



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
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BUREAU OF FACILITY STANDARDS  
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P.O. Box 83720  
Boise, Idaho 83720-0009  
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December 21, 2015

Michael Hull, Administrator  
Loving Care And More  
Po Box 119  
Silverton, ID 83867

RE: Loving Care And More, Provider #137074

Dear Mr. Hull:

This is to advise you of the findings of the Medicare/Licensure survey at Loving Care And More, which was concluded on December 3, 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 agency into compliance, and that the 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

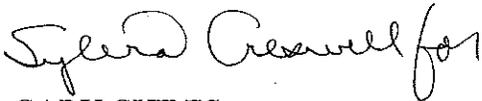
Michael Hull, Administrator  
December 21, 2015  
Page 2 of 2

State Form 2567.

After you have completed your Plan of Correction, return the original to this office by **January 3, 2016**, 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/pt  
Enclosures

RECEIVED  
JAN - 5 2016  
FACILITY STANDARDS



P.O. Box 119  
Silverton, ID 83867  
208-752-1019

December 28, 2015

Idaho Department of Health and Welfare  
P.O. Box 83720  
Boise, ID 83720-0009

To Whom it May Concern

I'm enclosing our Plan of Correction for our recently completed Medicare survey. I certainly do appreciate your time, and your input into helping us achieve or maintain compliance with the Medicare Conditions of Participation.

If you have any other questions or concerns please don't hesitate to give me a call.  
Thank you.

Sincerely



Mike Hull R.N.  
Administrator

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

PRINTED: 12/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  137074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/03/2015
NAME OF PROVIDER OR SUPPLIER  LOVING CARE AND MORE			STREET ADDRESS, CITY, STATE, ZIP CODE 104 WINDRIVER ROAD SILVERTON, ID 83867		
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G 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your home health agency on 11/30/15 through 12/03/15.</p> <p>The surveyors conducting the recertification were:</p> <p>Gary Giles RN, HFS, Team Lead Laura Thompson RN, HFS</p> <p>Acronyms used in this report include:</p> <p>ADL - Activities of Daily Living CHF - Congestive Heart Failure CKD - Chronic Kidney Disease COPD - Chronic Obstructive Pulmonary Disease CPAP - Continuous Positive Airway Pressure DM - Diabetes Mellitus GERD - Gastroesophageal Reflux Disease HHA - Home Health Aide HTN - Hypertension IADL - Instrumental Activities of Daily Living NOMNC - Notice of Medicare Non-Coverage OT - Occupational Therapy POC - Plan of Care prn - as needed PT - Physical Therapy PTA - Physical Therapy Assistant QIO - Quality Improvement Organization RN - Registered Nurse SLP - Speech Language Pathologist SN - Skilled Nursing SOC - Start of Care ST - Speech Therapy</p>	G 000			
G 101	<p>484.10 PATIENT RIGHTS</p> <p>The patient has the right to be informed of his or her rights. The HHA must protect and promote</p>	G 101			

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**JAN - 5 2016**  
**FACILITY STANDARDS**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *ADMINISTRATOR* (X6) DATE *12/28/15*

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 101	<p>Continued From page 1 the exercise of those rights.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient medical records and staff interview, it was determined the agency failed to ensure patients were fully informed of their right to appeal a discharge from home health services for 4 of 12 patients (#1, #3, #7, and #13) who were Medicare beneficiaries and whose records were reviewed. This also affected all patients who were Medicare beneficiaries. This had the potential for services to be terminated without the patients' understanding of their ability to appeal the discharge. Findings include:</p> <p>The CMS Manual System, Pub 100-04 provides direction to home health providers regarding the "Notice Of Medicare Non-Coverage" (NOMNC) form. The direction includes the following:</p> <ul style="list-style-type: none"> <li>- "The beneficiary must be given a paper copy of the NOMNC, with the required beneficiary-specific information inserted, at the time of the notice delivery."</li> <li>- "The information provided should include the following: "The beneficiary's last day of covered services...The telephone number of the QIO to request the appeal."</li> <li>- "The NOMNC should be delivered to the beneficiary at least two calendar days before Medicare covered services end..."</li> <li>- "... the delivery of the notice should be closely tied to the impending end of coverage so a beneficiary will more likely understand and retain</li> </ul>	G 101	<p>G101 We have remove the "Notice of Non-Coverage" (NOMNC) from our admission packet. On 12/29/15 We in-serviced all the nurses and therapists on the timing of when to give the NOMNC and how to make sure they are filled out correctly. We have also made sure we have the most up to date version of the form, and that it's filled out completely. Starting 12/29/15 The home health unit clerk and the administrator will be responsible to make sure these are done correctly and we will monitor for two months or until we achieve 95% compliance.</p>		

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G 101	<p>Continued From page 2</p> <p>the information regarding the right to an expedited determination. The notice may not be routinely given at the time services begin."</p> <p>During an interview on 12/03/15 at 10:30 AM, the Administrator stated the agency's practice and process was to have patients sign the NOMNC form at the SOC visit by the RN. He stated the form was included in the admission paperwork taken to the patients' home for the SOC visit. The Administrator stated he did not believe the intent of the form was for it to be signed on admission to the agency, but stated he was unclear when the form was to be given to patients or family members.</p> <p>1. Patient #1 was a 62 year old male admitted to the agency on 11/23/15, for wound care. Additional diagnoses included quadriplegia, chronic pressure ulcer with osteomyelitis, and suprapubic catheter. His record, including the POC for the certification period 11/23/15 to 1/21/16, was reviewed.</p> <p>Patient #1's record included a NOMNC form. The form included his signature and was dated 11/23/15.</p> <p>The form lacked the required information, as follows:</p> <p>- The section of the form titled "How to Ask for an Immediate Appeal" included "Call your QIO at: (insert name and number of QIO) to appeal, or if you have questions." The form did not include the name or telephone number of the QIO to request an appeal.</p> <p>During an interview on 12/03/15 at 10:40 AM, the</p>	G 101			

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G 101	<p>Continued From page 3</p> <p>Administrator stated the NOMNC form was included in the packet of forms completed during patients' SOC visits. He stated the RN completing the SOC visit had the form signed by the patient. The Administrator stated the service end date entered on the form, was the last day of the certification period. He confirmed the QIO information and phone number was not on the form.</p> <p>2. Patient #3 was an 81 year old female admitted to the agency on 10/29/15, for aftercare following a bowel resection. Additional diagnoses included DM Type II, GERD, and HTN. Her record, including the POC for the certification period 10/29/15 to 12/27/15, was reviewed.</p> <p>Patient #3's record included a NOMNC form. The form included her signature and was dated 10/29/15.</p> <p>The form lacked the required information, as follows:</p> <ul style="list-style-type: none"> <li>- The section of the form titled "How to Ask for an Immediate Appeal" included "Call your QIO at: (insert name and number of QIO) to appeal, or if you have questions." The form did not include the name or telephone number of the QIO to request an appeal.</li> </ul> <p>During an interview on 12/03/15 at 10:45 AM, the Administrator stated the NOMNC form was included in the packet of forms completed during patients' SOC visits. He stated the RN completing the SOC visit had the form signed by the patient. The Administrator stated the service end date entered on the form, was the last day of the certification period. He confirmed the QIO</p>	G 101			

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G 101	<p>Continued From page 4 information and phone number was not on the form.</p> <p>3. Patient #13 was a 68 year old female admitted to the agency on 8/11/15, for a brain tumor. Additional diagnoses included stroke, COPD, HTN, chronic renal failure, ataxia, rheumatoid arthritis, and a basilar artery aneurysm. Her record, including the POC for the certification period 10/10/15 to 12/08/15, was reviewed.</p> <p>Patient #13's record included a NOMNC form. The form included her husband's signature and was dated 10/08/15.</p> <p>During an interview on 12/03/15 at 10:50 AM, the Administrator confirmed the NOMNC was signed by Patient #13's spouse on her date of admission to the agency. He confirmed the stated service end date entered on the form was the last day of the current certification period.</p> <p>The agency failed to inform patients of their right to appeal their discharge from home health services.</p> <p>4. Patient #7 was a 82 year old female admitted to the agency on 10/27/15, for a brain tumor. She was currently a patient as of 12/02/15. Her record for the certification period 10/10/15 to 12/08/15, was reviewed.</p> <p>Patient #7's record included a NOMNC form. The form included her signature and was dated 10/27/15.</p> <p>During an interview on 12/03/15 at 9:55 AM, the Administrator confirmed the NOMNC was signed by Patient #7 on her date of admission to the</p>	G 101		

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G 101	Continued From page 5 agency. He stated the form was not presented to patients when they were informed of their discharge dates.	G 101			
G 158	The agency failed to inform patients of their right to appeal their discharge from home health services in a timely manner. 484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER  Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.  This STANDARD is not met as evidenced by: Based on observation, medical record review, patient/caregiver interview and staff interview, it was determined the agency failed to ensure care followed a physician's written plan of care for 8 of 13 patients (#1, #3, #4, #5, #8, #10 #12, and #13) whose records were reviewed. This resulted in omissions of care and unmet patient needs. Findings include:  1. Patient #13 was a 68 year old female admitted to the agency on 8/11/15, for PT, OT, and SLP services related to a brain tumor. Additional diagnoses included stroke, COPD, HTN, chronic renal failure, ataxia, rheumatoid arthritis, and a basilar artery aneurysm. Her record, including the POC, for the certification period 10/10/15 to 12/08/15, was reviewed.  Patient #13's POC included orders for PT visits 1 time a week for 9 weeks, OT visits 2 times a week for 9 weeks, and SLP visits 1 time a week for 9 weeks. However, no therapy visits were	G 158	G158 12/29/15 We in-serviced nurses and all therapists on the correct way to write an order using the Sunday to Saturday format and we have corrected the way that we write PRN orders. Beginning 12/29/15 These orders will be tracked by the home health unit coordinator and weekly audits will be conducted by the administrator until we have 95% compliance.		

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G 158	<p>Continued From page 6 documented in the record during the first week of the certification period.</p> <p>The first documented visit by the Occupational Therapist was on 10/12/15, week 2 of the certification. The Speech Language Pathologist documented the first visit on 10/14/15, week 2 of the certification. Additionally, the Physical Therapist did not make the first visit until 10/16/15, during week 2 of the certification.</p> <p>During an interview on 12/03/15 at 10:45 AM, the Administrator reviewed the record and confirmed therapy visits were not completed during the first week of the certification period. He further confirmed the orders were for therapy visits to begin the first week of the certification period.</p> <p>Visit frequencies were not followed as ordered.</p> <p>2. Patient #3 was an 81 year old female admitted to the agency on 10/29/15, for SN, PT, and OT services related to aftercare following a bowel resection. Additional diagnoses included DM Type II, GERD, and HTN. Her record, including the POC for the certification period 10/29/15 to 12/27/15, was reviewed.</p> <p>Patient #3's POC included orders for SN visits 2 times a week for 1 week and 1 time a week for 1 week. A SN visit was documented on 10/29/15. There were no additional documented SN visits during week 1 of the certification period.</p> <p>During an interview on 12/01/15 at 2:30 PM, the Administrator reviewed the record and confirmed 1 SN visit was documented for week 1. He confirmed the order for SN visits was twice for the first week of service.</p>	G 158			

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G 158	<p>Continued From page 7</p> <p>SN visit frequencies were not followed as ordered.</p> <p>3. Patient #4 was a 10 year old female admitted to the agency on 8/26/15, for SN, PT, OT, and SLP services related to an anoxic brain injury. Additional diagnoses included quadriplegia and altered mental status. Her record, including the POC for the certification period 10/25/15 to 12/23/15, was reviewed.</p> <p>a. Patient #4's POC included orders for PT visits 1 time a week for 1 week and 3 times a week for 4 weeks. The Physical Therapist documented visits on 10/27/15, 10/29/15, and 10/30/15, the first week of the certification period. Patient #4's record did not include physician orders for 3 visits during week 1 of the certification period.</p> <p>During an interview on 12/03/15 at 11:00 AM, the Administrator reviewed the record and confirmed 3 visits were completed by the Physical Therapist during week 1. He confirmed there were no physician orders for the increased frequency of visits.</p> <p>PT visit frequencies were not followed as ordered.</p> <p>b. Patient #4's record included orders for SLP visits 2 times a week for 8 weeks and 1 PRN visit. The PRN order did not include the reasons for the visit. The Speech Language Pathologist documented 3 visits during week 1 on 10/26/15, 10/28/15, and 10/30/15 instead of the 2 ordered. Additionally, during week 3 of the certification period, the Speech Language Pathologist documented 3 visits on 11/09/15, 11/10/15, and</p>	G 158			

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G 158	<p>Continued From page 8</p> <p>11/11/15. Patient #4's record did not include physician orders for increased visits during weeks 1 and 3 of the certification period.</p> <p>During an interview on 12/03/15 at 11:00 AM, the Administrator reviewed the record and confirmed the visit frequency by the Speech Language Pathologist increased during weeks 1 and 3. He confirmed there were no physician orders for the increased frequency of visits.</p> <p>Therapy visit frequencies were not followed as ordered.</p> <p>4. Patient #8 was a 69 year old female admitted to the agency on 10/29/15, for SN, PT, HHA services related to a pulmonary embolism (a blood clot in the lung). Additional diagnoses included atrial fibrillation, DM Type II, GERD, and chronic kidney disease. Her record, including the POC for 10/29/15 to 12/27/15, was reviewed.</p> <p>a. Patient #8's POC included orders for HHA visits 2 times a week for 8 weeks for assistance with ADLs. However, no HHA visits were documented or completed during the first week of the certification period. The first documented visit by the HHA was on 11/04/15, week 2 of the certification period.</p> <p>During an interview on 12/03/15 at 8:30 AM, the RN Case Manager reviewed the record and confirmed the HHA orders. She confirmed the HHA did not complete a visit during the first week. The RN stated HHAs are usually not able to start in a patient's home for 2 to 3 days, sometimes longer. She stated she was not aware the frequency of visits for services began during the week of admission to the agency unless</p>	G 158			

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G 158	<p>Continued From page 9 otherwise specified and approved by the patient's physician.</p> <p>b. Patient #8's POC included orders for PT visits 2 times a week for 2 weeks and 1 time a week for 4 weeks. However, the Physical Therapist completed and documented 1 visit during week 1 of the certification period on 10/30/15. Additionally, the Physical Therapist completed and documented 2 visits during week 4 on 11/17/15 and 11/20/15, and 2 visits during week 5 on 11/24/15 and 11/25/15.</p> <p>There were no physician orders in Patient #8's record for the decrease or increase of visits.</p> <p>During an interview on 12/03/15 at 11:00 PM, the Administrator reviewed the record and confirmed the increased visit frequency by PT. He confirmed there were no physician orders for the additional visits. The Administrator also confirmed there was no physician order for the missed visit during week 1 by the Physical Therapist.</p> <p>HHA and PT visit frequencies were not followed for Patient #8.</p> <p>5. Patient #1 was a 62 year old male admitted to the agency on 11/23/15, for SN and HHA services related to wound care. Additional diagnoses included quadriplegia, chronic pressure ulcer with osteomyelitis, and suprapubic catheter. His record, including the POC for the certification period 11/23/15 to 1/21/16, was reviewed.</p> <p>Patient #1's POC included orders for the HHA to visit him 2 times a day 5 days a week for 9 weeks to assist with ADLs. However, only 1 visit was</p>	G 158		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  137074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/03/2015
NAME OF PROVIDER OR SUPPLIER  LOVING CARE AND MORE			STREET ADDRESS, CITY, STATE, ZIP CODE 104 WINDRIVER ROAD SILVERTON, ID 83867		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 158	<p>Continued From page 10</p> <p>documented by the HHA the morning of 11/27/15. There was no documentation of a second visit the evening of 11/27/15. Additionally, there was no documentation in the record of the missed visit by the HHA.</p> <p>During an interview on 12/03/15 at 10:40 PM, the Administrator reviewed the record and confirmed the HHA missed a home visit on 11/27/15. He confirmed the record did not include a missed visit note from the HHA.</p> <p>The agency failed to ensure HHA visit frequencies were completed as ordered by the physician.</p> <p>6. Patient #5 was a 90 year old female whose SOC was 10/10/15. She was currently a patient as of 12/02/15. Her diagnosis was heart failure. Her record was reviewed for the certification period 10/10/15-12/08/15.</p> <p>Patient #5's POC for the certification period 10/10/15-12/08/15 stated PT for "Evaluation and Treatment." No further PT orders were documented. PT visits were documented on 10/14/15, 10/19/15, and 10/21/15.</p> <p>The Administrator reviewed Patient #5's medical record on 12/03/15 beginning at 9:55 AM. He stated there was no documented order for the PT visits on 10/19/15, and 10/21/15.</p> <p>The agency did not follow Patient #5's POC.</p> <p>7. Patient #10 was a 90 year old female whose SOC was 11/04/13. Her diagnosis was Alzheimer's Disease. She was currently a patient as of 12/02/15. Her record was reviewed for the</p>	G 158			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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G 158	<p>Continued From page 11 certification period 10/25/15-12/23/15.</p> <p>Patient #10's POC for the certification period 10/25/15-12/23/15 stated ST was ordered 1 time every other week for 9 weeks and 1 PRN visit. ST visits were documented during week 1 on 10/29/15 and during week 2 on 11/05/15. The ST visit note, dated 11/05/15 at 1:11 PM, appeared to be a regular visit. The note did not state the reason for the visit or indicate it was a PRN visit.</p> <p>The Administrator reviewed the medical record on 12/03/15 beginning at 9:55 AM. He stated the ST visit to Patient #10 appeared to be a routine visit and the POC was not followed.</p> <p>The agency completed ST visits for Patient #10 2 weeks in a row instead of every other week, as ordered.</p> <p>8. Patient #12 was a 91 year old female whose SOC was 1/13/11. She was currently a patient as of 12/02/15. Her diagnosis was Parkinson's Disease. Her record was reviewed for the certification period 10/19/15-12/17/15.</p> <p>Patient #12's POC for the certification period 10/19/15-12/17/15 stated nursing was ordered 0 times a week but also stated "PRN visits for status change." Nursing services were not ordered for Patient #12, therefore PRN nursing visits were not an appropriate order.</p> <p>In addition, ST visits were documented to Patient #12 on 10/30/15, 11/02/15, and 11/08/15. Patient #12's POC for the certification period 10/19/15-12/17/15 referred to an "ST maintenance program." However, no specific orders for ST visits were included on her POC or</p>	G 158			

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G 158	Continued From page 12 elsewhere in her medical record.	G 158		
G 178	<p>The Administrator reviewed the medical record on 12/03/15 beginning at 9:55 AM. He stated Patient #12 was not receiving nursing services but had PRN orders for nursing visits. He also confirmed no orders were present for Patient #12's ST visits.</p> <p>The agency did not follow Patient #12's POC. 484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse participates in in-service programs, and supervises and teaches other nursing personnel.</p> <p>This STANDARD is not met as evidenced by: Based on interview and review of personnel files it was determined the agency failed to ensure participation in in-service programs for 3 of 5 RNs (Staff A-C) whose personnel files were reviewed. This had the potential to result in patients receiving care from under-qualified RNs. Findings include:</p> <p>Personnel files were reviewed on 12/02/15 beginning at 9:00 AM. The following personnel files lacked documentation of participation in in-service programs:</p> <ul style="list-style-type: none"> <li>- Staff A, RN hired 7/07/08</li> <li>- Staff B, RN hired 9/12/11</li> <li>- Staff C, RN hired 9/8/03</li> </ul> <p>During an interview on 12/02/15 at 3:00 PM, the Administrator stated RNs do participate in</p>	G 178	On 12/23/15 We created a tracking binder to track the individual in-services that are done by both our nurse's and therapists also the nurses and therapists have been in-serviced to provide documentation of their other qualifying training and inservices. The administrator will be responsible for maintaining this binder ongoing.	

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G 178	Continued From page 13 in-services. He stated the agency did not hold meetings or classes for in-services. The Administrator stated educational brochures or articles were passed around for RNs to review and they would also watch videos on the internet. The Administrator confirmed he did not keep documentation of participation in in-services for RNs.	G 178			
G 189	The agency failed to document participation by RNs in In-service programs. 484.32 THERAPY SERVICES  The qualified therapist participates in in-service programs.  This STANDARD is not met as evidenced by: Based on interview and review of personnel files it was determined the agency failed to ensure participation in in-service programs for 3 of 5 therapy staff (Staff D, E, and F) whose personnel files were reviewed. This had the potential to result in patients receiving care from under-qualified therapy staff. Findings include:  Personnel files were reviewed on 12/02/15 beginning at 9:00 AM. The following therapists files lacked documentation of participation in in-service programs:  Staff D, Speech Language Pathologist, hired 12/01/12 Staff E, Occupational Therapist, hired 8/17/11 Staff F, Physical Therapist, hired 1/01/1994  During an interview on 12/02/15 at 3:00 PM, the Administrator stated therapists did participate in	G 189	Refer to POC for G178. See		

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G 189	Continued From page 14 educational classes outside of the agency, but the agency did not require them to bring in certificates or proof of participation. He stated the agency did not hold meetings or classes for in-services. The Administrator confirmed he did not keep documentation of participation in in-services for therapists.  The agency failed offer in-services or keep documentation therapy personnel participated in in-service training.	G 189			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  OAS001330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  12/03/2015
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N 000	16.03.07 INITIAL COMMENTS  The following deficiencies were cited during the Idaho state licensure survey of your home health agency on 11/30/15 through 12/03/15.  The surveyors conducting the review were:  Gary Guiles RN, HFS, Team Lead Laura Thompson RN, HFS	N 000		
N 015	03.07020. ADMIN. GOV. BODY  N015 04. Patients' Rights. Insure that patients' rights are recognized and include as a minimum the following:  a. Home health providers have an obligation to protect and promote the exercise of these rights. The governing body of the agency must insure patients' rights are recognized.  This Rule is not met as evidenced by: Refer to G101	N 015		
N 101	03.07024. SK. NSG. SERV.  N101 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:  i. Participates in in-service programs, and	N 101		

**RECEIVED**  
**JAN - 5 2016**  
**FACILITY STANDARDS**

*Refer to POCs on  
CMS-2567.  
sc*

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

TITLE

(X8) DATE

*[Signature]*  
STATE FORM

*ADMINISTRATOR*

*12/28/15*

Bureau of Facility Standards

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N 101	Continued From page 1  This Rule is not met as evidenced by: Refer to G178	N 101		
N 127	03.07025.THERAPY SERV.  N127 01. Qualified Therapist. A qualified therapist duties include the following:  d. Participates in in-service programs.  This Rule is not met as evidenced by: Refer to G189	N 127		
N 152	03.07030.01.PLAN OF CARE  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:  This Rule is not met as evidenced by: Refer to G158	N 152		