

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

February 4, 2020

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 **January 8, 2020**.

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: VT477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/08/2020
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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) COMPLETE DATE
H 001	Initial Comments An unannounced onsite investigation into 5 complaints was conducted by the Division of Licensing and Protection from 1/6/2020 to 1/8/2020. The following deficiencies were identified.	H 001	PLEASE SEE ATTACHED	
H1201	12.1 Unlicensed Caregiver Services If a home health agency provides or arranges for unlicensed caregiver services, those services shall be provided pursuant to a patient's plan of care in accordance with state and federal program standards and shall include, but not be limited to, personal care services and/or homemaker services. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure that personal care services were provided according to the patient's plan of care for 1 of 5 patients reviewed (Patient #1). Findings include: Per record review, Patient #1 was being served by the Home Health agency under Long Term care services for many years. Patient #1's diagnosis included a Traumatic Brain Injury. Per the plan of care, the patient was to receive a personal care attendant (PCA) for 3x per week for 2 hour visits to assist with bathing, dressing, and other ADLs as put forth in the care plan. The patient lived with a family member who also assisted in providing care however had some limitations in the ability to provide daily care. Per review of the PCA visit record, there was one primary PCA who had served this patient for years, and only on a few occasions had another	H1201		

*Acc annotated H1201+
H2051
1-31-20-20
Kcums 18*

PRESIDENT: CEO 1/30/2020

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

TITLE

(X6) DATE

Division of Licensing and Protection

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H1201	<p>Continued From page 1</p> <p>PCA complete the visit. At the end of June 2019, the patient was being transitioned to the Traumatic Brain Injury program, a case manager change to a developmental services agency, and there was some question on whether the Home Health Agency could continue to provide PCAs under this program. There were 3 missed visits by the PCA on 7/1, 7/3, and 7/5/19 due to this uncertainty. The visits resumed as before, and were consistently provided until 8/30/19, when the primary PCA was unexpectedly out on leave. There was a call log in the patient record that indicated the agency attempted to call the patient's caregiver but could not reach them on 9/4/19. The call log on 9/10/19 stated that the PCA visit was "canceled by agency, client aware". On 9/12/19, the call log note stated "PCA not available". 9/13/19 note stated "visit canceled, PCA not available, family aware". 9/16/19 call log note reads "Client and family aware PCA not available". 9/20/19 call log note reads "PCA not available". 9/23/19 call log note states "no phone, not sure if emergency # should be called". On 10/4/19, a different PCA completed a visit to the patient one time, and that was the last PCA visit made in the record. There was a note on 10/14/19 that the former case manager of the Long Term Care program attempted to contact the family caregiver for the patient to discuss the plan of care.</p> <p>At the time of this investigation on 1/7/2020, the patients record is still in open status in the electronic medical record. There were indications that the patient was moving to a new residence care home out of the service area and was no longer receiving PCAs from the agency, but there was no documentation to confirm this.</p> <p>Per interview on 1/8/2020, the VP of Quality and Compliance confirmed that the record was</p>	H1201		

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H1201	Continued From page 2 incomplete to explain the series of events, and that the agency had not provided PCAs to the home after 8/30/19 with the exception of one visit on 10/4/19, and that this did not follow the plan of care for 3x/week visits to the home by a PCA. The VP of Quality also confirmed that there was not enough documentation to confirm that the agency made an attempt to fill the hours with another PCA as ordered and care planned for.	H1201		
H2051	25.1 Patient Records A home health agency shall maintain a patient record for every patient receiving home health services from the agency. The patient record shall include pertinent and comprehensive information regarding the patient's history and current findings as to the patient's condition(s) and status, in accordance with accepted professional standards and in accordance with the requirements of the program under which the patient is served by the home health agency. A home health agency shall ensure that whenever a patient's advance directive, including a DNR or COLST, is provided to the agency, a copy is included in the patient record. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure that documentation in a patient record was sufficient to explain the status of their services according to the patient's plan of care for 1 of 5 patients reviewed (Patient #1). Findings include: Per record review, Patient #1 was being served by the Home Health agency under Long Term care services for many years. Patient #1's	H2051		

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H2051	Continued From page 3 diagnosis included a Traumatic Brain Injury. Per the plan of care, the patient was to receive a personal care attendant (PCA) for 3x per week for 2 hour visits to assist with bathing, dressing, and other ADLs as put forth in the care plan. The patient lived with a family member who also assisted in providing care however had some limitations in the ability to provide daily care. Per review of the PCA visit record, there was was one primary PCA who had served this patient for years, and only on a few occasions had another PCA complete the visit. At the end of June 2019, the patient was being transitioned to the Traumatic Brain Injury program, a case manager change to a developmental services agency, and there was some question on whether the Home Health Agency could continue to provide PCAs under this program. There were 3 missed visits by the PCA on 7/1, 7/3, and 7/5/19 due to this uncertainty. The visits resumed as before, and were consistently provided until 8/30/19, when the primary PCA was unexpectedly out on leave. On 10/4/19, a different PCA completed a visit to the patient one time, and that was the last PCA visit made in the record. There was a note on 10/14/19 that the former case manager of the Long Term Care program attempted to contact the family caregiver for the patient to discuss the plan of care. At the time of this investigation on 1/7/2020, the patients record is still in open status in the electronic medical record. There were indications that the patient was moving to a new residence care home out of the service area and was no longer receiving PCAs from the agency, but there was no documentation to confirm this. Per interview on 1/8/2020, the VP of Quality and Compliance confirmed that the electronic health record was incomplete to explain the series of	H2051		

Division of Licensing and Protection

STATE FORM

5899

4T3011

If continuation sheet 4 of 5

Division of Licensing and Protection

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H2051	Continued From page 4 events, and whether the family had refused a different caregiver or some other reason they did not provide PCAs to the patient. The VP of Quality also confirmed that there was not enough documentation to confirm that the agency was no longer serving this patient due to a move, and that case was still open in the system.	H2051		

**Division of Licensing & Protection, Vermont Regulations for the Designation and Operation of Home Health
Agencies Survey
Plan of Correction**

Visiting Nurse & Hospice for VT & NH

Date of Survey: Monday, June 6, 2020 – Wednesday, June 8, 2020

Tag ID: H1201

Deficiency:

12.1 Unlicensed Caregiver Services: If a home health agency provides or arranges for unlicensed caregiver services, those services shall be provided pursuant to a patient's plan of care in accordance with state and federal program standards and shall include, but not be limited to, personal care services and/or homemaker services

Corrective actions & Preventative Measures		Completion Date	Monitored by
1.	Education to all Choice for Care/Long Term Care Case Managers regarding unlicensed caregiver services regulation 12.1.	2/1/2020	Long Term Care Program Director via attendance log
2.	Implement standard work for program director, program scheduler and case managers to review list of clients and adherence to plan of care via weekly case conferencing and review of Long Term Care client report.	2/15/2020	Long Term Care Program Director via adherence to standard agenda for weekly meetings
3.	Initiate auditing of records for clients receiving Unlicensed Caregiver Services to confirm compliance with Plan of Care	2/15/2020	Long Term Care Program Director
3a.	Establish auditing process, frequency, documentation and follow-up plan	2/15/2020	Long Term Care Program Director

Tag ID: H2051

Deficiency:

25.1 Patient Records: A home health agency shall maintain a patient record for every patient receiving home health services from the agency. The patient record shall include pertinent and comprehensive information regarding the patient's history and current findings as to the patient's condition(s) and status, in accordance with accepted professional standards and in accordance with the requirements of the program under which the patient is served by the home health agency. A home health agency shall ensure that whenever a patient's advanced directive, including a DNR or COLST, is provided to the agency, a copy is included in the patient record.

Corrective actions & Preventative Measures		Completion Date	Monitored by
1.	Education to all Choices for Care/Long Term Care Case Managers regarding expectations of documentation in the medical record regarding the status of services according to the patient's plan of care	2/1/2020	Long Term Care Program Director via attendance log
2.	Implement standard work for program director, program scheduler and case managers to review list of clients and identify any patients with changes to the plan of care that requires a documentation of status in the electronic health record via weekly case conferencing and review of Long Term Care client report.	2/15/2020	Long Term Care Program Director via adherence to standard agenda for weekly meetings
3.	Initiate regular auditing of Long Term Care client records for the presence of appropriate, timely, and complete documentation of sufficient information to explain the status of services if not delivered in accordance with the plan of care	2/15/2020	Long Term Care Program Director
3a.	Establish auditing process, frequency, documentation and follow-up plan	2/15/2020	VP, Patient Care Services review of LTC Program Director's audit log