



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

September 9, 2016

Cheryl Abel, Administrator
Advanced Home Health
PO Box 1784
Idaho Falls, ID 83403

RE: Advanced Home Health, Provider #137116

Dear Ms. Abel:

On September 1, 2016, a follow-up visit of your facility, Advanced Home Health, was conducted to verify corrections of deficiencies noted during the survey of July 11, 2016.

We were able to determine that the Condition of Participation of **Acceptance of Patients, POC, Med Super (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;

Cheryl Abel, Administrator
September 9, 2016
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- 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 19, 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 cursive script that reads "Dennis Kelly RN".

DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DK/pmt

Enclosures
cc: CMS Region X Office

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

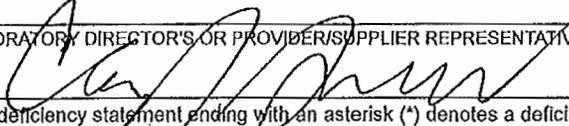
PRINTED: 09/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/01/2016
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NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2110 NIAGARA ST IDAHO FALLS, ID 83404
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{G 000}	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the follow-up survey of your agency from 8/31/16 to 9/01/16.</p> <p>The surveyors conducting the follow-up survey were:</p> <p>Nancy Bax, RN, BSN, HFS - Team Leader Jennifer S Davis, RN, BSN, HFS</p> <p>Acronyms used in this report include:</p> <p>CHF - Congestive Heart Failure COPD - Chronic Obstructive Pulmonary Disease DM - Diabetes Mellitus DON - Director of Nursing HTN - Hypertension OT - Occupational Therapy POC - Plan of Care PT - Physical Therapy PTA - Physical Therapy Assistant RN - Registered Nurse SN - Skilled Nursing SOC - Start of Care ST - Speech Therapy</p>	{G 000}	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Advanced Home Health does not admit that the deficiencies listed on HCFA 2567 exist, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiencies.</p> <p style="text-align: center;">RECEIVED SEP 19 2016 FACILITY STANDARDS</p>	
{G 158}	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>This STANDARD is not met as evidenced by: Based on a review of medical records and staff interview, it was determined the agency failed to ensure care followed a physician's written POC</p>	{G 158}	<p>G158 484.18 Acceptance of Patients, POC, Med Super Staff will be in-service by Director or designee by 9-30-16 regarding staff to ensure a</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/18/16
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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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{G 158}	<p>Continued From page 1</p> <p>for 4 of 10 patients (#1, #3, #7, and #8) whose records were reviewed. This resulted in omissions of care and unmet patient needs. Findings include:</p> <p>1. Patient #1 was a 72 year old male admitted to the agency on 8/26/16 for care related to Insulin dependent DM. Additional diagnoses included HTN, CHF, and COPD. He received SN and PT services. His record, including the POC, for the certification period 8/26/16 to 10/24/16 was reviewed.</p> <p>a. Patient #1's POC included an order for sliding scale Insulin 4 times a day, with insulin to be administered based on blood glucose results obtained with a monitor during the SN visits.</p> <p>Patient #1's record included an SN SOC comprehensive assessment completed on 8/26/16 at 11:33 AM, and signed by the RN. The assessment did not state a blood glucose test was performed during the visit as ordered, and did not state whether insulin was administered.</p> <p>During an interview on 9/01/16 at 1:15 PM, the Agency's Administrator, the DON, and Coder reviewed Patient #1's POC and stated a blood glucose level was to be performed during each SN visit to determine the dose of insulin to be administered. They confirmed the assessment did not include a blood glucose level and did not state whether insulin was administered during the visit.</p> <p>b. Patient #1's POC included an order to obtain oxygen saturation levels during each SN visit. SN visit notes did not include oxygen saturation levels, as follows:</p>	{G 158}	<p>physician's written POC to include (but not limited to) if blood glucose levels, Insulin administration, SaO2 or any other vital sign or procedure will be followed according to MD order and documentation specific to results / Insulin administration will be documented in the medical record. Additionally, CPM use will be clarified with ordering MD regarding CPM progression. Orders to build POC "per protocol" will follow the physician's ordered protocol or additional orders will be obtained / documented in the medical record. PRN visits that are ordered will have specific signs / symptoms for the reason for the PRN visit. 20 charts will be audited per month by Director or designee until 100% compliance is achieved, then 10% of charts will be audited quarterly to ensure continued compliance. Anticipated date of compliance is 10-30-16. Results of audits will be reviewed by Director / QA and negative results will be immediately addressed with staff and corrected.</p>	

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{G 158}	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 8/26/16 at 8:18 PM, completed by an RN - 8/27/16 at 7:39 PM, completed by an RN - 8/28/16 at 4:28 PM, completed by an RN - 8/28/16 at 8:02 PM, completed by an RN <p>During an interview on 9/01/16 at 1:15 PM, the Agency's Administrator, the DON, and Coder reviewed Patient #1's POC and stated oxygen saturation levels were to be obtained during each SN visit. They confirmed the 4 SN visit notes listed above did not include oxygen saturation levels.</p> <p>The RN failed to obtain Patient #1's blood glucose and oxygen saturation levels as ordered on her POC.</p> <p>2. Patient #3 was a 58 year old male admitted to the agency on 8/27/16 for care following a total knee replacement. Additional diagnoses included DM Type II and HTN. He received SN and PT services. His record, including the POC, for the certification period 8/27/16 to 10/25/16 was reviewed.</p> <p>a. Patient #3's record included a PT evaluation dated 8/28/16 and signed by the Physical Therapist. His record included orders for PT services dated 8/28/16, that stated "PER WRITTEN PROTOCOL." A copy of the written protocol, signed by Patient #3's orthopedic surgeon, dated 8/31/15, was provided by the agency and reviewed.</p> <p>Patient #3's PT orders included 5 PT visits during the first week and 4 PT visits during the second week. The written protocol included orders for frequency of visits depending on the day the initial</p>	{G 158}		

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{G 158}	<p>Continued From page 3</p> <p>PT evaluation was completed. Patient #3's PT evaluation was completed on a Sunday. The written protocol did not include orders for frequency of visits following an evaluation on a Sunday. Additionally, the written protocol did not include frequency of visits of more than 3 visits per week.</p> <p>b. Patient #3's PT evaluation dated 8/28/16, stated CPM (continuous passive motion) was set up at 0 to 85 degrees. His record included a PT visit note dated 8/29/16, signed by the PTA. The note stated his CPM was set at 75 degrees. Patient #3's POC did not include an order for CPM. The written protocol did not include an order for CPM.</p> <p>c. Patient #3's POC included an order to obtain his oxygen saturation level during every SN visit. His record included an SN SOC comprehensive assessment dated 8/27/16, signed by the RN. The assessment did not include his oxygen saturation level.</p> <p>Patient #3's record included an SN visit note dated 8/28/16, signed by the RN. The visit note did not include his oxygen saturation level.</p> <p>During an interview on 9/01/16 at 1:55 PM, the Agency's Administrator, the DON, and Coder reviewed Patient #3's record and stated his physician's protocol was not followed for frequency of PT visits. They confirmed his POC and physician's protocol did not include an order for CPM. Additionally, they stated Patient #3's oxygen saturation levels were not obtained during every SN visit, as ordered on his POC.</p> <p>The agency failed to ensure Patient #3's</p>	{G 158}			

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{G 158}	<p>Continued From page 4 physician ordered POC was followed.</p> <p>3. Patient #7 was a 60 year old male admitted to the agency on 8/25/16 for care related to low back pain. Additional diagnoses included weakness. He received SN and PT services. His record, including the POC, for the certification period 8/25/16 to 10/23/16 was reviewed.</p> <p>Patient #7's POC included an order to obtain oxygen saturation levels during each SN visit. His record included an SN visit note dated 8/27/16, signed by the RN. The visit note did not include his oxygen saturation level.</p> <p>During an interview on 9/01/16 at 3:05 PM, the Agency's Administrator stated oxygen saturation levels should be obtained and recorded on every SN visit. She reviewed Patient #7's record and confirmed the 8/27/16 SN visit note did not include Patient #7's oxygen saturation level.</p> <p>Patient #7's oxygen saturation level was not obtained as ordered on his POC.</p> <p>4. Patient #8 was a 78 year old male admitted to the agency on 8/11/16 for care related to brain cancer. Additional diagnoses included COPD and HTN. He received SN, PT, OT, and ST services. His record, including the POC, for the certification period 8/11/16 to 10/09/16 was reviewed.</p> <p>Patient #8's POC included an order for 3 PRN (as needed) SN visits. The POC did not include a description of the signs and symptoms that would require a PRN SN visit.</p> <p>During an interview on 9/01/16 at 3:30 PM, the</p>	{G 158}			

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{G 158}	Continued From page 5 Agency's Administrator, the DON, and Coder reviewed Patient #8's record and stated the agency nurses were educated to include the reason PRN visits would be performed. They confirmed Patient #8's POC did not include the signs and symptoms that would require a PRN SN visit.	{G 158}		
{G 159}	Patient #8's POC did not include the signs and symptoms that required a PRN SN visit. 484.18(a) PLAN OF CARE 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, 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 included all medications, interventions, equipment, and supplies for 4 of 10 patients (#1, #3, #5, and #8) whose records were reviewed. This had the potential to negatively impact quality and coordination of patient care. Findings include: 1. Patient #5 was a 76 year old female admitted to the agency on 4/29/16 for care related to CHF. Additional diagnoses included muscle weakness, abnormality of gait, and chronic pain syndrome.	{G 159}	<u>G159</u> <u>484.18</u> Plan of Care Staff will be In-service by 9-30-16 by Director or designee regarding the regulation that 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, instructions for timely discharge or referral, and any other appropriate items. Patients with diagnoses of DM,	

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{G 159}	<p>Continued From page 6</p> <p>She received PT services. Her record, including the POC, for the certification period 8/27/16 to 10/25/16 was reviewed.</p> <p>a. Patient #5's POC stated her primary diagnosis was CHF. Her POC included oxygen to be used continuously for hypoxia (decreased oxygen in blood and tissue) related to heart failure. Her POC did not include interventions to assess or treat her CHF.</p> <p>b. Patient #5's POC included a diagnosis of chronic pain syndrome. Her medications included Methadone 4 times a day for pain, and Morphine every 6 hours as needed for breakthrough pain. Her POC did not include interventions to assess her pain.</p> <p>During an interview on 9/01/16 at 2:30 PM, the Agency's Administrator, the DON, and Coder reviewed Patient #5's record. The Coder stated Patient #5 required PT services due to weakness caused by her CHF. She stated her POC should include interventions related to CHF. Additionally, she stated Patient #5's POC should include interventions to assess and treat her chronic pain.</p> <p>Patient #5's POC did not include interventions to address her CHF and chronic pain.</p> <p>2. Patient #1 was a 72 year old male admitted to the agency on 8/26/16 for care related to insulin dependent DM. Additional diagnoses included HTN, CHF, and COPD. He received SN and PT services. His record, including the POC, for the certification period 8/26/16 to 10/24/16 was reviewed.</p> <p>Patient #1's POC included a diagnosis of</p>	{G 159}	<p>CHF, COPD, or other co-morbid conditions will have interventions listed on their plans of care that include assessment / monitoring / reporting exacerbations of the co-morbid conditions. All DME / supplies will be listed on the Plan of Care. 20 charts will be audited per month by Director or designee until 100% compliance is achieved, then 10% of charts will be audited quarterly to ensure continued compliance. Anticipated date of compliance is 10-30-16. Results of audits will be reviewed by Director / QA and negative results will be immediately addressed with staff and corrected.</p>	

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(G 159)	<p>Continued From page 7</p> <p>dependence on supplemental oxygen. Her POC did not include an order for oxygen flow rate or state if his oxygen was to be used continuously or as needed.</p> <p>During an interview on 9/01/16 at 1:15 PM, the Agency's Administrator, the DON, and Coder reviewed Patient #1's POC and confirmed it did not include his oxygen flow rate or directions for use. They stated his POC was completed by a new RN who was still in training.</p> <p>Patient #1's POC did not include his oxygen flow rate or directions for use.</p> <p>3. Patient #3 was a 58 year old male admitted to the agency on 8/27/16 for care following a total knee replacement. Additional diagnoses included DM Type II and HTN. He received SN and PT services. His record, including the POC, for the certification period 8/27/16 to 10/25/16 was reviewed.</p> <p>Patient #3's POC included a secondary diagnosis of DM Type II. The National Institutes for Health website, accessed 9/06/16, included an article titled "Postoperative management of the diabetic patient." The article stated "Diabetic patients are at increased risk for adverse outcomes of surgery...Hyperglycemia [elevated blood glucose level] is associated with likely risks for poorer wound healing, increased susceptibility to infection..." Patient #3's POC did not include interventions to assess or treat his DM, including assessment of his blood glucose levels for hyperglycemia which could affect the healing of his knee incision.</p> <p>During an interview on 9/01/16 at 1:55 PM, the</p>	(G 159)			

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(G 159)	Continued From page 8 Agency's Administrator, the DON, and Coder reviewed Patient #3's record and stated his POC should have included interventions related to his DM. Patient #3's POC did not include interventions to assess and treat his DM. 4. Patient #8 was a 78 year old male admitted to the agency on 8/11/16 for care related to brain cancer. Additional diagnoses included COPD and HTN. He received SN, PT, OT, and ST services. His record, including the POC, for the certification period 8/11/16 to 10/09/16 was reviewed. a. Patient #8's POC included an order for oxygen to be used continuously. His POC did not include equipment or supplies to deliver his oxygen. b. Patient #8's record included an SN visit note dated 8/25/16, signed by the RN. The note stated Patient #8 was instructed in the use of his walker. Patient #8's POC did not include a walker. During an interview on 9/01/16 at 3:30 PM, the Agency's Administrator, the DON, and Coder reviewed Patient #8's record and stated his oxygen equipment and supplies, and his walker should be included on his POC. Patient #8's POC was not comprehensive to include all equipment and supplies used in his care.	(G 159)	<u>G164</u> <u>484.18</u> Periodic Review of the Plan of Care Staff will be in-serviced by 9-30-16 by Director or designee regarding the need to promptly alert the physician to any changes that suggest a need to alter the plan of care. This includes, but is not limited to, vital signs outside of prescribed parameters, increased pain levels, or any other issues that may necessitate a change in the plan of care. 20 charts will be audited per month by Director or designee until 100% compliance is achieved, then 10% of charts will be audited quarterly to ensure continued compliance. Anticipated date of compliance is 10-30-16. Results of audits will be reviewed by Director / QA and negative results will be immediately addressed with staff and corrected.	
{G 164}	484.18(b) PERIODIC REVIEW OF PLAN OF CARE Agency professional staff promptly alert the	{G 164}		

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{G 164}	Continued From page 9 physician to any changes that suggest a need to alter the plan of care. This STANDARD is not met as evidenced by: Based on medical record review and staff interview, it was determined the agency failed to ensure professional staff promptly alerted the physician to changes in patients' conditions that suggested a need to alter the plan of care for 2 of 10 patients (#3 and #7) whose records were reviewed. This resulted in missed opportunities for the physician to alter patients' POCs to meet their needs. Findings include: 1.. Patient #7 was a 60 year old male admitted to the agency on 8/25/16 for care related to low back pain. Additional diagnoses included weakness. He received SN and PT services. His record, including the POC, for the certification period 8/25/16 to 10/23/16 was reviewed. a. Patient #7's record included an SN SOC comprehensive assessment dated 8/25/16, and signed by the RN. His cardiovascular and respiratory assessments were documented as "WNL" (within normal limits). An SN visit note dated 8/26/16, signed by the LPN, documented cardiovascular and respiratory status as WNL. An SN visit note dated 8/27/16, signed by the RN, documented cardiovascular and respiratory status as WNL. Patient #7's record included an SN visit note dated 8/29/16, signed by the LPN. The note included cardiovascular and respiratory assessments. The cardiovascular assessment included fainting and dizziness. There was no further documentation describing his symptoms.	{G 164}			

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

PRINTED: 09/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/01/2016
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NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2110 NIAGARA ST IDAHO FALLS, ID 83404
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(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)	(X6) COMPLETION DATE
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{G 164}	<p>Continued From page 10</p> <p>The respiratory assessment included wheezes in the left upper lobe and diminished breath sounds in the right lower and middle lobes. The visit note did not include documentation of physician notification of the changes in Patient #7's cardiovascular and respiratory assessments.</p> <p>During an interview on 9/01/16 at 3:05 PM, the Agency's Administrator, the DON, and Coder reviewed the record and stated the LPN should have notified the RN and the physician of the changes in Patient #7's condition. They confirmed there was no documentation stating Patient #7's physician was notified.</p> <p>b. Patient #7's POC included an order to notify his physician of a pain level greater than 7 on a scale of 0 to 10, with 10 being the worst pain. His physician was not notified of pain levels greater than 7, as follows:</p> <ul style="list-style-type: none"> - Patient #7's record included an SN visit note dated 8/26/16, signed by the LPN. The note stated his pain level ranged from 4 to 10. There was no documentation in his record stating his physician was notified of his increased pain. - Patient #7's record included a PT visit note dated 8/30/16, signed by the PTA. The note stated his pain level ranged from 5 to 8. There was no documentation in his record stating his physician was notified of his increased pain. <p>During an interview on 9/01/16 at 3:05 PM, the Agency's Administrator, the DON, and Coder stated his pain levels greater than 7 should have been reported to his physician. They reviewed Patient #7's record and confirmed there was no documentation stating his physician was notified</p>	{G 164}		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/01/2016
NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 2110 NIAGARA ST IDAHO FALLS, ID 83404		
(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)	(X6) COMPLETION DATE	
{G 164}	<p>Continued From page 11 of his pain levels greater than 7.</p> <p>The agency failed to notify Patient #7's physician of a change in his condition and his severe pain.</p> <p>2. Patient #3 was a 58 year old male admitted to the agency on 8/27/16 for care following a total knee replacement. Additional diagnoses included DM Type II and HTN. He received SN and PT services. His record, including the POC, for the certification period 8/27/16 to 10/25/16 was reviewed.</p> <p>Patient #3's POC included an order to notify his physician of a pain level greater than 7 on a scale of 0 to 10, with 10 being the worst pain. His physician was not notified of pain levels greater than 7, as follows:</p> <ul style="list-style-type: none"> - Patient #3's record included a PT evaluation dated 8/28/16, signed by the Physical Therapist. The note stated his pain level ranged from 4 to 8. There was no documentation in his record stating his physician was notified of his increased pain. - Patient #3's record included an SN visit note dated 8/29/16, signed by the LPN. The note stated his pain level ranged from 4 to 8. There was no documentation in his record stating his physician was notified of his increased pain. - Patient #3's record included a PT visit note dated 8/29/16, signed by the PTA. The note stated his pain level ranged from 5 to 8. There was no documentation in his record stating his physician was notified of his increased pain. - Patient #3's record included a PT visit note dated 8/30/16, signed by the PTA. The note 	{G 164}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/01/2016
NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 2110 NIAGARA ST IDAHO FALLS, ID 83404		
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{G 164}	<p>Continued From page 12</p> <p>stated his pain level ranged from 2 to 8. There was no documentation in his record stating his physician was notified of his increased pain.</p> <p>- Patient #3's record included an SN vslit note dated 8/30/16, signed by the RN. The note stated his pain level ranged from 3 to 9. There was no documentation in his record stating his physician was notified of his increased pain.</p> <p>During an interview on 9/01/16 at 1:55 PM, the Agency's Administrator, the DON, and Coder stated his pain levels greater than 7 should have been reported to his physician. They reviewed Patient #3's record and confirmed there was no documentation stating his physician was notified of his pain levels greater than 7.</p> <p>The agency failed to ensure Patient #3's physician was notified of his severe pain.</p>	{G 164}			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/01/2016
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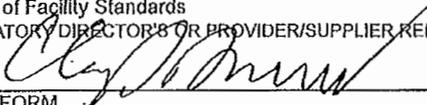
NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2110 NIAGARA ST IDAHO FALLS, ID 83404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	<p>16.03.07 INITIAL COMMENTS</p> <p>The following deficiencies were cited during the state follow-up survey of your agency from 8/31/16 to 9/01/16.</p> <p>The surveyors conducting the follow-up survey were:</p> <p>Nancy Bax, RN, BSN, HFS - Team Leader Jennifer S Davis, RN, BSN, HFS</p> <p>Acronyms used in this report include:</p> <p>CHF - Congestive Heart Failure COPD - Chronic Obstructive Pulmonary Disease DM - Diabetes Mellitus DON - Director of Nursing HTN - Hypertension OT - Occupational Therapy POC - Plan of Care PT - Physical Therapy PTA - Physical Therapy Assistant RN - Registered Nurse SN - Skilled Nursing SOC - Start of Care ST - Speech Therapy</p>	{N 000}	<p>RECEIVED</p> <p>SEP 19 2016</p> <p>FACILITY STANDARDS</p>	
{N 152}	<p>03.07030.01.PLAN OF CARE</p> <p>N152 01. Written Plan of Care. A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and includes:</p> <p>This Rule is not met as evidenced by: Refer to G158</p>	{N 152}		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

9/18/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/01/2016
NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2110 NIAGARA ST IDAHO FALLS, ID 83404		
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{N 155}	03.07030. PLAN OF CARE N155 01. Written Plan of Care. A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and includes: c. Types of services and equipment required; This Rule is not met as evidenced by: Refer to G159	{N 155}	<u>Refer to G159</u>	
{N 161}	03.07030.PLAN OF CARE N161 01. Written Plan of Care. A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and includes: I. Medication and treatment orders; This Rule is not met as evidenced by: Refer to G159	{N 161}	<u>N161</u> <u>Refer to G159</u>	
{N 172}	03.07030.06.PLAN OF CARE N172 06. Changes to Plan. Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. This Rule is not met as evidenced by:	{N 172}	<u>N172</u> <u>Refer to G164</u>	

Bureau of Facility Standards

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{N 172}	Continued From page 2 Refer to G164	{N 172}		