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

August 31, 2016

Tamala Slatter, Administrator
Visions Home Health
1770 Park View Drive
Twin Falls, ID 83301

RE: Visions Home Health, Provider #137107

Dear Ms. Slatter:

On August 16, 2016, a follow-up visit of your facility, Visions Home Health, was conducted to verify corrections of deficiencies noted during the follow-up survey of June 7, 2016.

We were able to determine that the Condition of Participation of **Acceptance of Patients, Plan of Care and Medical Supervision (42 CFR 484.18)** is 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;
- 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 **September 10, 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,

Dennis Kelly RN

DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DS/pmt
Enclosures
ec: CMS Region X Office

VISIONS
HOME HEALTH, LLC
We're Always There For You
The Best of Care Coming to Your Home!

RECEIVED
SEP - 9 2016
FACILITY STANDARDS

September 8, 2016

Mr. Dennis Kelly
Co-Supervisor, Non-Long Term Care
Bureau of Facility Standards
3232 Elder Street
PO Box 83720
Boise, ID 83720-0009

Dear Mr. Kelly:

Your survey team completed a Medicare Licensure and Certification re-survey at Visions Home Health provider number 137107 in Twin Falls on August 16th thru August 17th, 2016. In response to your findings, we have developed a plan of correction. Enclosed is our plan. If you have any questions regarding the plan, you may contact me by phone (208) 732-5365.

The Visions Home Health Team will learn from the survey and make the necessary improvements in our agency's process to ensure quality patient care. I would like to thank your staff for the professional manner in which the survey was conducted and for your guidance in assisting us in completing our plan of correction.

Sincerely,

Tamala Slatter RN BSN

Tamala Slatter, RN BSN
Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 000}	INITIAL COMMENTS	{G 000}		

The following deficiencies were cited during the follow up survey of your home health agency on 8/15/16 and 8/16/16.

Surveyors conducting the follow up were:

Susan Costa, RN, HFS - Team Leader
Laura Thompson, RN, BSN, HFS
Kristin Inglis, RN, HFS

RECEIVED
SEP - 9 2016
FACILITY STANDARDS

Acronyms used in this report include:

CM - Case Manager
COPD - Chronic Obstructive Pulmonary Disease
HTN- Hypertension
MAR - Medication Administration Record
NS - Normal Saline
OASIS - Outcome and Assessment Information Set
OT - Occupational Therapy
POC - Plan of Care
PT - Physical Therapy
RN - Registered Nurse
SN - Skilled Nursing
SNF - Skilled Nursing Facility
SOC - Start of Care

G 159	484.18(a) PLAN OF CARE	G 159		

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,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Pamala Slatter RN BSN	Administrator	9/8/16

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 159	Continued From page 1 instructions for timely discharge or referral, and any other appropriate items. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the agency failed to ensure the POC covered all services provided, equipment required, or other appropriate items in 2 of 10 patients (#1 and #9) whose records were reviewed. This had the potential to negatively impact quality and coordination of patient care. Findings include: 1. Patient #1 was a 74 year old male with a SOC of 6/02/16. He was admitted to the agency for SN care related to cancer and fluid in his lungs. His medical record, including the POC for the certification period 8/01/16 to 9/29/16, was reviewed. Patient #1's record documented he had a tube inserted into his chest which drained fluid from his pleural cavity. His POC included orders for SN visits to provide dressing changes to the tube insertion site once weekly and as needed. Additionally, the record documented Patient #1 connected the drainage tube in his chest to a drainage system. His POC did not include frequency, or instructions of how he was to perform the procedure. During an interview on 8/16/16 beginning at 3:00 PM, the Nurse Manager reviewed Patient #1's record. She stated the POC did not include specific instructions or frequency of the chest drainage or dressing changes. She confirmed the POC did not include documentation of the	G 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 159	Continued From page 2 location of the chest drainage tube, whether it was on the right side or the left side. Patient #1's POC did not include information related to care or drainage of his chest tube. 2. Patient #9 was a 9 year old male with a SOC of 7/22/16. He was admitted to the agency for monthly assessments and dressing changes of his central venous catheter. Additional diagnoses included epilepsy and congenital hydrocephalus, a condition in which the cerebral spinal fluid was not able to drain properly, which resulted in excess fluid buildup in the head during his intrauterine development. His medical record, including the POC for the certification period 7/22/16 to 9/19/16, was reviewed. Patient #9's POC included SN orders for 1 visit only. The order included instructions to draw labwork through his central venous line, and the results were to be sent to a physician other than the attending physician. During an interview on 8/16/16 beginning at 10:50 AM, Patient #9's RN CM reviewed his record. She stated Patient #9 was also under the care of a pediatric endocrinologist. She confirmed the POC did not include the pediatric endocrinologist as a consulting physician who could write orders. During an interview on 8/16/16 at 11:00 AM, the Nurse Manager reviewed Patient #9's record and stated she was unsure why the POC did not include further SN visits beyond the SOC comprehensive visit. She stated Patient #9 should have been discharged if no further visits were ordered.	G 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 159	Continued From page 3 Patient #9's POC did not include all physicians involved in his care, or additional nursing visits.	G 159		
{G 165}	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Drugs and treatments are administered by agency staff only as ordered by the physician. This STANDARD is not met as evidenced by: Based on medical record review and staff interview it was determined the agency failed to ensure drugs and treatments were administered only as ordered by the physician for 1 of 10 patients (Patient #9) whose records were reviewed. This resulted in treatments that were not consistent with the physician orders, and had the potential to negatively impact the safety and quality of patient care. Findings include: Patient #9 was a 9 year old male with a SOC of 7/22/16. He was admitted to the agency for monthly assessments and dressing changes of his central venous catheter. His medical record, including the POC for the certification period 7/22/16 to 9/19/16, was reviewed. Patient #9's POC included conflicting orders as it related to his central line flushes: - The medication section of his POC stated "Heparin flush 100 units/ml, instill once a month 3 cc into the implanted port." - The orders section of his POC stated "Flush with 10 cc of NS [normal saline] followed by 5 cc 100 U/cc Heparin."	{G 165}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 165}	Continued From page 4 During an interview on 8/16/16 beginning at 10:50 AM, Patient #9's RN CM reviewed his record and confirmed the POC included conflicting orders related to the amount of heparin used to flush the central venous catheter. She stated the POC was copied from a prior POC for Patient #9, and the discrepancy of heparin flush amounts was not identified. Patient #9's POC was unclear as it included different amounts of heparin to be administered.	{G 165}		
{G 322}	484.20(b) ACCURACY OF ENCODED OASIS DATA The encoded OASIS data must accurately reflect the patient's status at the time of assessment. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure encoded OASIS data reflected the patient's status at the time of assessment for 1 of 5 Medicare patients (Patient #4) whose records were reviewed. This resulted in the reporting of inaccurate data. Findings include: Patient #4 was an 85 year old male admitted to the agency on 7/23/16, for care related to blisters on his legs. Additional diagnoses included COPD, dementia, HTN, and oxygen dependence. His record, including the POC, for the certification period 7/23/16 to 9/20/16, was reviewed. Patient #4's record included an SOC OASIS assessment dated 7/23/16, and signed by the RN Case Manager. His OASIS assessment included inaccurate or inconsistent answers, as follows:	{G 322}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 322}	Continued From page 5 - OASIS item M2000 stated no problems were found during the comprehensive review of his medications. His POC stated "In reviewing patient's medication profile it indicates that there is a contraindicated drug combination between: Naproxen And [sic] Sodium biphosphate, Aspirin And [sic] Sodium biphosphate Please advise if you would like changes in the above medications." - OASIS item 2250 asked about the physician ordered POC and whether it included patient specific parameters for notifying his physician of changes in vital signs or other clinical findings. It was answered as "N/A," however his POC included parameters for notifying his physician if he had abnormal vital signs, a high or low respiratory rate, or a low oxygen saturation level. During an interview on 8/16/16 at 1:20 PM, the RN Case Manager reviewed Patient #4's SOC OASIS and confirmed the above OASIS items were answered incorrectly. The agency failed to ensure Patient #4's SOC OASIS was accurate.	{G 322}		
G 332	484.55(a)(1) INITIAL ASSESSMENT VISIT The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date. 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 the initial patient assessment was	G 332		9/12/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 332	Continued From page 6 performed within 48 hours from physician referral for 1 of 10 patients (Patient #9) whose records were reviewed. This had the potential to result in unmet patient needs. Findings include: Patient #9 was a 9 year old male with a SOC of 7/22/16. He was admitted to the agency for monthly assessments and dressing changes of his central venous catheter. His medical record, including the POC for the certification period 7/22/16 to 9/19/16, was reviewed. His record included a "Physician Order," which was dated 7/07/16, written and signed by Patient #9's RN CM. It was identified as a recertification order. It included SN visits once a month for 2 months to flush the port, assess his vital signs, and overall health status. The order was signed by Patient #9's physician on 7/19/16. Additionally, his record included a "PROGRESS NOTE," written by Patient #9's RN CM on 7/19/16. It stated "Received signed recert orders. Due to physician being out of town this makes it after recert date of 7/16. Will discharge off of last visit and readmit 7/22. [physician] aware." Patient #9's record documented a SOC comprehensive assessment was performed on 7/22/16. Patient #9's admission to the agency was 3 days after his physician signed the order. During an interview on 8/16/16 beginning at 10:50 AM, Patient #9's RN CM reviewed his record. She stated Patient #9 was receiving monthly home health SN visits, and the new recertification episode was to be on 7/16/16. She stated Patient #9's physician was out of town and did not sign the recertification order request until 7/19/16.	G 332		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 332	Continued From page 7 The RN CM stated she discharged Patient #9 and used the recertification orders that were signed by his physician as a referral to initiate home health services again. She confirmed the new "SOC" for Patient #9 was 3 days after his physician ordered home health services. The agency did not admit Patient #9 within 48 hours of the physician order.	G 332		
{G 337}	484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. This STANDARD is not met as evidenced by: Based on a review of medical records and staff interviews, it was determined the agency failed to ensure the comprehensive assessment included a medication review to evaluate for correct drug dosages, drug interactions, identify significant side effects, and identify duplicative therapy for 4 of 10 patients, (#2, #4, #8, and #9) whose records were reviewed. Failure to complete a medication review had the potential to place patients at risk for adverse events and potential drug reactions. Findings include: 1. Patient #9 was a 9 year old male with a SOC of 7/22/16. He was admitted to the agency for monthly assessments and dressing changes of his central venous catheter. His medical record, including the POC for the certification period 7/22/16 to 9/19/16, was reviewed.	{G 337}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 337}	Continued From page 8 Patient #9's POC included conflicting orders as it related to his central line flushes. The medication section of his POC stated "Heparin flush 100 units/ml, instill once a month 3 cc into the implanted port." The orders section of his POC stated "Flush with 10 cc of NS [normal saline] followed by 5 cc 100 u/cc Heparin." During an interview on 8/16/16 beginning at 10:50 AM, Patient #9's RN CM reviewed his record and confirmed the POC included conflicting orders related to the amount of heparin to be infused. She stated during the SOC comprehensive assessment visit, she obtained a sample of blood for lab work that was ordered, and she infused 5 ml into his port following the normal saline flush. She stated the POC was copied from a prior POC for Patient #9, and the discrepancy had not been identified. Patient #9's RN CM did not reconcile conflicting medication orders. 2. Patient #2 was an 84 year old male admitted to the agency on 6/08/16, for care related to wounds on his legs and ankle. Additional diagnoses included a chronic wound to right ankle, HTN, and chronic pain. His record, including the POC for the certification period 6/08/16 to 8/06/16, was reviewed. A "Verbal Order," dated 8/05/16, and signed by the RN Case Manager included an order for wound care. The order stated "Right medial ankle ulcer: cleanse with normal saline, apply	{G 337}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 337}	Continued From page 9 bacitracin [sic] ointment, and mepilex [sic] foam or like bandage." Patient #2's record included a MAR, printed on 8/15/16. The MAR included the medications Patient #2 was currently taking at his home. The MAR did not include the Bacitracin ointment which was used for wound care to his right ankle. During an interview on 8/16/16 at 1:10 PM, the RN CM reviewed the record and stated she was using Bacitracin ointment on his wound. She confirmed the ointment was not included on his POC, in the medication section, or on his MAR. The RN CM did not include all of Patient #2's medications on his medication list. 3. Patient #4 was an 85 year old male admitted to the agency on 7/23/16, for care related to blisters on his legs. Additional diagnoses included COPD, dementia, HTN, and oxygen dependence. His record, including the POC for the certification period 7/23/16 to 9/20/16, was reviewed. Patient #4's record included a POC, dated 7/23/16, which stated the SN was to assess his use of oxygen and oxygen effectiveness. The POC also stated the Patient #4's physician should be called for a respiratory rate of less than 8 or greater than 24, and if his oxygen saturation level was less than 88%. The POC also included orders for Patient #4 to use 4 liters of oxygen at night via nasal cannula. Patient #4's medication list included on his POC did not list oxygen. Additionally, the list did not include how much oxygen he was supposed to	{G 337}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 337}	Continued From page 10 use and how frequently. Patient #4's MAR, printed on 8/15/16, included oxygen and stated he was to use 2 liters via nasal cannula during the day and 4 liters at night. During an interview on 8/16/16 at 1:20 PM, the RN CM reviewed the record and stated Patient #4 was on oxygen at home. She confirmed oxygen was not listed with his medications on his POC. The RN Case Manager stated he did use oxygen as listed on his MAR. The RN CM did not include all of Patient #4's medication on his POC, and medications were inconsistent in his record. 4. Patient #8 was an 80 year old female admitted to the agency on 7/29/16, after being discharged from a SNF on 7/28/16. Patient #8's diagnoses included muscle weakness, HTN, depression, chronic pain, and dementia. She was receiving SN, OT, PT and home health aide services. Her record, including the POC for the certification period of 7/29/16 to 9/26/16, was reviewed. Patient #8 was discharged from a SNF on 7/28/16. Her POC, when compared to her SNF discharge medication list did not include the following medications: - Melatonin 6 mg by mouth every night- insomnia - Magnesium asporotate- 2 caps by mouth at bedtime-insomnia - Calcium 600 mg by mouth every night-insomnia - Coconut oil 1000 mg by mouth 2 x daily-supplement - Vitamin D3 5000 units by mouth every morning-supplement	{G 337}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137107	A. BUILDING _____ B. WING _____	R 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISIONS HOME HEALTH	1770 PARK VIEW DRIVE TWIN FALLS, ID 83301

(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 337}	Continued From page 11 - Turmeric curumin 500 mg by mouth every 6 hours 2 x daily-supplement - Niacinamide 10mg by mouth 3 x a day-memory Patient #8's RN CM was interviewed on 8/16/16, at 1:05 PM. She stated she had not specifically asked the patient about supplements or over the counter medications during the SOC comprehensive assessment. She stated that she did not have access to the discharge medication list from the SNF before Patient #8's SOC comprehensive assessment visit. Patient #8's medication review was not complete.	{G 337}		

VISIONS HOME HEALTH LLC

	Plan of Correction-Visions Home Health, LLC Provider #13-7107. Response to: Medicare/Licensure Survey-State of Idaho State Survey Date: August 16-17, 2016			
Deficiency Tag #	**How the deficiency will be corrected**	**Who will be responsible for making the corrections**	**What will be done to prevent reoccurrence and how we will monitor for continued compliance**	**When the correction will be completed**
G 159	**484.18(a) PLAN OF CARE** Educated Clinicians that the physician must be contacted after start of care/initial evaluation for approval of Plan of Care. Educated clinicians on the need to include all pertinent interventions and goals related to the patient's diagnosis on the Plan of Care. Educated clinicians on completion of the 485 and importance of listing all supplies, DME, medications, and treatments. Physicians who will take call for the primary physician and/or specialty physicians will be added to the Plan of Care as a designee to give orders. Educated Clinicians on importance of following all treatment orders as specified by the physician. All wound care orders will have specific dressing change instructions. Orders will include frequency of dressing changes and who will be performing them. Educate clinicians on notifying the MD at the time of the patient visit for any change in the patient's condition that may warrant a change in the Plan of Care.	Patient Care Coordinator Director, Clinicians, or Designate OBQI RN	Patient Care Coordinator or Designee will monitor start of care, resumption of care, recertification and anytime there is a change to the patient's plan of care. Patient Care Coordinator will review every plan of care to ensure that the plan of care is comprehensive and meets the patient's needs prior to being sent to the physician for signature. Monitoring will occur via 100% medical record review until 90% compliance is achieved then 50% medical record review until 90% compliance achieved. 10% of census chart audits will be done quarterly ongoing.	9/12/2016
G 165	**484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS** Educated Clinicians on importance of following all medication and treatment orders as specified by the physician. Educated on promptly notifying the physician when	Director, Patient Care Coordinator, Clinicians OBQI RN	Patient Care Coordinator or Designee will monitor all new admissions, recertification orders, and 100% verbal orders for completeness ongoing. Monitoring will occur via 100% medical	9/12/2016

	Plan of Correction-Visions Home Health, LLC Provider #13-7107. Response to: Medicare/Licensure Survey-State of Idaho State Survey Date: August 16-17, 2016			
Deficiency Tag #	**How the deficiency will be corrected**	**Who will be responsible for making the corrections**	**What will be done to prevent reoccurrence and how we will monitor for continued compliance**	**When the correction will be completed**
	there is a change of condition that may warrant a change in the patient's plan of care.		record review until 90% compliance is achieved then 50% medical record review until 90% compliance achieved. 10% of census chart audits will be done quarterly ongoing.	
G322	**484.20(b) ACCURACY OF ENCODED OASIS DATA** Educated clinicians on OASIS items. Will do weekly OASIS education ongoing.	Patient Care Coordinator Clinicians OBQI RN	Patient Care Coordinator or Designee will review each OASIS assessment for accuracy and counsel clinicians when discrepancies are found ongoing.	9/12/2016
G332	**484.55(a) INITIAL ASSESSMENT VISIT** Educated staff on importance of prompt initiation of services when a patient is referred to Home Health. Arrangements will be made between the patient and the clinician to admit the patient within 48 hours of referral.	Patient Care Coordinator or Designee OBQI RN	Patient Care Coordinator or Designee will monitor all new admissions for 100% compliance ongoing.	9/12/2016
G337	**484.55(c) DRUG REGIMEN REVIEW** Educated Clinicians on medication reconciliation. Clinicians are required to do a thorough medication review. Medication assessment at Start of Care, Resumption of Care, and Recertification will include visualization of the actual medication bottles, review of the medication list provided in the referral, as well as interview with the patient and/or caregiver. Clinicians were educated that all OTC, ointments, solutions, and oxygen must be added to the medication list. Clinicians must notify the physician of any issues regarding medication reconciliation.	Patient Care Coordinator or Designee OBQI RN	Patient Care Coordinator or Designee will monitor all new admissions, recertification orders, and 100% verbal orders for completeness ongoing. Monitoring will occur via 100% medical record review until 90% compliance is achieved then 50% medical record review until 90% compliance achieved. 10% of census chart audits will be done quarterly ongoing.	9/12/2016