field staff and scheduling staff regarding marking visits in McKesson as 14 day supervisory visits during staff meetings with managers; attendance documented	5/15/2019	Managers via attendance logs.
3.	Implement manager and scheduling staff standard work to identify 14 day HHA supervisory visits due in the next 72 hours	5/30/2019	Director of Home Health Services and Manager of Intake & Referral Services
3a.	Train managers and scheduling staff to utilize the "14 day Supervisory Due Report" to identify clients due for visit in next 72 hours		
3b.	Establish standards of communication between scheduling and clinical staff to identify supervisory visits		
4.	Initiate regular weekly auditing of records for clients receiving home health aide services to confirm compliance with 14 day supervisory requirement	5/15/2019	Manager, Quality Assurance
4b.	Train quality assurance team to select cases for audit using the "Nursing Order Frequency" report		

*pop account 5-9-19
 CO [Signature]*