



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

July 27, 2016

Chad Mangum, Administrator
Access Hospice Care
240 West Burnside Avenue, Suite B
Chubbuck, ID 83202

RE: Access Hospice Care, Provider #131552

Dear Mr. Mangum:

This is to advise you of the findings of the Medicare survey of Access Hospice Care, which was conducted on July 14, 2016.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

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 Hospice into compliance, and that the Hospice 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

Chad Mangum, Administrator
July 27, 2016
Page 2 of 2

- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

After you have completed your Plan of Correction, return the original to this office by **August 9, 2016**, and keep a copy for your records.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 07/21/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131552	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2016
NAME OF PROVIDER OR SUPPLIER ACCESS HOSPICE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 240 WEST BURNSIDE AVENUE, SUITE B CHUBBUCK, ID 83202	
(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
L 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare and Medicaid (CMS) from 7/11/16 to 7/14/16. The surveyor conducting the survey was: Robin Tuiskula, RN	L 000		
L 647	418.78(e) LEVEL OF ACTIVITY Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked. This STANDARD Is not met as evidenced by: Based on record review and interview, the facility failed to ensure volunteers provided day-to-day administrative and/or direct patient care services in an amount that at a minimum equaled 5% of the total patient care hours of all paid hospice employees and contract staff, for at least 11 months, from July 2015 through June 2016. This failure had the potential to impact all patients receiving hospice services in the 11 month period, including 47 of 47 patients (Patients #1 - #47), who were receiving hospice services at the time of the survey. This resulted in the potential for patient needs not being met. Findings include: A review of the facility volunteer percentage records from July 2015 through June 2016	L 647	L 647 - 418.78 Level of Activity In-service with Hospice Managers and Volunteer Coordinator from all locations conducted on August 2 nd by Administrator regarding volunteer regulations, guidelines and agency deficiencies. Follow up in-service and training to be held on August 25 th with clinical and support service staff, including social workers/volunteer coordinators, Chaplains, and Clinical Managers to discuss recruitment, retention and volunteer use including trends in direct patient care hours/volunteer need for each location. Since the time of survey we have made the following improvements: We currently have 5 active volunteers in the Pocatello office, 2 active volunteers in the Preston office with 1 in training and 1 potential, and 1 volunteer in training in the Blackfoot office with 1 additional	

RECEIVED
AUG 09 2016
FACILITY STANDARDS

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

[Signature] BSN

TITLE

ADMINISTRATOR

(X5) DATE

8/19/16

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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L 647	Continued From page 1 indicated the following: - July 2015: the volunteer to direct patient care percent was documented at 0.4% with a cost savings of \$75.00. - August 2015: the volunteer to direct patient care percent was documented at 2.9% with cost savings of \$75.00. - September 2015: the volunteer to direct patient care percent was documented at 2.8% with a cost savings of \$75.00. - October 2015: the volunteer to direct patient care percent was documented at 3.9% with a cost savings of \$135.00. - November 2015: the volunteer to direct patient care percent was documented at 5.9% with a cost savings of \$240.00. - December 2015: the volunteer to direct patient care percent was documented at 2.2% with a cost savings of \$30.00. - January 2016: the volunteer to direct patient care percent was documented at 2.2% with a cost savings of \$435.00. - February 2016: the volunteer to direct care percent was documented at 2.7% with a cost savings of \$540.00. - March 2016: the volunteer to direct patient care percent was documented at 3.6% with a cost savings of \$675.00. - April 2016: the volunteer to direct patient care	L 647	potential. In addition, each office has an active Social Worker/Volunteer Coordinator. IDG discussions will include volunteer activity report with opportunity for staff to identify potential volunteer needs. We will continue to trend volunteer activity monthly, including total direct patient care hours, hours needed, and actual hours. The monthly volunteer report will be reviewed by each volunteer coordinator and Clinical Manager, with written plan to increase volunteer utilization due to Administrator by the 10 th of each month if 5% requirement is not met. Administrator will oversee the implementation of the stated plan of correction. Agency will demonstrate compliance with the stated plan of correction by August 25 th .		

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L 647	<p>Continued From page 2</p> <p>percent was documented at 4.8% with a cost savings of \$750.00.</p> <p>- May 2016: the volunteer to direct patient care percent was documented at 2.6% with a cost savings of \$465.00.</p> <p>- June 2016: the volunteer to direct patient care percent was documented at 1.5% with a cost savings of \$300.00.</p> <p>During an interview with the Volunteer Coordinator (VC) at 2:45 p.m. on 7/13/16, the VC stated she was aware of the low percentage of direct patient care in relation to the hospice regulation. The VC stated she had been with the hospice since August 2015 and was trying to recruit volunteers using newspaper ads and flyers in churches and hospitals. She stated there had been no time when a patient needed a volunteer and one could not be provided. The VC stated the hospice currently had 5 active volunteers, 2 of which performed administrative duties, and 3 that provided direct patient care.</p> <p>During an interview with the Administrator at 1:30 p.m. on 7/14/16, the Administrator was aware of the low percentage of direct patient care in relation to the required 5% according to regulations. The Administrator stated the problem was identified and discussed at the first quarter 2016 QAPI meeting on 4/19/16. The Administrator stated the VC was involved in recruitment efforts such as newspaper ads, flyers, and approaching church groups. The Administrator stated that an additional Social Worker had been hired for one of the branch offices to oversee the volunteer recruitment at that branch, which she stated tends to run a low</p>	L 647			

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L 647	Continued From page 3 percentage. The Administrator stated that as of the day of survey, the percentages were still below the 5% level.	L 647		