



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
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March 10, 2015

Teresa Dixon, Administrator  
Alliance Home Health Of Idaho  
440 East Clark Street, Suite A  
Pocatello, ID 83201

RE: Alliance Home Health Of Idaho, Provider #137115

Dear Ms. Dixon:

This is to advise you of the findings of the Medicare/Licensure survey at Alliance Home Health Of Idaho, which was concluded on February 26, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

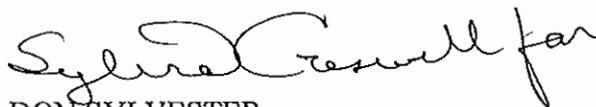
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Home Health Agency into compliance, and that the Home Health Agency remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567 and State Form 2567.

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After you have completed your Plan of Correction, return the original to this office by March 22, 2015, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at (208) 334-6626, option 4.

Sincerely,



DON SYLVESTER  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

DS/pmt  
Enclosures



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  137115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/26/15	
NAME OF PROVIDER OR SUPPLIER  ALLIANCE HOME HEALTH OF IDAHO		STREET ADDRESS, CITY, STATE, ZIP CODE 440 EAST CLARK STREET, SUITE A POCATELLO, ID 83201		
(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 158	<p><b>Continued From page 1</b></p> <p>contained an order for 2 social work visits. The social work evaluation was not completed until 2/03/15, fifteen days later.</p> <p>The Administrator was interviewed on 2/23/15 at 11:30 AM. She stated, "The agency's expected time frame for social work first visit is within 48 hours of physician orders."</p> <p>During an interview on 2/23/15 at 8:30 AM, the RN Case Manager reviewed Patient #11's record, and confirmed a social work order dated 1/17/15. She confirmed the social work evaluation was completed on 2/03/15, fifteen days later. Additionally, she confirmed the social work evaluation should have been done within 48 hours of physician orders.</p> <p>The social work evaluation was not conducted within 48 hours of physician orders.</p>	G 158	<p>eval/assessment by either texting or e-mailing (on the same day of the order) the assigned Social Worker. A copy of the order will be given to the Office Manger to make sure notification is made.</p> <p>All staff will be educated to the above policy making sure the referrals and orders for evaluation and assessment of the patients are completed within 48 hours or contact is made to schedule the visit with notes reflecting the patient/family request for a specific date/time of visit (with physician notification of the change). The education will be provided by the Administrator and Home Health Director of Nursing.</p> <p>Chart Reviews were conducted on 10% of the open charts to make sure referrals were being sent to the Social Worker and that patients were being contacted and assessments completed according to policy. The DON and QA Manager conducted these reviews. These chart reviews will be done on 10% of the open charts monthly for the next 3 months then quarterly thereafter. The Administrator and DON will be responsible for making sure these have been completed.</p>	03/02/15  03/13/15  And to be repeated on 03/26/15  03/04/15
G 174	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse furnishes those services requiring substantial and specialized nursing skill.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, policy review and record review, it was determined the agency failed to assure the provision of nursing services with substantial and specialized skills for 1 of 14 patients (#10), whose records were reviewed. This resulted in the lack of appropriate nursing care for patients with wounds, and had the potential to result in patient harm. Findings include:</p>	G 174	<p>Skilled Nursing services will be provided by a Registered Nurse and/or Licensed Practical Nurse following physician orders.</p> <p>The Alliance Home Health Wound Care Policy states: -Measure wound at least weekly and PRN. -Provide wound care as ordered on the Physician's Orders (Supplemental Orders and/or Verbal/Telephone Orders).</p>	02/26/15

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NAME OF PROVIDER OR SUPPLIER  <b>ALLIANCE HOME HEALTH OF IDAHO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 EAST CLARK STREET, SUITE A POCATELLO, ID 83201</b>		
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G 174	<p>Continued From page 2</p> <p>An agency policy titled "WOUND CARE AND DOCUMENTATION," effective 5/05/14, stated, "document the measurement of the wound at least weekly and as needed."</p> <p>1. Patient #10 was a 46 year old male admitted to the agency on 1/29/15, for care related to chronic wound ulcer. His record, including the POC, for the certification period 1/29/15 to 3/29/15, was reviewed.</p> <p>Patient #10/s record included SN visit notes dated 1/30/15, 1/31/15, 2/01/15, 2/04/15, 2/05/15, 2/09/15, 2/10/15, 2/12/15, 2/16/15, and 2/19/15 signed by the RN. Patient #10's wound was not measured for 3 weeks (1/30/15 – 2/19/15).</p> <p>During an interview on 2/26/15 at 8:35 AM, the RN Case Manager confirmed Patient #10's wound measurements were to be documented weekly, and were not documented between 1/30/15 and 2/19/15.</p> <p>The agency failed to ensure Patient #10's wound was measured weekly as required per agency policy.</p>	G 174	<p>All nursing staff received re-education about the Wound Care Policy. Education related to performing wound care was also included. Special emphasis was placed on measuring the wounds which includes length x width x depth. Return demonstration for measuring wounds with competency evaluations completed.</p> <p>The Education was presented by the Administrator and the Home Health Director of Nursing (DON).</p> <p>Chart reviews were conducted on 10% of the open charts by the DON and Quality Assurance Manager to assure Skilled Nursing services.</p> <p>Chart reviews have been conducted weekly x 2 weeks on 10% of the open charts (noting patients with wound cares). The DON and QA Manager is responsible for and conducted these reviews.</p> <p>Chart reviews will continue (10% of open charts) monthly x 2 months, then quarterly thereafter. The DON and QA Manager is responsible for these reviews. The Administrator is responsible for compliance of all of the above.</p>	<p>03/02/15</p> <p>Education to be repeated on 03/26/15</p> <p>First review completed on 03/04/15</p> <p>Weekly audits completed on: 03/11/15 and 03/18/15</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>OAS001018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/26/15</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALLIANCE HOME HEALTH OF IDAHO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 EAST CLARK STREET, SUITE A POCATELLO, ID 83201</b>	
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N 000	16.03.07 INITIAL COMMENTS  The following deficiencies were cited during the recertification survey of your home health agency completed 2/23/15 through 2/26/15. Surveyors conducting the recertification were:  Don Sylvester, RN, HFS, Team Leader Gary Guiles, RN, HFS  The following acronyms were used in this report: POC – Plan of Care RN – Registered Nurse SN – Skilled Nurse	N 000		
N 097	03.07024. SK. NSG. SERV.  N097 01. Registered Nurse. A registered nurse assures that care is coordinated between services and that all of the patients' needs identified by the assessments are addressed. A registered nurse performs the following:  e. Prepares clinical and progress notes, and summaries of care;  This Rule is not met as evidenced by: Refer to G-174	N 097	All Alliance Home Health patients will receive a Skilled Nursing assessment. The patient's Plan of Care will include all of the needs of the patient. Special procedures, skilled cares provided and summaries of cares will be documented. Education was provided to the nursing staff related to the definition of skilled services with the documentation of progress notes and summaries of care provided that includes the skilled services. The Administrator and Director of Nursing provided this education and assume responsibility for compliance.  Chart reviews were conducted on 10% of the open charts for documentation of skilled services (especially related to wound care) weekly x 2 weeks, monthly x 2 months, and then quarterly. These were completed by the DON and QA Manager. The Administrator and DON is responsible for compliance.	03/02/15  03/02/15 To be repeated on 03/26/15  03/04/15 Weekly reviews completed on 03/11/15 & 03/18/15
N 151	03.07030. PLAN OF CARE  N 151 030. PLAN OF CARE. Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's plan of care.	N 151	A written Plan of Care (POC) shall be established for all patients admitted to Alliance Home Health.  Compliance for adherence to the patient's POC will be the responsibility of the RN Case Manager. Chart reviews were conducted on 10% of the open charts to monitor compliance. These reviews were	03/04/15

**RECEIVED**  
**MAR 19 2015**  
FACILITY STANDARDS

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(x6) DATE

*Teressa Duon RN Administrator*

*03-18-15*

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N 151	Continued From page 1  This Rule is not met as evidenced by: Refer to G-158	N 151	conducted by the Director of Nursing and the Quality Assurance Manager. 10% of the open charts were again reviewed weekly x 2 weeks, then will be conducted monthly x 2 months (10% open charts), and then quarterly thereafter. These reviews were completed by the Director of Nursing and QA Manger. The Director of Nursing and Administrator is responsible for compliance.  The clinical staff received education related to the development, documentation, periodic physician review and adherence to the patient's plan of care. Compliance for all of the above is the responsibility of the Administrator and Home Health Director of Nursing.	Weekly reviews were completed on 03/11/15 and 03/18/15  03/02/15  And to be presented again on 03/26/15