



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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August 23, 2016

Terri Roberts, Administrator
X L Hospice, Inc
2480 Highway 52
Payette, ID 83661

RE: X L Hospice, Inc, Provider #131510

Dear Ms. Roberts:

This is to advise you of the findings of the Medicare survey of X L Hospice, Inc, which was conducted on August 12, 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

Terri Roberts, Administrator
August 23, 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 **September 6, 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, Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 08/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2016
NAME OF PROVIDER OR SUPPLIER X L HOSPICE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2480 HIGHWAY 52 PAYETTE, ID 83661	
(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 8/9/16 to 8/12/16. The surveyor conducting the survey was: Marole M. English R.N., B.S.N., C.N.N. Acronyms used in this report include: ALF - Assisted Living Facility HHA - Home Hospice Aide TB - Tuberculosis	L 000		
L 578	418.60 INFECTION CONTROL The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases. This STANDARD is not met as evidenced by: Based on observation during a home visit, review of agency policy, and staff interview, it was determined the hospice failed to maintain an effective infection control program that protected patients, families, visitors, and hospice personnel. This failure directly impacted 1 of 1 patients (Patient #2) for whom a home visit was conducted and had the potential to impact 62 patients (Patients #1 - #62) currently receiving services and all future hospice patients. This resulted in an increased risk for patients to experience infections due to cross-contamination. Findings include:	L 578		

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FACILITY STANDARDS

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

Terre Roberts RN, CHPN

TITLE

Administrator

(X6) DATE

8/31/16

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 578	<p>Continued From page 1</p> <p>Review of the agency policy titled, "Hand Hygiene," dated 11/13, indicated, "Hand decontamination using an alcohol-based hand rub should be performed: When moving from a contaminated body site to a clean body site during patient care."</p> <p>Review of the clinical record for Patient #2 indicated the patient, who resided in an ALF was admitted to the hospice on 12/29/15 with severe diverticulitis (an infection within the large intestine) and colovesical fistula (an abnormal opening between the bowel and the bladder) with repetitive urinary tract infections. Secondary diagnoses included valvular heart disease and cardiomegaly (enlargement of the heart).</p> <p>On 8/10/16 at approximately 9:45 a.m., the surveyor conducted a joint home visit with HHA 1. During this visit to the ALF, observation revealed HHA 1 completed a shower, hair wash, and skin care for Patient #2. Continued observation revealed HHA 1 began the shower, in the shower room, with Patient #2 still seated in a wheelchair. After donning clean gloves, HHA 1 began providing the shower moving from the top of Patient #2's body to the feet and ending with perineal care, and finally anal cleansing. HHA 1 then began washing Patient #2's hair without first removing the contaminated gloves and completing hand hygiene.</p> <p>During an interview on 8/11/16 at approximately 5:00 p.m., the above observations were discussed at length with the hospice Administrator, at which time the Administrator confirmed that the above observations were in violation of the hospice's infection control policy.</p>	L 578	<p>Onsite infection control training with return demonstration of hand hygiene was completed on 8/26/16. *See attachment</p> <p>In addition to our yearly mandatory infection control training we have added an annual return demonstration on hand hygiene for all clinicians *see attachment</p> <p>we will continue to perform and document annual competencies including infection control competence for all nursing staff and CNA's per Signature hospice policy.</p> <p>The clinical managers are responsible for ensuring compliance with Signatures Infection Control Policy and educating staff accordingly</p>	9/6/16 10/10/16 10/10/16 10/10/16	

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L 579 L 579	Continued From page 2 418.60(a) PREVENTION The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This STANDARD is not met as evidenced by: Based on personnel file review, review of agency policy, and staff interview, it was determined the hospice failed to implement accepted standards of practice to prevent the transmission of infections and communicable diseases with regard to TB screening in 3 of 4 volunteer files reviewed (Volunteers 1, 2 and 4) and hepatitis B prevention in 4 of 4 volunteer files reviewed (Volunteers 1, 2, 3, and 4) who had direct patient care contact. This had the potential to result in all 62 current patients and/or family members experiencing preventable infections. Findings include: Review of the agency policy titled, "Tuberculosis Exposure Control Plan," dated 11/13, indicated: "A Two-step PPD Mantoux TB skin test will be given to all personnel upon hire, if no Mantoux TB skin test has been performed within 12 months." Review of the agency policy titled, "Bloodborne Pathogens and Hepatitis B Exposure Control Plan," dated 11/13, indicated: "The vaccine will be offered free of charge within 10 days of employment. An employee who reports having received the HBV (hepatitis B vaccine) previously will be required to provide a record of the vaccination and any antibody testing that may have been performed. An employee who has not been previously vaccinated and who declines administration of the HBV is required to sign a	L 579 L 579	All active volunteers that have not completed a 2 step TB test will be required to do so at the expense of the Hospice by Oct. 10, 2016. We will file record of this in the volunteer files. All inactive volunteers will have a note made in the volunteer file provided by the volunteer coordinator that states they will complete a 2 step TB test prior to return to active status. All new volunteers will receive a 2 step TB test per current TB policy. Volunteer Coordinator in conjunction with the Administrator will be responsible to ensure compliance with Signature TB Policy	10/10/16 10/10/16 10/10/16 10/10/16	

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L 579	Continued From page 3 declination statement. This statement will be kept as part of the individual's employee record." During an interview conducted on 8/10/16 at 12:30 p.m., Volunteer Coordinator 1 confirmed that the above policies were implemented for all current and active volunteers. Review of personnel files conducted on 8/10/16 included the following information: 1. Volunteer 1's date of hire was 8/5/09. At the time of the personnel file review, there was no evidence that TB screening had been completed and there was no evidence that the hepatitis vaccine had been offered, accepted, or declined. 2. Volunteer 2's date of hire was 1/28/12. At the time of the personnel file review, there was no evidence that TB screening had been completed and there was no evidence that the hepatitis vaccine had been offered, accepted, or declined. 3. Volunteer 3's date of hire was 1/9/15. At the time of the personnel file review, there was no evidence that the hepatitis vaccine had been offered, accepted, or declined. 4. Volunteer 4's date of hire was 4/4/13. At the time of the personnel file review, there was no evidence that TB screening had been completed and there was no evidence that the hepatitis vaccine had been offered, accepted, or declined. During an interview after completion of the personnel file review on 8/10/16, Volunteer Coordinator 1 verified these findings and acknowledged that health screening had not been completed as required by agency policy.	L 579	Hepatitis B Acceptance/Declination form was mailed to all volunteers on 8/31/16. All current volunteers will be offered the Hepatitis B vaccination series by 10/10/16. Evidence of acceptance or declination will be placed in the volunteer file. Any volunteer that receives the series will have documentation of each dose in the volunteer record. Volunteer Coordinator in conjunction with the Administrator will be responsible to ensure compliance with Signature Hepatitis B Policy Volunteer Coordinator or designee will be responsible to audit 25% of volunteer files each quarter to verify proof of TB testing for active volunteers and record of Hepatitis B Form. This audit will be documented. *See attachment.	8/31/16 10/10/16 10/10/16	

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L 646	<p>418.78(d) COST SAVING</p> <p>The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:</p> <p>(1) The identification of each position that is occupied by a volunteer.</p> <p>(2) The work time spent by volunteers occupying those positions.</p> <p>(3) Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of this section for the amount of time specified in paragraph (d)(2) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on review of cost savings records and staff interview, it was determined the hospice failed to document volunteer cost savings based on the identification of each position that was occupied by a hospice volunteer for 62 of 62 patients (Patient #1 - #62) currently receiving hospice services. This resulted in an incomplete volunteer program evaluation. Findings include:</p> <p>During an interview conducted on 8/10/16 at approximately 12:30 p.m., Volunteer Coordinator 1 confirmed that the hospice's volunteer program included a variety of direct patient service positions such as administrative, patient care, companionship, pet therapy, and music therapy.</p> <p>A review conducted on 8/12/16 of the volunteer cost savings reports for 2015 and 2016 indicated that all volunteer activity was valued at the same dollar amount, regardless of what function each individual volunteer served. Cost savings had not been individualized based on type of services performed. When asked about this during an interview on 8/12/16 at approximately 11:00 a.m.,</p>	L 646	<p>volunteer activity will be documented and calculated for cost saving based on each individual volunteer role. *see attachment</p> <p>volunteer coordinator will log and track hours monthly to ensure proper hour allocation.</p> <p>The Independent Sector website will be used for standard measure of calculating cost of volunteer hours. The Bureau of Labor Statistics website will be used for specialized volunteers</p> <p>cost saving for our volunteer program will be calculated using number of hours worked by each volunteer and multiplied by the individualized wage, per the Medicare CoP's</p> <p>This information will be calculated monthly and reported to the QAPI Committee quarterly.</p> <p>The Volunteer Coordinator is responsible for gathering, calculating and reporting this information and compliance with Medicare CoP's.</p>	<p>10/10/16</p> <p>10/10/16</p> <p>10/10/16</p> <p>10/10/16</p> <p>10/10/16</p> <p>10/10/16</p>

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L 646	Continued From page 5 the hospice Administrator stated, "We give all positions the same value when calculating cost savings...we didn't know that it was supposed to be based on individual roles and function."	L 646			