



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 15, 2016

Teresa Dixon, Administrator
Alliance Hospice
1096 N Eastland Dr Suite 400
Twin Falls, ID 83301-3916

RE: Alliance Hospice, Provider #131544

Dear Ms. Dixon:

This is to advise you of the findings of the Medicare survey of Alliance Hospice, which was conducted on August 4, 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
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Teresa Dixon, Administrator
August 15, 2016
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **August 29, 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,

A handwritten signature in black ink, appearing to read "Nicole Wisenor". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

NW/pmt
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131544	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER ALLIANCE HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 1096 N EASTLAND DR SUITE 400 TWIN FALLS, ID 83301	
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L000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare & Medicaid Services (CMS) from 8/01/16 to 8/4/16. The surveyor conducting the survey was: Robin Tuiskula RN, BC Acronyms used in this report include: ICF/IID – Intermediate Care Facilities for individuals with Intellectual Disabilities. SNF/NF – Skilled Nursing Facility/Nursing Facility 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, it was determined the hospice 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 17 of 18 months reviewed. This failure had the potential to impact all patients receiving hospice services in the 8-month period and resulted in the potential for patient needs not being met. Findings include:	L000	RECEIVED AUG 30 2016 FACILITY STANDARDS	
L577		L 647		<p>POLICY: Volunteer services are provided as needed and as ordered by the plan of care to assist the patient/family to cope with the terminal illness, death and bereavement. Volunteer services include: patient sitting, errands, light housekeeping, light meal preparation, light yard work, hospice secretarial/clerical work, other services as requested; as appropriate and available.</p> <p>An in-service with hospice managers and the Volunteer Coordinator was conducted by the Administrator on 08/09/16 regarding volunteer regulations, guidelines, agency deficiencies and policy.</p> <p>A follow-up in-service was completed on 08/23/16 with all clinical staff, Social Worker, Chaplain and Volunteer Coordinator (presented by the Administrator). This in-service included</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Jessica DeLeon RN _____ 8-29-16

Any deficiency statement ending with an (*) 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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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2016
FORM APPROVED
OMB NO. 0938-0391

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L 647	<p>Continued from page 1</p> <p>The facility Volunteer percentage records from January 2015 through June 2016 documented the following:</p> <p>-January 2015 through August 2015: The volunteer to direct patient care percent was documented at 0% with no cost savings.</p> <p>-September 2015: The volunteer to direct patient care percent was documented at 1.2% with a cost savings of \$57.41.</p> <p>-October 2015: The volunteer to direct patient care percent was documented at 2.0% with a cost savings of \$37.25.</p> <p>-November 2015: The volunteer to direct patient care percent was documented at 2.80% with a cost savings of %52.15.</p> <p>-January 2016 through June 2016: The volunteer to direct patient care percent was documented at 0% with no cost savings.</p> <p>During an interview with the Branch Director at 2:00 p.m. on 8/2/16, the Branch Director stated the percent for volunteer to direct patient care was below the required 5% and had been an ongoing struggle for the hospice. She stated that if a volunteer was not available to meet a request, a staff person was used to meet the need. She confirmed that the volunteer to direct patient care percent had been less than 5% for 17 of the past 18 months.</p> <p>The Volunteer Coordinator was interviewed 9:00a.m. on 8/3/16. He stated that he had been the Volunteer Coordinator for the hospice for 3 years.</p>	L 647	<p>a discussion of recruitment, retention, use of volunteer services with ideas and concerns about increasing our recruitment efforts. On 08/24/16 the Volunteer Coordinator placed an add on the web-based program known as JustServe. He was able to specify the towns in which Alliance Hospice provides services requesting volunteers. He stated that so far he has had one phone call about the volunteer program (as of 08/25/16). Mailers are being sent to all of the local churches, community centers, some physician's offices and placed on bulletin boards in the local university and technical schools. An add has been placed in the local newspaper for Alliance volunteer services.</p> <p>The Volunteer Coordinator will prepare a report to be presented during the IDG meetings at least monthly. This report will include the current volunteer activity. This will also include a discussion on the needs of patient/family in relation to volunteer services.</p> <p>The Volunteer Coordinator will keep up with tracking the direct patient care needed hours and the hours provided. This report will include the % of savings for each quarter. A report will be compiled by the Volunteer Coordinator and presented to the IDG/Administrator quarterly. The Administrator will monitor compliance.</p> <p>The agency will demonstrate compliance with the above by 09/15/16 and ongoing. The Agency goal is to be able to demonstrate a 5% cost savings as related to direct patient care by 01/01/2017</p>	<p>09/01/16</p> <p>08/31/16</p> <p>10/01/16</p> <p>09/15/16</p>

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L 647	Continued from page 2 He stated there were currently two active volunteers one that did clerical tasks and one that spent time with patients. The Volunteer coordinator stated that volunteer recruitment needed to take place because it was difficult to retain volunteers after they were hired and trained. He stated that holidays and cold weather seemed to impact the number of volunteers that the hospice had at any given time. The Volunteer Coordinator stated recruitment was done with flyers, outreach to churches, schools and the United Way website.	L 647	Retention of volunteers will include such activities as training classes, awards, dinners, other forms of acknowledgments. This will be the responsibility of the Volunteer Coordinator. Compliance will be monitored by the Administrator.	08/30/16 And ongoing
L663	During an interview at 10:40 a.m. on 8/4/16 with the Idaho Administrator, who was responsible for the day-to-day operations of the hospice, the Idaho Administrator stated that volunteer retention had been an on-going issue. She stated that public television advertisements and outreach to local organizations were being used to assist in recruitment. 418.100(g)(3) TRAINING (3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 13 months. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the hospice failed to ensure the skills and competencies of 6 of 10 employees (the	L 663	When the surveyor requested a copy of the Alliance employee "Evaluations" the office manager handed her a copy of the PERFORMANCE EVALUATION which is <u>agency specific</u> . All of the Alliance employees have completed their COMPETENCY EVALUATIONS (see attached examples). The Performance Evaluations are for internal use such as raises and advancement, this does not evaluate competencies. See policy for Performance Evaluations: II. APPRAISALS/EVALUATIONS The appraisal system will consist of two parts: A. The performance appraisal: is used for the purpose of evaluating the performance of the Employee and to communicate to the Employee the results of the performance evaluation.	08/15/16

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L 663	<p>Continued from page 3 Branch Director, the Chaplain, 2 Social Workers, 1 Registered Nurse, and the Office Manager) were evaluated. This resulted in a lack of validation of current skills and competencies. Findings include:</p> <p>1. The hospice policy "Performance Evaluations," dated 1/9/15, stated performance appraisals were to be completed at the end of an employee's probationary period after hire (90 days) and annually thereafter.</p> <p>Review of the personnel files for the Hospice staff, which included 10 staff, indicated that yearly evaluations or performance appraisals were not completed per policy for 6 staff members as follows:</p> <p>a. The Branch Director's personnel file documented a hire date of 8/27/14. However, the annual performance evaluation indicated a hire date of 1/11/13, with a review period documented as 7/1/15 – 7/1/15 (sic). The evaluation was discussed with a previous Director of Nursing on 12/16/15 and signed by the Branch Director on 12/15/15.</p> <p>During an interview with the Branch Director at 12:30 p.m. on 8/4/16, the Branch Director stated that her date of hire was 8/27/16.</p> <p>During an interview with the Idaho Administrator at 12:00 p.m. on 8/4/16, the Idaho Administrator stated the Director of Nursing completed the evaluation for the Branch Director, but the Director of Nursing was not available for interview. The Idaho Administrator confirmed that the information of the evaluation was incorrect. She had not reviewed it previously, and stated</p>	L 663	<p>B. A salary evaluation: is used to both evaluate the Employee's value to ALLIANCE and recommend appropriate changes, if any, to the Employee's compensation Performance appraisals and salary evaluations will be conducted as follows:</p> <p>A. <u>NEW HIRE</u> All <u>New Employees</u> have a 90-day probationary period. During this time the employer will evaluate the ability of the Employee to perform their job description and the Employee will assess their willingness to continue employment beyond the 90-day probationary period. At the end of the probationary period the employer will assess the performance of the Employee and indicate if their performance warrants continued employment. The Performance Evaluations/appraisals will be conducted at least once a year and at any time throughout continued employment.</p> <p>Policy: COMPETENCY EVALUATION/SKILLS CHECK Alliance will assess the skills and competence of all individuals furnishing patient care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The method(s) of assessment of competency will be maintained as a written description of the skills of each clinical discipline with in-service training and skill competencies upon hire and at least once a year throughout employment.</p> <p>Compliance with the Competencies and Skills evaluations will be the responsibility of the Director of Nursing and Administrator.</p>	08/15/16 And ongoing

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L 663	Continued From page 5 6/16). A second Social Worker's personnel file documented a hire date of 3/10/16. The file did not contain a 90-day evaluation or performance appraisal (due 6/16). e. A Registered Nurse's personnel file documented a hire date of 10/17/11. The file contained no annual evaluations or performance appraisals for 2014. The annual evaluation for 2013 was dated in May 2013, and the evaluation for 2015 was dated in December 2015. During an interview with the Branch Director at 1:00 p.m. on 8/4/16, the Branch Director stated she was not aware that 90-day evaluations had not been completed for the Chaplain and both Social Workers. She stated that the Registered Nurse's evaluation for 2014 was due right after she was hired and had not been completed.	L 663	It is the responsibility of the Branch Director, Director of Nursing to monitor the completion of the Competencies and Skills checks upon hire and at least once a year throughout employment. The Performance Evaluations should be completed within 90 days after hire and once a year thereafter. The Administrator will monitor compliance.	08/16/16
L 771	418.112(c)(8) WRITTEN AGREEMENT The written agreement must include at least the following: (8) A provision stating that the hospice must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or ICF/MR administrator within 24 hours of the hospice becoming aware of the alleged violation. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the hospice failed to ensure comprehensive information was included in 3 of 6	L 771	Alliance updated the SNF/NF, ICF/MR contracts in 2014. Section 3.1.8 and reads as follows: Reporting of Violations. The hospice must report all alleged violations involving mistreatment, neglect or verbal, mental, sexual, and physical abuse including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or ICF/IID administrator within 24 hours of the hospice becoming aware of the alleged violation. All contracts were to be updated using this newest contract. It is the responsibility of the Branch Director and Director of nursing to make sure this was completed. An in-service was completed on 08/16/16 which included	08/16/16

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L 771	<p>Continued from page 6</p> <p>Contracts/written agreements reviewed. This resulted in the potential for allegations of abuse, neglect and mistreatment to be unreported to appropriate facility personnel for all patients residing in SNF/NFs or ICFs/IID. Findings include:</p> <p>1. A review of the contracts/written agreements on 8/1/16 indicated the hospice maintained contracts/written agreements with 6 facilities to provide various levels of care to hospice patients. The levels of care included general inpatient, routine (inpatient), and respite care.</p> <p>Three of the 6 contracts reviewed did not include a provision that specified the responsibility of the hospice to report allegations of abuse, neglect, mistreatment, or misappropriation by anyone unrelated to the hospice, to the Administrator of the facility in which the specific patient resided, within 24 hours of learning of the allegation.</p> <p>The Human Resource Director was interviewed at 11:30 a.m. on 8/1/16. The Human Resource Director reviewed the three contracts/written agreements in question and confirmed they did not include the provision that the hospice would report allegations of any type of abuse, neglect, mistreatment or misappropriation by anyone unrelated to the hospice, to the Facility Administrator within 24 hours of becoming aware of the alleged violation.</p> <p>The Branch Director was interviewed at 2:00 p.m. on 8/2/16. The Branch Director reviewed the three contracts/written agreements in question and stated they did not include the provision that the hospice would report allegations of any type of abuse, neglect, mistreatment or</p>	L 771	<p>Education to the Branch Director, Director of Nursing, QAPI Director and clinical staff was presented by the Administrator on 08/16/16 regarding the following statement:</p> <p>Reporting of Violations. The hospice must report all alleged violations involving mistreatment, neglect or verbal, mental, sexual, and physical abuse including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or ICF/IID Administrator within 24 hours of the hospice becoming aware of the alleged violation.</p> <p>Re-education was provided to the Directors to make sure all of the SNF/NF or ICF/IIDs had new contracts with this statement included for the safety of Alliance patients/families. The Administrator and QAPI Director is responsible for compliance.</p>	08/16/16 08/25/16

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L 771	Continued From Page 7 Misappropriation by anyone unrelated to the hospice, to the Facility Administrator within 24 hours of becoming aware of the alleged violation.	L 771		