



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  
FAX 208-364-1888

March 12, 2015

Randy Schellhous, Administrator  
Encompass Home Health Of Idaho  
3686 Washington Parkway  
Idaho Falls, ID 83404

RE: Encompass Home Health Of Idaho, Provider #137105

Dear Mr. Schellhous:

This is to advise you of the findings of the complaint survey at Encompass Home Health Of Idaho, which was concluded on March 4, 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:

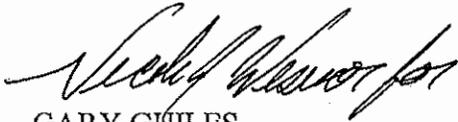
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date 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.

Randy Schellhous, Administrator  
March 12, 2015  
Page 2 of 2

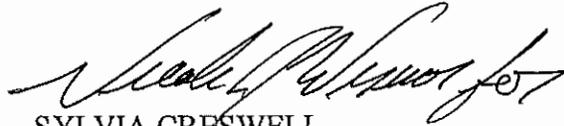
After you have completed your Plan of Correction, return the original to this office by March 25, 2015, and keep a copy for your records.

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,



GARY GULES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

GG/pmt  
Enclosures

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

PRINTED: 03/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>137105 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/04/2015 |
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|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3888 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404 |
|--|---|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

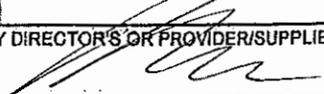
|       |   |       |   |         |
|-------|---|-------|---|---------|
| G 000 | INITIAL COMMENTS<br><br>The following deficiencies were cited during the complaint investigation survey of your home health agency conducted from 2/26/15 through 3/03/15. Surveyors conducting the investigation were:<br><br>Gary Gules, RN, HFS, Team Leader<br>Don Sylvester, RN, HFS<br><br>The following acronyms were used in this report:<br><br>ADL - Activities of Daily Living<br>CNA - Certified Nursing Assistant<br>COTA - Certified Occupational Therapy Assistant<br>MISC - miscellaneous<br>MS - Multiple Sclerosis<br>POC - Plan of Care<br>OT - Occupational Therapist<br>PT - Physical Therapist<br>PTA - Physical Therapy Assistant<br>RN - Registered Nurse | G 000 | G144 Coordination of Patient Services<br><br>PLAN:<br><br>03/04/2015<br><br>A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtacki (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhous (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.<br><br>Policy Review 03/05/2015<br><br>A review of policy/ies<br><ul style="list-style-type: none"> <li>Service Delivery 5.0: Coordination of Services</li> </ul> | 3/24/15 |
| G 144 | 484.14(g) COORDINATION OF PATIENT SERVICES<br><br>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.<br><br>This STANDARD is not met as evidenced by: Based on staff interview and review of medical records, it was determined the agency failed to ensure the medical record documented coordination of care efforts for 1 of 10 patients (#10) whose medical records were reviewed.  | G 144 |   |         |

RECEIVED

MAR 25 2015

FACILITY STANDARDS

(Cont)

|  |                                 |                      |
|--|---------------------------------|----------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br>Regional Administrator | (X6) DATE<br>3.25.15 |
|--|---------------------------------|----------------------|

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.

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| G 144  | <p>Continued From page 1</p> <p>This limited the agency's ability to provide adequate care to patients. Findings include:</p> <p>Patient #10's medical record documented a 51 year old female. Her start of care date was 12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis.</p> <p>A "Visit Note Report" by the PTA, dated 1/02/15 at 11:47 AM, stated Patient #10's pain level was 8 of 10. The report stated this interfered with Patient #10's ability to participate with therapy. The report stated Patient #10's gait was unsafe and her home had tripping hazards. The report stated no care coordination was indicated at this visit.</p> <p>The Rexburg Idaho Branch Director was interviewed on 2/27/15 beginning at 8:45 AM. She reviewed Patient #10's medical record. She confirmed the record did not indicate Patient #10's pain, safety issues, and problems participating in therapy were communicated to other staff.</p> <p>Patient #10 was readmitted for home health services on 1/10/15 and was discharged on 1/16/15.</p> <p>A "Visit Note Report" by an RN, dated 1/13/15 at 7:05 PM, stated Patient #10 had fallen earlier that day on her steps and she had minor injuries to her right arm. The report stated the visit was interrupted by a visit from Child Protective Services. The report stated no care coordination was indicated at this visit.</p> <p>A "Client Coordination Note Report" by the above RN, dated 1/13/15 but not timed, stated Patient #10 had fallen and Child Protective Services had</p> | G 144<br>(cont)  | <ul style="list-style-type: none"> <li>• Service Delivery 6.0: The Physician's Role</li> <li>• Service Delivery 14.0: Clinical Records</li> </ul> <p>were completed to confirm compliance to federal and state regulations.</p> <p>The policies were found to support all federal and state requirements in relationship to "Coordination of Patient Services". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.<br/>(See Attachment S5, S6, S14)</p> <p><b>IMPLEMENTATION OF PLAN:</b></p> <p><b>Inservice 03/03/2015 Idaho Falls: Medicare 101</b></p> <p>Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of</p> <p>(cont)</p> | 3/24/15   |

6144

3/24/15

following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-3)

**Inservice 03/10/2015 Idaho Falls:**

**Defensible Documentation**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, I-4)

**Inservice 03/10/2015 Rexburg: Medicare**

**101**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of

G144 (cont)

3/24/15

the Home Health benefit,  
reimbursement requirements,  
and the ongoing oversight and  
review that occurs.  
(See Attachment/s I-1, I-5)

**Inservice 03/17/2015 Rexburg:**

**Defensible Documentation**

Inservicing occurred by Susan  
Krueger, Rexburg Branch  
Director, regarding "Defensible  
Documentation". This  
inservicing was to assure the  
understanding of documentation  
requirements for Federal and  
State regulations.  
(See Attachment/s I-2, I-6)

**Inservice 03/19/2015 Pocatello: Medicare  
101**

Inservicing occurred by Amy  
Mansfield, Pocatello Branch  
Director, to reinforce a basic  
understanding of Home Health in  
order to assist the staff in  
understanding the importance of  
following all company policies  
and procedures, which in turn  
will be in compliance with all  
federal and state regulations. All  
policies are available to the staff  
for review and the expectation,  
as part of the staff's job  
descriptions, that all company  
policies are followed  
appropriately. This inservice  
included Home Health eligibility  
requirements, the structure of  
the Home Health benefit,  
reimbursement requirements,  
and the ongoing oversight and  
review that occurs.  
(See Attachment/s I-1, I-7)

**Inservice 03/19/2015 ~~Rexburg~~ Pocatello  
Defensible Documentation**

Inservicing occurred Amy  
Mansfield, Pocatello Branch  
Director, regarding "Defensible  
Documentation". This  
inservicing was to assure the

G144 (cont)

3/24/15

understanding of documentation requirements for Federal and State regulations.  
(See Attachment/s I-2, 1-7)

**Follow up:**

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhous, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

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| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3686 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404   |                      |   |
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| G 144  | Continued From page 2<br>visited the patient. The report did not state other staff had been notified of these events.<br><br>The Rexburg, Idaho Branch Director was interviewed on 3/5/15 at 2:00 PM. She confirmed the coordination report did not indicate the events were actually reported to Patient #10's Case Manager or other staff.<br><br>The agency failed to document efforts to coordinate care with staff serving Patient #10.   | G 159<br><i>ew G 144</i><br><i>(G 144)</i>                       | G 159 Plan of Care<br><br>PLAN:<br><br>03/04/2015<br><br>A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtacki (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhaus (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.<br><br>Policy Review 03/05/2015<br><br>A review of policy/ies<br><ul style="list-style-type: none"> <li>• Service Delivery 1.0: Scope Of Services</li> <li>• Service Delivery 2.0: Admissions/Client Assessment</li> </ul> | 3/24/15              |   |
| G 159  | 484.18(a) PLAN OF CARE<br><br>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.<br><br>This STANDARD is not met as evidenced by:<br>Based on staff interview and review of medical records, it was determined the agency failed to ensure the POC covered all pertinent diagnoses including safety measures to protect against injury and other appropriate items for 1 of 10 patients (#10) whose medical records were reviewed. This had the potential to interfere with the thoroughness and consistency of patient care. Findings include:<br><br>1. Patient #10's medical record documented a 51 year old female. Her start of care date was | G 159  |   |                      |   |

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| G 159  | <p>Continued From page 3</p> <p>12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis.</p> <p>a. An "Admissions Report Nonduplicated," dated 12/23/14 at 9:41 AM, stated "OT and PT to assess for safety &amp; strengthening, concern about safety in the home related to clutter."</p> <p>A "Visit Note Report" by the PT, dated 12/23/14 at 12:40 PM, stated Patient #10's gait was unsteady and unsafe. It stated the risk level for Patient #10 was "HIGH RISK." The note stated "CLIENT HAS CHRONIC MS, ARTHRITIS, AND BEHAVIORAL ISSUES AND SOME NON-COMPLIANCE WITH UNWILLINGNESS TO USE OR ATTEMPT ANY ASSISTIVE DEVICES, WITH PREFERENCE TO STAGGER ABOUT GRABBING TO FURNITURE AND WALLS. SHE DOES ADMIT TO FREQUENT FALLS, BUT FEELS, 'THAT'S JUST THE WAY THINGS ARE FOR ME.' HER HOUSE IS CLUTTERED WITH TRIP AND FALL RISK HAZARDS."</p> <p>A "Visit Note Report" by the OT, dated 12/24/14 at 8:24 AM for a visit conducted on 12/23/14 at 10:27 AM, stated Patient #10 lived alone with a 6 year old daughter for whom she was the primary caregiver. The report stated safety concerns for Patient #10 included throw rugs and cluttered pathways. The report stated "PATIENT IS UNSAFE IN HOME, LACKING ALL APPROPRIATE ADAPTIVE EQUIPMENT."</p> <p>A "Visit Note Report" by the PTA, dated 12/30/14 at 2:49 PM, stated Patient #10 "HAS MULTIPLE TRIPPING HAZARDS AND WAS ADVISED FOR SAFETY TO REMOVE THEM."</p> | G 159  | <p>were completed to confirm compliance to federal and state regulations. The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis. (See Attachment S-1, S-2)</p> <p><b>IMPLEMENTATION OF PLAN:</b></p> <p>Inservice 03/03/2015 Idaho Falls: Medicare 101</p> <p>Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.</p> | 3/24/15              |   |

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| G 159 | <p>Continued From page 4</p> <p>A "Visit Note Report" by the LPN, dated 12/31/14 at 4:35 PM, stated Patient #10's "HOUSE VERY CLUTTERED AND RISK FACTORS OF FALLS IS VERY HIGH."</p> <p>Patient #10's POC for the period of 12/20/14-2/17/15 stated the nurse was to "IMPLEMENT INTERVENTIONS TO DECREASE FALLS." The POC did not include specific measures to keep Patient #10 safe. No other specific plans were present in Patient #10's medical record to address her risk of falls.</p> <p>The Rexburg Idaho Branch Director was interviewed on 2/27/15 beginning at 8:45 AM. She reviewed Patient #10's medical record. She confirmed the POC did not specifically address Patient #10's risk of falls.</p> <p>The agency did not develop a plan to keep Patient #10 safe from injury.</p> <p>b. Patient #10's medical record contained a "Visit Note Report" by an RN, dated 1/04/15. The Branch Director for the Rexburg, Idaho office was interviewed on 2/26/15 beginning at 8:45 AM. She stated the date of the note was not correct and the visit was actually conducted on 1/05/15. The visit note stated Patient #10's pain level on 1/05/15 was 10 of 10. The visit note stated Patient #10 was "moaning, grimacing, crying/yelling, tense/sad, angry/irritable." The visit note stated Patient #10 had vomited twice after dinner.</p> <p>An accompanying "Client Coordination Notes Report," dated 1/05/15 but not timed, stated the RN arrived at Patient #10's house at 12:30 AM. It stated "PATIENT HAS VERY LITTLE</p> | G 159 | <p>This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.</p> <p>(See Attachment/s I-1, I-3)</p> <p><b>Inservice 03/10/2015 Idaho Falls: Defensible Documentation</b></p> <p>Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". This Inservicing was to assure the understanding of documentation requirements for Federal and State regulations. (See Attachment/s I-2, I-4)</p> <p><b>Inservice 03/10/2015 Rexburg: Medicare 101</b></p> <p>Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all</p> <p style="text-align: center;">(CONF)</p> | 3/24/15 |
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| G 159 | <p>Continued From page 5</p> <p>STRENGTH BUT CAN AMBULATE SLOWLY BENT OVER AT A 90 DEGREE ANGLE HANGING ON TO THE NURSE TO THE BATHROOM. PATIENT URINATED. PATIENT WAS WHEELED BACK TO HER RECLINER VIA A ROLLING DESK CHAIR. PATIENT STATES SHE HAS NO FAMILY OR FRIENDS AROUND TO HELP HER...A PATH NEEDED TO BE MADE TO GET PT TO AND FROM RECLINER. PATIENT'S HOUSE IS CLUTTERED WITH A MATTRESS ON THE FLOOR AND CLOTHES AND CLUTTER EVERYWHERE...PATIENT'S DAUGHTER HAS MATTED AND DIRTY HAIR, AND DIRTY FACE AND IS NOT FATIGUED AT ALL IN THE MIDDLE OF THE NIGHT RUNNING OVER THE MATTRESS SPILLING A BLUE JUICE WHILE THE TV IS ON. SHE IS TALKING NONSTOP TO THE NURSE WHILE THE NURSE IS TRYING TO EVALUATE HER MOTHER. NURSE IS CONCERNED ABOUT LEAVING...LEFT ABOUT 2:15 AM."</p> <p>A "Medical Record Coordination Notes Report" by the Rexburg Branch Manager was dated 1/05/15 but not timed. It stated Patient #10 was discharged from services. The report also stated the RN would make a report to Child Protective Services because she was very concerned about Patient #10's 6 year old child.</p> <p>Patient #10 was readmitted for home health services on 1/10/15. She was discharged on 1/16/15.</p> <p>An admission assessment by the RN Case Manager was dated 1/12/15 at 7:23 PM for a visit made on 1/10/15 at 10:04 AM. The assessment stated environmental hazards included a cluttered environment and inadequate trash removal. The</p> | G 159 | <p>company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.</p> <p>(See Attachment/s I-1, I-5)</p> <p><b>Inservice 03/17/2015 Rexburg: Defensible Documentation</b></p> <p>Inservicing occurred by Susan Krueger, Rexburg Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.</p> <p>(See Attachment/s I-2, I-6)</p> <p><b>Inservice 03/19/2015 Pocatello: Medicare 101</b></p> <p>Inservicing occurred by Amy Mansfield, Pocatello Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for</p> <p>(CMT)</p> | 3/24/15 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>137105 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/04/2015 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3886 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404  |                      |   |
| (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 159  | <p>Continued From page 6</p> <p>assessment stated Patient #10 lived alone. The assessment stated Patient #10's house was "CLUTTERED AND NOT SANITARY." The assessment did not mention the patient's daughter.</p> <p>Patient #10's POC for the certification period 1/10/15-3/10/15 did not specifically address the clutter or sanitary concerns regarding the environment or specific ways to keep her safe from falls. Also, the POC did not address specific ways to manager her pain or the concerns regarding Patient #10's ability to care for her daughter.</p> <p>A "Visit Note Report" by an RN, dated 1/13/15 at 7:05 PM, stated Patient #10 had fallen earlier that day on her steps and she had minor injuries to her right arm. The report stated the visit was interrupted by a visit from Child Protective Services.</p> <p>A "Visit Note Report" by the PT, dated 1/14/15 at 3:19 PM, stated Patient #10's environment was cluttered and crowded but did not specifically describe the environment.</p> <p>No POCs or updates specifically addressed Patient #10's environment or ways to reduce the risk of falls.</p> <p>The Rexburg, Idaho Branch Director was interviewed on 3/5/15 at 2:00 PM. She confirmed Patient #10's POC did not address ways to prevent falls, manage pain, or issues with child care.</p> <p>The agency failed to develop a POC to address Patient #10's needs.</p> | G 159  | <p>review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.</p> <p>(See Attachment/s 1-1, 1-7)</p> <p><b>Inservice 03/19/2015 Rexburg: Defensible Documentation</b></p> <p>Inservicing occurred Amy Mansfield, Pocatello Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.</p> <p>(See Attachment/s 1-2, 1-7)</p> <p><b>Follow up:</b></p> <p>Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to</p> | 3/24/15              |   |

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3/24/15

assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhous, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

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| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3886 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404 |
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| G 164 | <p>484.18(b) PERIODIC REVIEW OF PLAN OF CARE</p> <p>Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on staff interview and review of medical records, it was determined the agency failed to ensure agency staff promptly alerted the physician to changes in the condition of 1 of 10 patients (#10) whose records were reviewed. This prevented the physician from taking action to treat patient symptoms. Findings include:</p> <p>1. Patient #10's medical record documented a 51 year old female. Her start of care date was 12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis.</p> <p>a. Patient #10's POC for the certification period 12/20/14-2/17/15 directed the "LICENSED PROFESSIONAL" to report to the physician pain levels greater than 6 of 10. The POC also stated "SKILLED NURSE TO INTERVENE WITH INCREASED PAIN LEVEL TO MINIMIZE COMPLICATIONS." The POC did not include specific direction to the nurse stating how she should intervene.</p> <p>A "Visit Note Report" by the PT, dated 12/23/14 at 12:40 PM, stated Patient #10's pain level was 7 of 10. Physician notification of the pain level was not documented.</p> <p>A "Visit Note Report" by the PTA, dated 12/30/14 at 2:49 PM, stated Patient #10's pain level was consistently between 5 and 8 of 10. Physician</p> | G 164 | <p>G 164 Periodic Review of the Plan of Care</p> <p>PLAN:</p> <p>03/04/2015</p> <p>A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtackl (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhaus (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.</p> <p>Policy Review 03/05/2015</p> <p>A review of policy/ies</p> <ul style="list-style-type: none"> <li>• Service Delivery 5.0: Coordination of Services</li> <li>• Service Delivery 6.0: The Physician's Role</li> <li>• Service Delivery 14.0: Clinical Records</li> </ul> <p>(cont)</p> | 3/24/15 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3686 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404   |                      |   |
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| G 164  | Continued From page 8<br>notification of the pain level was not documented.<br><br>A "Visit Note Report" by the LPN, dated 12/31/14 at 4:35 PM, stated Patient #10's pain level was 7 of 10. Physician notification of the pain level was not documented.<br><br>A "Visit Note Report" by the PTA, dated 1/02/15 at 11:47 AM, stated Patient #10's pain level was 8 of 10. Physician notification of the pain level was not documented.<br><br>A "Visit Note Report" by an RN was dated 1/04/15. The Branch Director for the Rexburg, Idaho office was interviewed on 2/26/15 beginning at 8:45 AM. She stated the date of the note was not correct and the visit was actually conducted on 1/05/15. The visit note stated Patient #10's pain level on 1/05/15 was 10 of 10. It also stated her blood pressure was 156/90, pulse was 50, and her respirations were 28. This was the highest blood pressure and the lowest pulse recorded for her, and the highest respirations recorded during her time receiving home health services. The visit note stated Patient #10 was "moaning, grimacing, crying/yelling, tense/sad, angry/irritable." The visit note stated Patient #10 had vomited twice after dinner.<br><br>An accompanying "Client Coordination Notes Report," dated 1/05/15 but not timed, stated the RN arrived at Patient #10's house at 12:30 AM. It stated a "therapist" for Patient #10's daughter was present but left when the nurse arrived. It stated Patient #10 was very angry that the agency could not provide a nursing assistant to stay with her because she needed help with her daughter. The report stated Patient #10 refused to go to the | G 164  | were completed to confirm compliance to federal and state regulations. The policies were found to support all federal and state requirements in relationship to the "Periodic Review of the Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis. (See Attachment S-5, S-6, S-14)<br><br><b>IMPLEMENTATION OF PLAN:</b><br><br>Inservice 03/03/2015 Idaho Falls: Medicare 101 Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure<br>(Cont) | 3/24/15              |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3686 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404   |                      |   |
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| G 164  | Continued From page 9<br>emergency room and refused Lorazepam and Norco, medications for muscle spasms and pain which depress the central nervous system. The report stated "PATIENT HAS VERY LITTLE STRENGTH BUT CAN AMBULATE SLOWLY BENT OVER AT A 90 DEGREE ANGLE HANGING ON TO THE NURSE TO THE BATHROOM. PATIENT URINATED. PATIENT WAS WHEELED BACK TO HER RECLINER VIA A ROLLING DESK CHAIR. PATIENT STATES SHE HAS NO FAMILY OR FRIENDS AROUND TO HELP HER. BEFORE NURSE ARRIVED PATIENT WAS HAVING [a person who works with the daughter] CALL DIFFERENT AGENCIES TO SEE IF HE COULD FIND A CNA TO STAY WITH HER ALL NIGHT WHICH WAS UNSUCCESSFUL. A PATH NEEDED TO BE MADE TO GET PT TO AND FROM RECLINER. PATIENT'S HOUSE IS CLUTTERED WITH A MATTRESS ON THE FLOOR AND CLOTHES AND CLUTTER EVERYWHERE...PATIENT'S DAUGHTER HAS MATTED AND DIRTY HAIR, AND DIRTY FACE AND IS NOT FATIGUED AT ALL IN THE MIDDLE OF THE NIGHT RUNNING OVER THE MATTRESS SPILLING A BLUE JUICE WHILE THE TV IS ON. SHE IS TALKING NONSTOP TO THE NURSE WHILE THE NURSE IS TRYING TO EVALUATE HER MOTHER. NURSE IS CONCERNED ABOUT LEAVING. PATIENT WANTS NURSE TO CALL DOCTOR RIGHT NOW OR HER SUPERVISOR RIGHT NOW AND GET A CNA OUT THERE RIGHT NOW. REINSTRUCTED PT AS TO HOW SERVICES ARE APPROVED AND WORK. PATIENT DOES NOT WANT NURSING SERVICE ANYMORE SHE DOES NOT WANT NURSING SERVICE TO CALL IN THE MORNING ESPECIALLY IF WE CAN'T GET A CNA OUT THERE RIGHT NOW. PT NOT | G 164  | of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.<br><br>(See Attachment/s I-1, I-3)<br><br><b>Inservice 03/10/2015 Idaho Falls: Defensible Documentation</b><br><br>Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.<br>(See Attachment/s I-2, I-4)<br><br><b>Inservice 03/10/2015 Rexburg: Medicare 101</b><br><br>Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health<br>(cont) | 3/24/15              |   |

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| G 164  | <p>Continued From page 10<br/>MOANING AND WRITHING ANYMORE AND LAYS QUIETLY WITH EYES CLOSED TO RN. LEFT ABOUT 2:15 AM."</p> <p>Patient #10 was discharged from the agency later that day.</p> <p>The record did not document that the physician was notified of Patient #10's crisis or of her high pain level.</p> <p>The Rexburg Idaho Branch Director was interviewed on 2/27/15 beginning at 8:45 AM. She reviewed Patient #10's medical record. She confirmed the physician was not notified of Patient #10's condition on the morning of 1/05/15. She stated a pain level above 6 on the vital sign portion of the visit note automatically triggered a fax to the the physician. However, she was not able to verify the fax was sent to the physician in a timely manner or if the physician read the fax.</p> <p>The agency failed to notify Patient #10's physician of her acute symptoms.</p> <p>b. Patient #10 was readmitted for home health services on 1/10/15 and was discharged on 1/10/15.</p> <p>A "Visit Note Report" by an RN, dated 1/13/15 at 7:05 PM, stated Patient #10 had fallen earlier that day on her steps and she had minor injuries to her right arm. The report did not indicate the physician was notified of the fall.</p> <p>The Rexburg Idaho Branch Director was interviewed on 2/27/15 beginning at 8:45 AM. She confirmed there was no documentation that Patient #10's physician was notified of the fall.</p> | G 164  | <p>eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.</p> <p>(See Attachment/s I-1, I-5)</p> <p><b>Inservice 03/17/2015 Rexburg: Defensible Documentation</b></p> <p>Inservicing occurred by Susan Krueger, Rexburg Branch Director, regarding "Defensible Documentation". This Inservicing was to assure the understanding of documentation requirements for Federal and State regulations.</p> <p>(See Attachment/s I-2, I-6)</p> <p><b>Inservice 03/19/2015 Pocatello: Medicare 101</b></p> <p>Inservicing occurred by Amy Mansfield, Pocatello Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This Inservice included Home Health</p> <p style="text-align: right;"><i>cont</i></p> | 3/24/15   |

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eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-7)

Inservice 03/19/2015 <sup>Pocatello</sup> ~~Reburg~~: Defensible Documentation

Inservicing occurred Amy Mansfield, Pocatello Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, 1-7)

Follow up:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhaus, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

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| G 164 | Continued From page 11  | <del>G 164</del> | G190 Supervision of Physical and Occupational Therapy Assistants  | 3/24/15 |
| G 190 | <p>The agency failed to notify Patient #10's physician of her fall.</p> <p>484.32(a) SUPERVISION OF PHYSICAL &amp; OCCUPATIONAL</p> <p>Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapy assistant or occupational therapy assistant performs services planned, delegated, and supervised by the therapist.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on staff interview and review of medical records, it was determined the agency failed to ensure occupational therapy services were provided by or under the supervision of an OT for 1 of 10 patients (#10) whose medical records were reviewed. This had the potential to interfere with therapy services provided to patients.<br/>Findings include:</p> <p>Patient #10's medical record documented a 51 year old female. Her start of care date was 12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis.</p> <p>A "Visit Note Report" by the OT, dated 12/24/14 at 8:24 AM for a visit conducted on 12/23/14 at 10:27 AM, stated safety concerns for Patient #10 included throw rugs and cluttered pathways. The report stated "PATIENT PRESENTS WITH SIGNIFICANT WEAKNESS AND PAIN IN BACK AND THROUGHOUT BOTH UPPER EXTREMITIES. PATIENT IS UNSAFE IN HOME,</p> | G 190            | <p>PLAN:</p> <p>03/04/2015</p> <p>A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtackl (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhous (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.</p> <p>Policy Review 03/05/2015</p> <p>A review of policy/ies</p> <ul style="list-style-type: none"> <li>Personnel 1.0: Professional Personnel</li> </ul> <p>(Cont)</p> |         |

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| G 190 | <p>Continued From page 12</p> <p>LACKING ALL APPROPRIATE ADAPTIVE EQUIPMENT. PATIENT WITH HISTORY OF FREQUENT FALLS. PATIENT WILL BENEFIT FROM SKILLED OCCUPATIONAL THERAPY FOR PAIN MANAGEMENT, THERAPEUTIC EXERCISE TO INCREASE RANGE OF MOTION AND STRENGTH, TRAINING IN ACTIVITIES OF DAILY LIVING AND TRANSFERS WITH USE OF ADAPTIVE EQUIPMENT."</p> <p>A verbal order, dated 12/23/14 at 10:27 AM, stated the OT would establish a home exercise program, provide therapeutic exercises and soft tissue/joint mobilization, instruct in safe transfers, provide instruction in pain control methodologies, and provide ADL training.</p> <p>A "Visit Note Report" by the COTA, dated 12/24/14 at 3:13 PM, stated Patient #10 was in "CONSTANT CHRONIC AND INADVERTANT ACUTE PAIN WHEN BUMPING INTO THINGS." The report stated Patient #10's pain could reach over 6 of 10 or more. The report stated Patient #10 tolerated 50 minutes of various manual therapies and neural re-education at her neck, shoulder, thoracic spine and lower extremities and feet to desensitize her dermis and to decrease her pain. The section labeled "INTERVENTIONS PROVIDED" stated the COTA instructed Patient #10 to use a tennis ball for "TACTILE MYOFASCIAL RELEASE [TECHNIQUE]" for her acute neuropathy (nerve pain). The report also stated the COTA used gentle touch to desensitize superficial pain receptors. The report stated "NO CARE COORDINATION INDICATED AT THIS VISIT."</p> <p>A "Visit Note Report" by the COTA, dated 12/29/14 at 1:26 PM, stated Patient #10 said</p> | G 190 | <p>Competency and Supervision</p> <ul style="list-style-type: none"> <li>• Service Delivery 5.0: Coordination of Services</li> </ul> <p>were completed to confirm compliance to federal and state regulations.</p> <p>The policies were found to support all federal and state requirements in relationship to "Supervision of Physical and Occupational Therapy Assistants". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.<br/>(See Attachment P-1, S-5)</p> <p><b>IMPLEMENTATION OF PLAN:</b></p> <p>Determination of goals related to contract therapy.</p> <p>The goal to eliminate the utilization of contract therapists and therapy assistants was reinforced with a desire moving</p> | 3/24/15 |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>137105 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3686 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404 |
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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) COMPLETION DATE |
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|-------|--|-------|--|---------|
| G 190 | <p>Continued From page 13</p> <p>"HER NEUROPATHY AND MISC PAIN OVER ALL HER BODY DID NOT IMPROVE AND SHE WAS VERY DISCOURAGED. NOBODY COULD HELP HER AND EVEN THE PAIN PILLS WERE NOT DOING BETTER." The report stated Patient #10 only tolerated 15 minutes of neural re-education and manual therapy. The section labeled "INTERVENTIONS PROVIDED" was left blank. The report stated "NO CARE COORDINATION INDICATED AT THIS VISIT."</p> <p>A "Visit Note Report" by the COTA, dated 12/31/14 at 3:49 PM, stated Patient #10 complained of constant neuropathy, inflammation, and chronic and acute pain in her upper back. The report stated Patient #10 was not able to stay in one place for more than a few minutes. The report stated Patient #10 tried to tolerate more than 20 minutes of manual therapy but was not able to do so because of intense pain and moderate fatigue. The section labeled "INTERVENTIONS PROVIDED" was left blank. The report stated "NO CARE COORDINATION INDICATED AT THIS VISIT."</p> <p>A "Visit Note Report" by the LPN, dated 12/31/14 at 4:35 PM, stated Patient #10 "REPORTS INCREASED PAIN FROM COTA THERAPY MAKING PAIN WORSE IN SPINE. PATIENT MOVING STIFFLY AND GRIMACING DURING VISIT. REPORTS HAVING TO TAKE EXTRA PAIN PILL SINCE VISIT...WILL NOTIFY COTA NOT TO COME AGAIN."</p> <p>Patient #10's medical record did not include a specific plan, developed by the OT, for the COTA follow when providing services to Patient #10. No documentation was present in Patient #10's medical record that the OT consulted with the</p> | G 190 | <p>forward to eliminate the need to contract for therapy needs. Until the time that all therapists/assistants are staff members, the requirement for contract therapists/assistants to attend all educational meetings or make special arrangements to obtain the information will be strictly enforced by the Branch Director. The contract clinician will then verify via an inservice form that they received the information and agree to comply with all requirements.</p> <p><b>Inservice 03/03/2015 Idaho Falls: Medicare 101</b></p> <p>Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed</p> <p>(cont)</p> | 3/24/15 |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>137105 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3686 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404 |
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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) COMPLETION DATE |
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| G 190 | Continued From page 14<br>COTA to direct Patient #10's therapy services. All of the COTA visit notes documented care coordination was not indicated at the time. No notes indicated the COTA informed the OT of problems treating Patient #10.<br><br>The OT was interviewed on 2/27/15 beginning at 12:05 PM. He stated he discussed Patient #10's case with the COTA but acknowledged this was not documented.<br><br>Occupational therapy services were not provided to Patient #10 under the supervision of an OT. | G 190 | appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.<br><br>(See Attachment/s I-1, I-3)<br><br><b>Inservice 03/10/2015 Idaho Falls:<br/>Defensible Documentation</b><br>Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". Inservice information specific to this standard was specified with the review of the supervision policy related to the supervision of therapy aides in policy:<br><b>Personnel 1.0: Professional Personnel Competency and Supervision and Service Delivery</b><br><b>5.0: Coordination of Services.</b><br>This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.<br>(See Attachment/s I-2, I-4, P-1, S-5)<br><br>(cont) | 3/24/15 |
|-------|--|-------|---|---------|

G190

3/24/15

**Inservice 03/10/2015 Rexburg: Medicare  
101**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-5)

**Inservice 03/17/2015 Rexburg:  
Defensible Documentation**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, regarding "Defensible Documentation". Inservice information specific to this standard was specified with the review of the supervision policy related to the supervision of therapy aides in policy: Personnel 1.0: Professional Personnel Competency and Supervision and Service Delivery 5.0: Coordination of Services. This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, I-6, P-1, S-5)

**Inservice 03/19/2015 Pocatello: Medicare  
101**

(cont)

6190

3/24/15

Inservicing occurred by Amy Mansfield, Pocatello Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-7)

Inservice 03/19/2015 <sup>Pocatello</sup> ~~Rexburg~~:  
**Defensible Documentation**

Inservicing occurred Amy Mansfield, Pocatello Branch Director, regarding "Defensible Documentation". Inservice information specific to this standard was specified with the review of the supervision policy related to the supervision of therapy aides in policy:

Personnel 1.0: Professional Personnel Competency and Supervision and Service Delivery  
5.0: Coordination of Services.

This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, 1-7, P-1, S-5)

**Follow up:**

Compliance to this requirement will be monitored by the Agency Branch Director, or designee,

(dnt)

6190

3/25/18

with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhous, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

Bureau of Facility Standards

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>OAS001135 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ENCOMPASS HOME HEALTH OF IDAHO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3686 WASHINGTON PARKWAY<br>IDAHO FALLS, ID 83404 |
|--|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
| N 000              | 16.03.07 INITIAL COMMENTS<br><br>The following deficiencies were cited during the complaint investigation survey of your home health agency conducted from 2/26/15 through 3/03/15. Surveyors conducting the state licensure investigation were:<br><br>Gary Guiles, RN, HFS, Team Leader<br>Don Sylvester, RN, HFS  | N 000         | <b>RECEIVED</b><br><br>MAR 25 2015<br><br>FACILITY STANDARDS  |                    |
| N 062              | 03.07021. ADMINISTRATOR<br><br>N062 03. Responsibilities. The administrator, or his designee, shall assume responsibility for:<br><br>i. Insuring that the clinical record and minutes of case conferences establish that effective interchange, reporting, and coordination of patient care between all agency personnel caring for that patient does occur.<br><br>This Rule is not met as evidenced by:<br>Refer to G144. | N 062         | See following pages   | 3/24/15            |
| N 098              | 03.07024. SK. NSG. SERV.<br><br>N098 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:<br><br>f. Informs the physician and other personnel of changes in the patient's condition and needs;  | N 098         | See following pages   | 3/24/15            |

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

*Regional Administrator*

3-25-15

**N062 Administrator**

**(as referenced to) G144 Coordination of Patient Services**

3/24/15

**PLAN:**

**03/04/2015**

A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtacki (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhous (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.

**Policy Review 03/05/2015**

A review of policy/ies

- Service Delivery 5.0: Coordination of Services
- Service Delivery 6.0: The Physician's Role
- Service Delivery 14.0: Clinical Records

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to "Coordination of Patient Services". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S5, S6, S14)

**IMPLEMENTATION OF PLAN:**

**Inservice 03/03/2015 Idaho Falls: Medicare 101**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic

(cont)

NO62

3/24/15

understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-3)

**Inservice 03/10/2015 Idaho Falls: Defensible Documentation**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, I-4)

**Inservice 03/10/2015 Rexburg: Medicare 101**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-5)

**Inservice 03/17/2015 Rexburg: Defensible Documentation**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, regarding "Defensible Documentation". This inservicing

(CWD)

ND02

was to assure the understanding of documentation requirements for Federal and State regulations.

3/24/15

(See Attachment/s I-2, I-6)

**Inservice 03/19/2015 Pocatello: Medicare 101**

Inservicing occurred by Amy Mansfield, Pocatello Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-7)

**Inservice 03/19/2015 <sup>Pocatello</sup> Rexburg: Defensible Documentation**

Inservicing occurred Amy Mansfield, Pocatello Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, 1-7)

**Follow up:**

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhous, including but not limited to onsite

(Cont)

N062

agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

3/24/15

**N 098 Skilled Nursing Services**

(as referenced to) G 164 Periodic Review of the Plan of Care

3/24/15

**PLAN:**

**03/04/2015**

A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtacki (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhous (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.

**Policy Review 03/05/2015**

A review of policy/ies

- Service Delivery 5.0: Coordination of Services
- Service Delivery 6.0: The Physician's Role
- Service Delivery 14.0: Clinical Records

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Periodic Review of the Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-5, S-6, S-14)

**IMPLEMENTATION OF PLAN:**

Inservice 03/03/2015 Idaho Falls: Medicare 101

(Cont)

N098

3/24/15

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-3)

**Inservice 03/10/2015 Idaho Falls: Defensible Documentation**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, I-4)

**Inservice 03/10/2015 Rexburg: Medicare 101**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-5)

**Inservice 03/17/2015 Rexburg: Defensible Documentation**

(cont)

N098

3/24/15

Inservicing occurred by Susan Krueger, Rexburg Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.  
(See Attachment/s I-2, I-6)

**Inservice 03/19/2015 Pocatello: Medicare 101**

Inservicing occurred by Amy Mansfield, Pocatello Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.  
(See Attachment/s I-1, I-7)

**Inservice 03/19/2015 Pocatello: Defensible Documentation**

Inservicing occurred Amy Mansfield, Pocatello Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.  
(See Attachment/s I-2, 1-7)

**Follow up:**

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during

(cont)

N098

3/24/15

orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhous, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

Bureau of Facility Standards

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>OAS001135 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><b>ENCOMPASS HOME HEALTH OF IDAHO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3686 WASHINGTON PARKWAY<br/>IDAHO FALLS, ID 83404</b> |
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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 |
|--------------------|--|---------------|---|--------------------|
| N 098              | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Refer to G164.   | N 098         |   |                    |
| N 123              | 03.07025.THERAPY SERV.<br><br>N123 025. THERAPY SERVICES. Any therapy services offered by the HHA directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care.<br><br>This Rule is not met as evidenced by:<br>Refer to G190.              | N 123         | See Attached Pages  | 3/24/15            |
| N 162              | 03.07030.PLAN OF CARE<br><br>N162 01. Written Plan of Care. A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and includes:<br><br>j. Any safety measures to protect against injury;<br><br>This Rule is not met as evidenced by:<br>Refer to G159. | N 162         | See Attached Pages  | 3/24/15            |

**N123 Therapy Services**

**(as referenced to) G190 Supervision of Physical and Occupational Therapy Assistants**

3/24/15

**PLAN:**

**03/04/2015**

A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtacki (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhous (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.

**Policy Review 03/05/2015**

A review of policy/ies

- Personnel 1.0: Professional Personnel Competency and Supervision
- Service Delivery 5.0: Coordination of Services

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to "Supervision of Physical and Occupational Therapy Assistants". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.  
(See Attachment P-1, S-5)

**IMPLEMENTATION OF PLAN:**

**Determination of goals related to contract therapy.**

(Cont)

N123

3/24/15

The goal to eliminate the utilization of contract therapists and therapy assistants was reinforced with a desire moving forward to eliminate the need to contract for therapy needs. Until the time that all therapists/assistants are staff members, the requirement for contract therapists/assistants to attend all educational meetings or make special arrangements to obtain the information will be strictly enforced by the Branch Director. The contract clinician will then verify via an inservice form that they received the information and agree to comply with all requirements.

**Inservice 03/03/2015 Idaho Falls: Medicare 101**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s i-1, i-3)

**Inservice 03/10/2015 Idaho Falls: Defensible Documentation**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". Inservice information specific to this standard was specified with the review of the supervision policy related to the supervision of therapy aides in policy: Personnel 1.0: Professional Personnel Competency and Supervision and Service Delivery 5.0: Coordination of Services. This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(cont)

N123

(See Attachment/s I-2, I-4, P-1, S-5)

3/24/15

**Inservice 03/10/2015 Rexburg: Medicare 101**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-5)

**Inservice 03/17/2015 Rexburg: Defensible Documentation**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, regarding "Defensible Documentation". Inservice information specific to this standard was specified with the review of the supervision policy related to the supervision of therapy aides in policy: Personnel 1.0: Professional Personnel Competency and Supervision and Service Delivery 5.0: Coordination of Services. This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, I-6, P-1, S-5)

**Inservice 03/19/2015 Pocatello: Medicare 101**

Inservicing occurred by Amy Mansfield, Pocatello Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health

(Cont)

N123

3/24/15

eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-7)

Inservice 03/19/2015 <sup>Pocatello</sup> ~~Revising~~ Defensible Documentation

Inservicing occurred Amy Mansfield, Pocatello Branch Director, regarding "Defensible Documentation". Inservice information specific to this standard was specified with the review of the supervision policy related to the supervision of therapy aides in policy: Personnel 1.0: Professional Personnel Competency and Supervision and Service Delivery 5.0: Coordination of Services. This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, 1-7, P-1, S-5)

**Follow up:**

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhous, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

N162 Plan of Care

(as referenced to) G 159 Plan of Care

3/24/15

**PLAN:**

**03/04/2015**

A meeting of the management met to determine a plan to address probable deficiencies discussed with the surveyors at the time of the exit. A phone conference was completed with Mary Jo Mixtacki (Vice President of Regulatory Affairs), Duke VanCampen (Regional Vice President), and Randy Schellhous (Regional Administrator) on 03/04/2015. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow at the parent office and all branches within the Medicare Provider number.

**Policy Review 03/05/2015**

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 2.0: Admissions/Client Assessment

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.  
(See Attachment S-1, S-2)

**IMPLEMENTATION OF PLAN:**

**Inservice 03/03/2015 Idaho Falls: Medicare 101**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, to reinforce a basic understanding of Home Health in order

(cont)

N162

3/24/15

to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-3)

**Inservice 03/10/2015 Idaho Falls: Defensible Documentation**

Inservicing occurred by Jacob Summers, Idaho Falls Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, I-4)

**Inservice 03/10/2015 Rexburg: Medicare 101**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-5)

**Inservice 03/17/2015 Rexburg: Defensible Documentation**

Inservicing occurred by Susan Krueger, Rexburg Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding

(cont)

N162

3/24/15

of documentation requirements for Federal and State regulations.  
(See Attachment/s I-2, I-6)

**Inservice 03/19/2015 Pocatello: Medicare 101**

Inservicing occurred by Amy Mansfield, Pocatello Branch Director, to reinforce a basic understanding of Home Health in order to assist the staff in understanding the importance of following all company policies and procedures, which in turn will be in compliance with all federal and state regulations. All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately. This inservice included Home Health eligibility requirements, the structure of the Home Health benefit, reimbursement requirements, and the ongoing oversight and review that occurs.

(See Attachment/s I-1, I-7)

**Inservice 03/19/2015 <sup>Pocatello</sup> ~~Rexburg~~: Defensible Documentation**

Inservicing occurred Amy Mansfield, Pocatello Branch Director, regarding "Defensible Documentation". This inservicing was to assure the understanding of documentation requirements for Federal and State regulations.

(See Attachment/s I-2, 1-7)

**Follow up:**

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Monitoring for documentation will also be completed on a quarterly basis by the Clinical Operation Consultant. Assurance that these items are addressed during orientation and with weekly and quarterly audits will be reviewed by the Regional Administrator, Randy Schellhous, including but not limited to onsite agency review and

(CWT)

N162

oversight, weekly Branch Director  
conference calls, regularly scheduled Quality  
Improvement and Strategic Planning  
meetings, and coordination via face to face,  
email and phone communication.

3/24/15



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 Eklar Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

March 31, 2015

Randy Schellhous, Administrator  
Encompass Home Health Of Idaho  
3686 Washington Parkway  
Idhao Falls, ID 83404

Provider #137105

Dear Mr. Schellhous:

An unannounced on-site complaint investigation was conducted from February 26, 2015 to March 4, 2015 at Encompass Home Health Of Idaho. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00006816**

**Allegation #1:** The agency failed to provide care to meet patient needs.

**Findings #1:** An unannounced visit to the agency was made on 2/26/15 to 3/04/15. Staff was interviewed. Ten medical records were reviewed. Policies were reviewed.

No care issues were identified for 9 of the 10 patients whose records were reviewed.

One medical record documented a 51 year old female. Her start of care date was 12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis.

An "Admissions Report Nonduplicated," dated 12/23/14 at 9:41 AM, stated occupational therapy and physical therapy were ordered for the patient to "...assess for safety & strengthening, concern about safety in the home related to clutter." Nursing services were also ordered.

The patient's plan of care (POC) for the period of 12/20/14- 2/17/15 stated the nurse was to "IMPLEMENT INTERVENTIONS TO DECREASE FALLS." The POC did not include specific measures to keep the patient safe. No other specific plans were present in the patient's medical record to address her risk of falls.

A "Visit Note Report" by the Physical Therapist (PT), dated 12/23/14 at 12:40 PM, stated the patient's gait was unsteady and unsafe. It stated the risk level for the patient was "HIGH RISK." The note stated "CLIENT HAS CHRONIC MS, ARTHRITIS, AND BEHAVIORAL ISSUES AND SOME NON-COMPLIANCE WITH UNWILLINGNESS TO USE OR ATTEMPT ANY ASSISTIVE DEVICES, WITH PREFERENCE TO STAGGER ABOUT GRABBING TO FURNITURE AND WALLS. SHE DOES ADMIT TO FREQUENT FALLS, BUT FEELS, 'THAT'S JUST THE WAY THINGS ARE FOR ME.' HER HOUSE IS CLUTTERED WITH TRIP AND FALL RISK HAZARDS."

A "Visit Note Report" by the Occupational Therapist (OT), dated 12/24/14 at 8:24 AM for a visit conducted on 12/23/14 at 10:27 AM, reported stated safety concerns for the patient included throw rugs and cluttered pathways. The report stated "PATIENT IS UNSAFE IN HOME, LACKING ALL APPROPRIATE ADAPTIVE EQUIPMENT."

A "Visit Note Report" by the Physical Therapy Assistant, dated 12/30/14 at 2:49 PM, stated the patient "HAS MULTIPLE TRIPPING HAZARDS AND WAS ADVISED FOR SAFETY TO REMOVE THEM."

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A "Visit Note Report" by the Licensed Practical Nurse, dated 12/31/14 at 4:35 PM, stated the patient's "HOUSE VERY CLUTTERED AND RISK FACTORS OF FALLS IS VERY HIGH."

A specific plan to keep the patient safe from falls and to reduce the number of hazards in her home was not developed. Specific actions taken by staff to reduce the risk of falls were not documented.

The patient was discharged on 1/05/15 and was readmitted for home health services on 1/10/15. She was discharged again on 1/16/15.

A second admission assessment by the RN Case Manager was dated 1/12/15 at 7:23 PM for a visit made on 1/10/15 at 10:04 AM. The assessment stated environmental hazards included a cluttered environment and inadequate trash removal. The assessment stated Patient #10's house was "CLUTTERED AND NOT SANITARY." Again, no action to decrease safety hazards was documented.

The patient's POC for the certification period 1/10/15-3/10/15 did not specifically address the clutter or sanitary concerns regarding the environment or specific ways to keep her safe from falls.

A "Visit Note Report" by an RN, dated 1/13/15 at 7:05 PM, stated the patient had fallen earlier that day on her steps and she had minor injuries to her right arm.

The agency failed to develop and implement a plan to keep the patient safe from injury. A deficiency was cited at 42 CFR part 482.18(a).

**Conclusion #1:** Substantiated. Federal and State deficiencies related to the allegation are cited.

**Allegation #2:** A patient called the agency for assistance around midnight as she was ill, could not walk, and could not care for her 6 year old developmentally disabled daughter. The patient was left without assistance.

**Findings #2:** No issues related to emergency care were identified for 9 of the 10 patients whose records were reviewed.

One medical record documented a 51 year old female. Her start of care date was 12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis.

A "Visit Note Report" by the OT, dated 12/24/14 at 8:24 AM for a visit conducted on 12/23/14 at 10:27 AM, stated the patient lived alone with a 6 year old daughter for whom she was the primary caregiver.

A Psychosocial Rehabilitation (PSR) Worker was interviewed on 2/26/15 beginning at 1:05 PM. He stated he provided limited services to the patient's daughter, who had developmental disabilities. He stated the child was hyperactive, sometimes did not sleep, and required close supervision. He stated the patient was home schooling the daughter.

A description of the daughter's behaviors or an assessment of the patient's ability to care for the child was not documented.

A "Visit Note Report" by an RN was dated 1/04/15. The Branch Director for the Rexburg, Idaho office was interviewed on 2/26/15 beginning at 8:45 AM. She stated the date of the note was not correct and the visit was actually conducted on 1/05/15. The visit note stated the patient's pain level on 1/05/15 was 10 of 10. It also stated her blood pressure was 156/90, pulse was 50, and her respirations were 28. This was the highest blood pressure and the lowest pulse recorded for her, and the highest respirations recorded during her time receiving home health services. The visit note stated the patient was "moaning, grimacing, crying/yelling, tense/sad, angry/irritable." The visit note stated the patient had vomited twice after dinner.

An accompanying "Client Coordination Notes Report," dated 1/05/15 but not timed, stated the RN arrived at the patient's house at 12:30 AM. It stated a "therapist" for the patient's daughter (the PSR worker noted above) was present but left when the nurse arrived. It stated the patient was very angry that the agency could not provide a nursing assistant to stay with her because she needed help with her daughter.

The report stated the patient refused to go to the emergency room and refused Lorazepam and Norco, medications for muscle spasms and pain which depress the central nervous system. The report stated "PATIENT HAS VERY LITTLE STRENGTH BUT CAN AMBULATE SLOWLY BENT OVER AT A 90 DEGREE ANGLE HANGING ON TO THE NURSE TO THE BATHROOM. PATIENT URINATED. PATIENT WAS WHEELED BACK TO HER RECLINER VIA A ROLLING DESK CHAIR. PATIENT STATES SHE HAS NO FAMILY OR FRIENDS AROUND TO HELP HER. BEFORE NURSE ARRIVED PATIENT WAS HAVING (the PSR worker) CALL DIFFERENT AGENCIES TO SEE IF HE COULD FIND A CNA TO STAY WITH HER ALL NIGHT WHICH WAS UNSUCCESSFUL. A PATH NEEDED TO BE MADE TO GET PT TO AND FROM RECLINER. PATIENT'S HOUSE IS CLUTTERED WITH A MATTRESS ON THE FLOOR AND CLOTHES AND CLUTTER EVERYWHERE...PATIENT'S DAUGHTER HAS MATTED AND DIRTY HAIR, AND DIRTY FACE AND IS NOT FATIGUED AT ALL IN THE MIDDLE OF THE NIGHT RUNNING OVER THE MATTRESS SPILLING A BLUE JUICE WHILE THE TV IS ON. SHE IS TALKING NONSTOP TO THE NURSE WHILE THE NURSE IS TRYING TO EVALUATE HER MOTHER. NURSE IS CONCERNED ABOUT LEAVING. PATIENT WANTS NURSE TO CALL DOCTOR RIGHT NOW OR HER SUPERVISOR RIGHT NOW AND GET A CNA OUT THERE RIGHT NOW. REINSTRUCTED PT AS TO HOW SERVICES ARE APPROVED AND WORK. PATIENT DOES NOT WANT NURSING SERVICE ANYMORE SHE DOES NOT WANT NURSING SERVICE TO CALL IN THE MORNING ESPECIALLY IF WE CAN'T GET A CNA OUT THERE RIGHT NOW. PT NOT MOANING AND WRITHING ANYMORE AND LAYS QUIETLY WITH EYES CLOSED TO RN. LEFT ABOUT 2:15 AM."

The patient was discharged from the agency later that day.

There was no documentation in the patient's record that the physician was notified of the patient's crisis or of her high pain level.

The Rexburg Idaho Branch Director was interviewed on 2/27/15 beginning at 8:45 AM. She reviewed the patient's medical record. She confirmed the physician was not notified of the patient's condition on the morning of 1/05/15. She confirmed the RN left the patient without care.

The nurse left the patient in an unsafe situation. A deficiency was cited at 42 CFR part 482.18(b).

**Conclusion #2:** Substantiated. Federal and State deficiencies related to the allegation are cited.

**Allegation #3:** The Occupational Therapist used "Faith based hand healing" on patients without their consent.

**Findings #3:** Ten medical records of patients who received occupational therapy services were reviewed. No care issues related to occupational therapy were identified for any of the 10 patients whose records were reviewed.

One medical record documented a 51 year old female. Her start of care date was 12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis.

A "Visit Note Report" by the Certified Occupational Therapy Assistant (COTA), dated 12/24/14 at 3:13 PM, stated the COTA used gentle touch to desensitize superficial pain receptors and soreness.

The Occupational Therapist was interviewed on 2/27/15 beginning at 12:05 PM. He stated patients with chronic pain were treated at times by gently touching a specific area and holding their hands there until the nerves fatigued and pain was relieved. He stated this could be mistaken for laying on of hands. He stated faith healing was not provided by the agency and would not be done without the patient's permission.

No other instances of possible unusual healing methods were found. The allegation appeared to be a misunderstanding.

**Conclusion #3:** Unsubstantiated. Lack of sufficient evidence.

**Allegation #4:** A nurse told a patient's 6 year old daughter where to find narcotic medication in the home.

**Findings #4:** No issues related to medication storage or access were identified for 10 patients whose records were reviewed.

One medical record documented a 51 year old female. Her start of care date was 12/20/14. She was discharged on 1/05/15. Her primary diagnosis was Multiple Sclerosis. No issues regarding her medication storage or access were documented.

A nursing progress note for a visit on 1/05/15 at an undetermined time stated the patient was left at home with her 6 year old daughter while the patient was experiencing high levels of pain and difficulty ambulating. The nurse stated she offered the patient narcotic medication and anti-anxiety medication during the visit but the patient refused. No mention was made of medication storage or of the daughter's access to it.

Randy Schellhous, Administrator  
March 31, 2015  
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The nurse who wrote the note no longer worked at the agency and was not available for interview.

The Rexburg Branch Director stated, on 3/5/15 at 11:30 AM, that the patient kept her medications in a tackle box on a computer desk. She stated she did not know of any issues with the medications or of the daughter's access to them.

No evidence was found that unauthorized persons had access to medications.

**Conclusion #4:** Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626, option 4. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



GARY GUILLES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

GG/pmt