



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

May 20, 2015

Alan Bird, Administrator
Franklin County Medical Center Home Care
44 North 100 East
Preston, ID 83263

RE: Franklin County Medical Center Home Care, Provider #137058

Dear Mr. Bird:

On May 13, 2015, a follow-up visit of your facility, Franklin County Medical Center Home Care, was conducted to verify corrections of deficiencies noted during the survey of March 5, 2015.

We were able to determine that the Conditions of Participation of **Acceptance of Patients, POC and Medical Supervision (42 CFR 484.18)** and **Skilled Nursing Services (42 CFR 484.30)** are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Also 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;

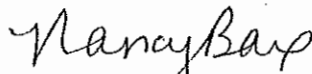
Alan Bird, Administrator
May 20, 2015
Page 2 of 2


- 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.

After you have completed your Plan of Correction, return the original to this office by **June 2, 2015**, and keep a copy for your records.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626, option 4.

Sincerely,


NANCY BAX
Health Facility Surveyor
Non-Long Term Care


SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

NB/pmt
Enclosures
cc: Fe Yamada, CMS Region X Office

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

PRINTED: 05/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2015
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY MEDICAL CENTER HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 126 EAST FIRST NORTH PRESTON, ID 83263
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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 000}	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare follow up survey of your agency from 5/12/15 to 5/13/15. The surveyor conducting the follow up survey was:</p> <p>Nancy Bax, RN, BSN, HFS</p> <p>Acronyms used in this report include:</p> <p>DM - Diabetes Mellitus HHA - Home Health Aide HTN - Hypertension OT - Occupational Therapy MI - Myocardial Infarction (heart attack) POC - Plan of Care PT - Physical Therapy RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care</p>	{G 000}	<p>POC for all deficiencies attached 6/8/15 S. Cresswell</p> <p>RECEIVED JUN - 2 2015 FACILITY STANDARDS</p>	
{G 158}	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>This STANDARD is not met as evidenced by: Based on record review, and staff interview, it was determined the agency failed to ensure care followed a physician's written plan of care for 2 of 6 patients (#1 and #5) whose records were reviewed. This resulted in omissions of care and unmet patient needs. Findings include:</p> <p>1. Patient #1 was an 83 year old female admitted</p>	{G 158}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lehl</i>	TITLE CEO	(X6) DATE 6-1-15
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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 158}	<p>Continued From page 1</p> <p>to the agency on 4/23/15, for care related to osteoarthritis. Additional diagnoses included atrial fibrillation, venous insufficiency, DM Type II and HTN. She received SN, PT, OT and HHA services. Her record, including the POC, was reviewed.</p> <p>Patient #1's record included a SN visit note, dated 4/28/15, and signed by the RN. The note documented wound care was provided to a lesion on Patient #1's right buttock. However, Patient #1's POC did not include wound care to a right buttock lesion.</p> <p>During an interview on 5/13/15 at 12:05 PM, the RN Case Manager and the Clinical Director reviewed Patient #1's record and confirmed her POC did not include wound care. Additionally, they confirmed wound care was provided by the RN on 4/28/15.</p> <p>Wound care was provided to Patient #1 without a physician's order.</p> <p>2. Patient #5 was a 62 year old male admitted to the agency on 4/15/15, for care related to sepsis. Additional diagnoses included lymphedema and cellulitis. He received SN services. His record, including the POC, was reviewed.</p> <p>Patient #5's POC included visits 1-4 times a week for 1 week, and 4-5 times a week for 2 weeks. His record did not include a physician order for additional SN visits after week 3 of his certification period. However, Patient #5's record documented 4 SN visits in week 4 of his certification period, dated 5/04/15, 5/05/15, 5/07/15, and 5/08/15.</p>	{G 158}		

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{G 158}	Continued From page 2 During an interview on 5/13/15 at 12:30 PM, the RN and the Clinical Director reviewed Patient #5's record and confirmed there was no physician order for SN visits beyond week 3 of his certification period. Additionally, they confirmed 4 SN visits were provided in week 4 of his certification period without a physician order.	{G 158}			
{G 159}	SN visits were provided to Patient #5 without a physician's order. 484.18(a) PLAN OF CARE 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. This STANDARD is not met as evidenced by: Based on review of patient records and staff interview, it was determined the agency failed to ensure POCs included all pertinent information, including supplies and nursing interventions, for 5 of 6 patients (#1, #2, #3, #4 and #6) whose records were reviewed. This had the potential to interfere with the thoroughness and consistency of patient care. Findings include: 1. Patient #2 was an 82 year old female admitted to the agency on 4/22/15, for care related to an acute MI. Additional diagnoses included coronary atherosclerosis, chronic kidney disease and	{G 159}			

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{G 159}	<p>Continued From page 3</p> <p>urinary tract infection. She received SN, PT and OT services. Her record, including the POC, was reviewed.</p> <p>a. Patient #2's SOC assessment, completed on 4/22/15, and signed by the RN Case Manager, documented she had dressings in place to incisions on her right and left upper chest. The assessment stated the dressings were to be kept dry. However, Patient #2's POC did not include care of her incisions, or management of her dressings.</p> <p>b. Patient #2's SOC assessment, completed on 4/22/15, and signed by the RN Case Manager, documented she was on oxygen continuously. However, her POC did not include oxygen or the oxygen flow rate.</p> <p>During an interview on 5/13/15 at 12:00 PM, the RN Case Manager and the Clinical Director reviewed Patient #2's record and confirmed her POC did not include care of her upper chest incisions and dressings, or her use of oxygen.</p> <p>Patient #2's POC was not comprehensive to include oxygen or care of her incisions.</p> <p>2. Patient #1 was an 83 year old female admitted to the agency on 4/23/15, for care related to osteoarthritis. Additional diagnoses included atrial fibrillation, venous insufficiency, DM Type II and HTN. She received SN, PT, OT and HHA services. Her record, including the POC, was reviewed.</p> <p>Patient #1's POC included oxygen 2-3 liters per minute. However, her POC did not include oxygen supplies or equipment used to provide</p>	{G 159}			

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{G 159}	<p>Continued From page 4 her oxygen, such as cylinders or a concentrator.</p> <p>During an interview on 5/13/15 at 12:05 PM, the RN and the Clinical Director reviewed Patient #1's record and confirmed her POC did not include supplies used to provide her oxygen.</p> <p>Patient #1's POC was not comprehensive to include all supplies and equipment used in her care.</p> <p>3. Patient #3 was a 68 year old female admitted to the agency on 4/18/15, for care following a left total knee arthroplasty. Additional diagnoses included HTN and DM Type II. She received SN, PT and HHA services. Her record, including the POC, was reviewed.</p> <p>Patient #3's SOC assessment, completed on 4/18/15, and signed by the RN Case Manager, documented a surgical dressing was dry and intact to her left knee incision line. Patient #3's POC included SN to assess the incision line to her left knee. However, her POC did not include information related to her left knee dressing, to include when it was to be removed, and how the incision line should be cared for after removal of the surgical dressing.</p> <p>During an interview on 5/13/15 at 11:45 AM, the RN and the Clinical Director reviewed Patient #3's record and confirmed her POC did not include care of her left knee incision line.</p> <p>Patient #3's POC was not comprehensive to include care of her left knee incision line.</p> <p>4. Patient #4 was an 81 year old female admitted to the agency on 4/25/15, for care following a</p>	{G 159}		

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{G 159}	<p>Continued From page 5</p> <p>carotid endarterectomy (surgery to remove plaque in the carotid artery.) Additional diagnoses included a history of transient ischemic attacks and hyperlipidemia. She received SN, PT, OT and HHA services. Her record, including the POC, was reviewed.</p> <p>Patient #4's SOC assessment, completed on 4/25/15, and signed by the RN Case Manager documented a 5 inch long incision line to the right side of her neck. However, her POC did not include assessment or care of her surgical incision.</p> <p>During an interview on 5/13/15 at 12:40 PM, the RN Case Manager and the Clinical Director reviewed Patient #4's record and confirmed her POC did not include assessment or care of her right neck surgical incision.</p> <p>Patient #4's POC was not comprehensive to include care of the incision line to her right neck.</p> <p>5. Patient #6 was an 85 year old female admitted to the agency on 4/29/15, for care related to fractures in her thoracic and sacral spine, and ribs. Additional diagnoses included osteoporosis and HTN. She received SN, PT and OT services. Her record, including the POC, was reviewed.</p> <p>Patient #6 was admitted to the agency following a hospitalization. Her record included discharge instructions from the hospital. The discharge instructions stated "WEAN SELF OFF OF BRACE, WEAR WHEN DOING ANYTHING PHYSICAL OR STRENUOUS."</p> <p>Patient #6's SOC assessment, completed on 4/29/15, and signed by the RN Case Manager,</p>	{G 159}			

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{G 159}	Continued From page 6 stated she had a neck brace that she was wearing at night. However, Patient #6's POC did not include her neck brace or patient education related to the brace, including when to wear it and how to wean off of it. During an interview on 5/13/15 at 12:55 PM, the RN and the Clinical Director reviewed Patient #6's record and confirmed her POC did not include her neck brace or patient education related to proper use and weaning of the brace. Patient #6's POC was not comprehensive to include her neck brace or patient education related to her brace.	{G 159}			
{G 164}	484.18(b) PERIODIC REVIEW OF PLAN OF CARE Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. This STANDARD is not met as evidenced by: Based on review of patient records and staff interview, it was determined the agency failed to ensure professional staff promptly alerted the physician to changes in patients' conditions that suggested a need to alter the POC for 1 of 3 patients (#1) whose conditions indicated a need to alter the POC and whose records were reviewed. As a result, physicians were precluded from making changes in patients' POCs to ensure their needs were met. Findings include: Patient #1 was an 83 year old female admitted to the agency on 4/23/15, for care related to osteoarthritis. Additional diagnoses included	{G 164}			

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{G 164}	<p>Continued From page 7</p> <p>atrial fibrillation, venous insufficiency, DM Type II and HTN. She received SN, PT, OT and HHA services. Her record, including the POC, was reviewed.</p> <p>Patient #1's POC included Lasix, a diuretic, and Potassium Chloride, a potassium supplement, to be taken daily. The Mayo Clinic website, accessed 5/19/15, stated diuretics such as Lasix can lead to the loss of potassium through the urine. It stated potassium supplements are used to replace the lost potassium.</p> <p>Patient #1's record included a PT visit note dated 5/04/15, and signed by the Physical Therapist. The note documented Patient #1 stated she stopped taking her potassium as she felt it caused muscle weakness. Patient #1's record did not document her physician was notified she was not taking potassium as ordered.</p> <p>During an interview on 5/13/15 at 12:05 PM, the RN and the Clinical Director reviewed Patient #1's record and confirmed her physician was not notified she had stopped taking potassium as ordered.</p> <p>Agency staff did not notify Patient #1's physician she was not taking her medications as ordered.</p>	{G 164}			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001180	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/13/2015
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N 000	<p>16.03.07 INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Idaho state licensure follow up survey of your agency from 5/12/15 to 5/13/15. The surveyor conducting the follow up survey was:</p> <p>Nancy Bax, RN, BSN, HFS</p> <p>Acronyms used in this report include:</p> <p>DM - Diabetes Mellitus HHA - Home Health Aide HTN - Hypertension OT - Occupational Therapy MI - Myocardial Infarction (heart attack) POC - Plan of Care PT - Physical Therapy RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care</p>	N 000	<p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED JUN - 2 2015 FACILITY STANDARDS</p>		
N 152	<p>03.07030.01.PLAN OF CARE</p> <p>N152 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:</p> <p>This Rule is not met as evidenced by: Refer to G158 as it relates to the failure of the agency to ensure care followed a written plan of care.</p>	N 152			
N 153	<p>03.07030.PLAN OF CARE</p>	N 153			

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>hehl</i>	TITLE CEO	(X6) DATE 6-1-15
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Bureau of Facility Standards

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N 153	Continued From page 1 N153 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: a. All pertinent diagnoses; This Rule is not met as evidenced by:	N 153		
N 161	03.07030.PLAN OF CARE N161 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: i. Medication and treatment orders; This Rule is not met as evidenced by: Refer to G159 as it refers to the failure of the agency to ensure the POC included all pertinent treatments.	N 161		
N 165	03.07030.PLAN OF CARE N165 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	N 165		

Bureau of Facility Standards

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N 165	Continued From page 2 includes: m. The patient and his family's teaching needs; This Rule is not met as evidenced by: Refer to G159 as it refers to the failure of the agency to ensure the POC included all pertinent patient education.	N 165		
N 172	03.07030.06.PLAN OF CARE N172 06. Changes to Plan. Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. This Rule is not met as evidenced by: Refer to G164 as it relates to the failure of the agency to ensure professional staff promptly alerted the physician to any changes that suggested a need to alter the plan of care.	N 172		

PLAN OF CORRECTION FOR THE STATE OF IDAHO - FRANKLIN COUNTY MEDICAL CENTER -HOME CARE

Date of Survey: May 13, 2015

POC deadline: June 2, 2015

Criteria: Include dates when corrective action will be completed.

1. Action(s) that will be taken to correct each specific deficiency cited?
2. How will action improve the processes that led to deficiency cited?
3. Procedure for implementing the acceptable plan of correction
4. Completion date for the correction of deficiency
5. Monitoring/tracking procedures to ensure POC is effective and Home Health remains in compliance
6. Title of person responsible for implementing the acceptable POC

Signature of Administrator



Date 6-1-15

TAG NUMBER	CRITERIA	FACILITY RESPONSE AND CORRECTIONS
		This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to Home Health. This plan of correction does not constitute as admission of liability, and such liability is hereby denied. The submission of this plan does not constitute agreement by the agency that the surveyor=s constitute a deficiency, or that the severity of the deficiencies cited is correctly applied.
G158		Care follows written Plan of Care
	1.	All Skilled Nurse (SN) were in serviced regarding the importance of documenting Verbal order to initiate POC until 485 is completed and signed Patient's #5 and # 1 were reviewed on 5-18-2015. In serviced regarding the Nurses billing form to remind them to put wound care on physician orders and frequency of visits - see attached. Orders for client # 5 frequency of visits- see attached. Orders for client #1 for wound care – see attached.
	2.	SN will have visual cues to remind them to document Wound Orders and frequency of visits
	3.	Each client has a billing form that the nurses take with them to the client's house. This form is used in conjunction with visit note for that day.
	4.	COMPLETION DATE =07-01-2015
	5.	We will monitor all new admits for 2 months to ensure compliance with wound and frequency orders.
	6.	Implemented by the Home Care Manger and monitored by Clinical Supervisor.
G 159		Plan of Care- all diagnosis, equipment, services etc.
	1.	All Skilled Nurses (SN) were in serviced regarding the importance of documenting all equipment to be used in managing patient plan of care will be documented on the 485 in the sections for discipline and treatment on 5-18-2015. Patients # 1,2,3,4 and # 6 have been reviewed on 5-18-2015
	2.	Updated Nurses billing form to remind them of new processes - see attached
	3.	Each client has a billing form that the nurses take with them to the client's house. This form is used in conjunction with visit note for that day.
	4.	COMPLETION DATE =07-01-2015
	5.	We will monitor all new admits for 2 months to ensure compliance with documentation of listing all DME.
	6.	Implemented by the Home Care Manger and monitored by Clinical Supervisor.
G 164		Periodic review of Plan of care
	1.	All Skilled Nurses (SN) were in serviced regarding the importance of reviewing the plan of care and reporting changes to MD if it alters the POC. Physical Therapy and Occupational Therapy were in serviced to inform the RN Case Manage if there is a change of condition. Patient # 1 has been reviewed on 5-18-2015.

