



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 29, 2016

Tami Feyen, Administrator
Bonner Community Hospice
520 North Third Avenue
Sandpoint, ID 83864

RECEIVED

SEP - 7 2016

FACILITY STANDARDS

RE: Bonner Community Hospice, Provider #131514

Dear Ms. Feyen:

This is to advise you of the findings of the Medicare survey of Bonner Community Hospice, which was conducted on August 24, 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

Tami Feyen, Administrator
August 29, 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 12, 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 end.

NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 08/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BONNER COMMUNITY HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 602 NORTH THIRD AVENUE SANDPOINT, ID 83864
---	--

(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 deficiency was cited during the recertification survey conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare and Medicaid (CMS) from 8/22/16 to 8/24/16. The surveyor conducting the survey was: Dorothy Hamilton, R.N.	L 000	<p style="text-align: center;">RECEIVED SEP - 7 2016 FACILITY STANDARDS</p>	
L 773	<p>418.112(d) HOSPICE PLAN OF CARE</p> <p>In accordance with §418.56, a written hospice plan of care must be established and maintained in consultation with SNF/NF or ICF/MR representatives. All hospice care provided must be in accordance with this hospice plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on review of clinical records and agency policy, and interview, it was determined the hospice failed to provide a written plan of care that was established and maintained in consultation with Skilled Nursing Facility/Nursing Facility representatives for 2 of 2 hospice patients (Patients #5 and #6) reviewed, who resided in a Skilled Nursing Facility/Nursing Facility. The failure to coordinate care led to the potential for patient needs to be not met. Findings include:</p> <p>Review of the hospice's policy titled, "Skilled Nursing Facility Admissions and Management," issued on 6/03 and reviewed on 9/12/13, stated on page 1, procedure 5, that "The Hospice Plan of Care is developed in conjunction with the client, family members, and/or representative, Skilled Nursing Facility staff members and the hospice interdisciplinary care team in accordance with the physician orders." The policy stated the</p>	L 773		<p>Education regarding Plan of Correction was reviewed with Hospice Clinical team on 8/31/2016 (See "A" attached).</p> <p>Skilled Nursing and Assisted Living Facility policy was updated (See "B" attached).</p> <p>Hospice/Facility coordinated Plan of Care form was updated (see "C" attached) to clearly define Hospice and Facility Staff responsibility and frequency of intervention. This form will be implemented on 9/14/2016 at Staff meeting education at 0800.</p> <p>Tami Feyen, Hospice Director will be responsible for implementation and will monitor compliance with audits conducted on 100% of all facility patients to ensure compliance with Standard and Agency policy implemented on 9/14/2016,</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sheryl L. Rudard</i>	TITLE CEO	(X6) DATE 9/1/2016
--	-------------------------	----------------------------------

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.

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

PRINTED: 08/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER BONNER COMMUNITY HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 602 NORTH THIRD AVENUE SANDPOINT, ID 83864		
(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 773	<p>Continued From page 1</p> <p>contents of the plan of care were to include identification of problems or needs and the establishment of appropriate goals and interventions. The policy also stated the plan of care would "...clearly identify persons or discipline responsible for each service to achieve identified goals."</p> <p>The clinical records of Patient #5 and Patient #6, who resided in Skilled Nursing Facility/Nursing Facility, were reviewed. The clinical records did not contain a hospice plan of care that the hospice had coordinated and maintained in consultation with the Skilled Nursing Facility/Nursing Facility staff.</p> <p>During an interview with the hospice Clinical Manager on 8/23/16 at 1:05 p.m., the Clinical Manager agreed that a coordinated plan of care was not found in the hospice clinical records. She telephoned the Skilled Nursing Facility/Nursing Facility where the patients resided and it there was no signed coordinated plans of care in either Patient #5 or Patient #6's Skilled Nursing Facility/Nursing Facility clinical records.</p>	L 773		