



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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September 27, 2016

Melinda Williams, Administrator
Intermountain Home Care Of Cassia
1031 E Main Street
Burley, ID 83318-2029

RE: Intermountain Home Care Of Cassia, Provider #137016

Dear Ms. Williams:

On September 14, 2016, a follow-up visit of your facility, Intermountain Home Care Of Cassia, was conducted to verify corrections of deficiencies noted during the follow-up survey of June 23, 2016.

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

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Page 2 of

- 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 HHA into compliance, and that the HHA 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 **October 11, 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". The signature is written in black ink and is positioned below the word "Sincerely,".

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: 09/23/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/14/2016
NAME OF PROVIDER OR SUPPLIER INTERMOUNTAIN HOME CARE OF CASSIA			STREET ADDRESS, CITY, STATE, ZIP CODE 1031 E MAIN STREET BURLEY, ID 83318	
(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 The following deficiencies were cited during the follow-up survey of your agency from 9/12/16 to 9/14/16. The surveyors conducting the follow-up survey were: Nancy Bax, RN, BSN, HFS - Team Leader Jennifer S. A. Davis, RN, BSN, HFS Brian Osborn, RN, HFS Acronyms used in this report include: CHF - Congestive Heart Failure DM - Diabetes Mellitus ER - Emergency Room HTN - Hypertension MSW - Masters of Social Work POC - Plan of Care PT - Physical Therapy RN - Registered Nurse SN - Skilled Nursing SOC - Start of Care SW - Social Work	{G 000}		
{G 158}	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on review of medical records and staff interview, it was determined the agency failed to ensure care followed a physician's written POC for 2 of 10 patients (#2 and #7) whose records	{G 158}		

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CNA REGISTRY

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melinda Williams TITLE: Nurse Administrator (X8) DATE: 10/10/2016

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.

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{G 158}	<p>Continued From page 1 were reviewed. This resulted in the potential for omissions of care and unmet patient needs. Findings include:</p> <p>The agency could not provide a POC policy.</p> <p>1. Patient #2 was a 4 year old male admitted to the agency on 8/26/16, for care related to gastro-esophageal reflux. Additional diagnoses included cerebral palsy and epilepsy. He received SN services. His record, including the POC, for the certification period 8/26/16 to 10/24/16, was reviewed.</p> <p>Patient #2's POC included an order to obtain oxygen saturation levels and report results of less than 90% to his physician. Patient #2's record included SN visit notes, dated 8/30/16 and 9/06/16, signed by the RN Case Manager. Each SN visit note did not include Patient #2's oxygen saturation level.</p> <p>During an interview on 9/13/16 at 4:50 PM, the Nursing Administrator reviewed Patient #2's record and stated his POC included an order to obtain his oxygen saturation level on every visit. She confirmed each of the 2 SN visit notes did not include Patient #2's oxygen saturation level.</p> <p>The RN failed to obtain Patient #2's oxygen saturation level as ordered on his POC.</p> <p>2. Patient #7 was a 6 month old female admitted to the agency on 7/01/16, for care related to premature birth complications. Additional diagnoses included respiratory failure and developmental delay. She received PT and SN services. Her record, including the POC, for the certification period 8/30/16 to 10/28/16, was</p>	{G 158}	<p>Nurse Administrator will educate 100% of clinical staff, by October 31, 2016, to the condition of participation related to following the plan of care, and not omitting interventions.</p> <p>Nurse Administrator will audit 2 full charts per clinician per month until 90% compliance is met, for the accuracy of individualize interventions on the plan of care. Education and feedback will be provided from the Nurse Administrator to clinician related to the chart review findings.</p> <p>Nurse Administrator is responsible for ongoing monitoring that will be completed through Care Coordination meetings to ensure accuracy of the plan of care continues. Care Coordination meetings will be modified to assess for interventions on the plan of care to be completed for each visit as specified.</p>	10/31/16	

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{G 158}	Continued From page 2 reviewed. Patient #7's record included a POC dated 7/01/16, signed by an RN. The POC outlined elements to be performed on each SN visit to include: - Disease signs and symptoms management - Fall precaution measures - Home safety measures Patient #7's record included a comprehensive recertification assessment, dated 8/29/16, signed by the RN Case Manager. The assessment did not include documentation regarding disease signs and symptoms management or fall precaution measures. Patient #7's record included an SN visit note, dated 9/05/16, signed by the RN Case Manager. The visit did not include documentation regarding home safety measures or fall precaution measures. The Nursing Administrator was interviewed on 9/14/16 at 7:30 AM, and Patient #7's record was reviewed in her presence. She confirmed Patient #7's POC included disease signs and symptoms management, fall precaution measures, and home safety measures to be performed on each SN visit. The Nursing Administrator confirmed Patient #7's POC was not followed.	{G 158}		
{G 159}	484.18(a) PLAN OF CARE The plan of care developed in consultation with	{G 159}		

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{G 159}	<p>Continued From page 3</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records, observation, and staff interview, it was determined the agency failed to ensure the POC included all medications and interventions for 4 of 10 patients (#4, #5, #8, and #9) whose records were reviewed. This had the potential to negatively impact quality and coordination of patient care. Findings include:</p> <p>1. Patient #5 was a 65 year old male admitted to the agency on 7/01/16, for care related to insulin dependent DM. Additional diagnoses included heart failure, HTN, chronic kidney disease and a stage IV pressure ulcer. His record, including the POC, for the certification period 8/30/16 to 10/28/16, was reviewed.</p> <p>a. Patient #5's POC included a diagnosis of CHF. His POC included oxygen to be used continuously for hypoxia (decreased oxygen in blood and tissue) related to his heart failure. Patient #5's POC did not include interventions to assess or treat his CHF.</p> <p>b. Patient #5's POC included 3 orders for Warfarin (blood thinner). The first order, effective 7/27/16, stated he was to take 1.5 tablets on</p>	{G 159}	<p>Nurse Administrator will provided education to 100% of clinical staff, by October 31,2016, to ensure that all diagnosis have appropriate guidelines (Interventions/ long term goals) in the plan of care.</p> <p>Nursing Administrator will ensure that 6 shared visits per clinicians are completed in 2016 and one shared visit per clinician per quarter ongoing.</p> <p>Nurse Administrator is responsible for ongoing monitoring of compliance through Care Coordination meetings to ensure accuracy of the plan of care continues. 100% of admission and recertification plans of cares will be reviewed in Care Coordination meetings. Care Coordination meetings modified to assess that diagnosis's and guideline interventions on the plan of care are appropriate for each patient.</p>	10/31/16

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{G 159}	<p>Continued From page 4</p> <p>Monday and Friday. The second order, effective 7/27/16, stated he was to take 2 tablets on Sunday, Tuesday, Wednesday, Thursday, and Saturday. The third order, effective 8/03/16, stated "1 tab [sic] ORAL Daily; 2 tables [sic] Monday 1 1/2 all otherdays [sic]." It was unclear how much Warfarin Patient #5 should take.</p> <p>During an interview on 9/13/16 at 4:25 PM, the RN Case Manager reviewed Patient #5's record. She stated his POC did not include interventions related to CHF, and stated she had not addressed CHF during her SN visits. Additionally, the RN Case Manager stated the orders for Warfarin were not clear. She stated she would have to contact Patient #5's physician to determine his current dose of Warfarin.</p> <p>Patient #5's POC was not comprehensive and accurate to include all information related to his diagnoses and current medications.</p> <p>2. Patient #9 was an 81 year old male admitted to the agency on 8/12/16, for care related to venous insufficiency. Additional diagnoses included a non-pressure ulcer on his lower leg. He received SN services. His record, including the POC, for the certification period 8/12/16 to 10/10/16 was reviewed.</p> <p>A visit was made to Patient #9's home on 9/13/16 at 11:30 AM, to observe an SN visit. During the visit, Patient #9 stated he recently increased the use of his Flonase nasal spray, due to increased allergy symptoms. Patient #9 stated he had been using the nasal spray for approximately 10 years. Patient #9's POC did not include Flonase nasal spray.</p>	{G 159}		
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{G 159}	<p>Continued From page 5</p> <p>During an interview on 9/13/16 at 3:30 PM, the RN Case Manager stated the nasal spray was not included on Patient #9's POC because she was not aware he was using it.</p> <p>Patient #9's POC did not include all medications he was taking.</p> <p>3. Patient #8 was a 62 year old female admitted to the agency on 1/29/14, for care related to insulin dependent DM. Additional diagnoses included paraplegia, asthma and morbid obesity. She received SN services. Her record, including the POC, for the certification period 7/17/16 to 9/14/16, was reviewed.</p> <p>Patient #8's POC included an order for Humalog insulin, 10 units three times daily, plus sliding scale (insulin dosage based on blood glucose level as determined by a blood glucose monitor). The POC did not specify the dosage of insulin to be taken based on the sliding scale.</p> <p>During an interview on 9/14/16 at 8:00 AM, the Nursing Administrator stated the ordered sliding scale was not on Patient #8's POC.</p> <p>Patient #8's POC was not comprehensive to include her sliding scale insulin dosages.</p> <p>4. Patient #4 was a 21 year old male admitted to the agency on 9/16/14, for care related to intellectual disabilities. Additional diagnoses included abnormal gait, epilepsy, and metabolic disorder. He received PT services. His record, including the POC, for the certification period 9/05/16 to 11/03/16, was reviewed.</p> <p>The Braden Scale is a validated tool used by</p>	{G 159}		

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{G 159}	Continued From page 6 nurses to evaluate a patient's risk of developing a pressure ulcer. The total score can range from 6 to 23 with a lower score indicating a higher risk. Patients scoring 18 or less are considered to be at risk of developing a pressure ulcer. Patient #4's record included an SN recertification of care comprehensive assessment, dated 9/01/16, signed by his RN Case Manager. His integumentary status was assessed using the Braden Scale. Patient #4's score was 18 out of 23, indicating he was at risk of developing pressure ulcers. Patient #4's POC was reviewed. It did not include interventions to decrease his risk of developing pressure ulcers. During an interview on 9/14/16 at 8:25 AM, the Nurse Administrator reviewed Patient #4's POC. She stated the POC did not include interventions related to prevention of pressure ulcers based on his Braden Scale score of 18. Patient #4's POC did not include interventions to address his increased risk of developing pressure ulcers.	{G 159}			
{G 164}	484.18(b) PERIODIC REVIEW OF PLAN OF CARE Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. This STANDARD is not met as evidenced by: Based on review of medical records and staff interview, it was determined the agency failed to	{G 164}			

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{G 164}	<p>Continued From page 7</p> <p>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 #9) whose records were reviewed. This resulted in missed opportunities for the physician to alter patients' POCs to meet their needs. Findings include:</p> <p>1. Patient #3 was a 79 year old female admitted to the agency on 8/30/16 for care related to HTN. Additional diagnoses included osteoarthritis of the knee. She received SN, PT, SW and Aide services. Her record, including the POC, for the certification period 8/30/16 to 10/28/16, was reviewed.</p> <p>a. Patient #3's record included an SW visit note, dated 9/09/16, signed by the MSW. The note stated Patient #3 went to the ER the previous night because of shortness of breath and pain in her back. The note stated she was diagnosed with a fracture. Patient #3's record did not include documentation of physician notification of her ER visit or new diagnosis of a fracture.</p> <p>b. Patient #3's POC included goals for her certification period. One goal stated her pain would remain at or below a level of 6 on a scale of 0 to 10, with 10 being the worst pain.</p> <p>Patient #3's record included an SN SOC comprehensive assessment, dated 8/30/16, signed by the RN Case Manager. The assessment stated Patient #3 reported her pain level as 9. There was no documentation stating her physician was notified of her pain level.</p> <p>Patient #3's record included an SN visit note, dated 8/31/16, signed by the RN Case Manager.</p>	{G 164}	<p>Nurse Administrator will provide education to 100% of clinical staff, by October 31, 2016, that clinical staff need to obtain appropriate parameters, and when to contact the physician for unmanaged symptoms. Nurse Administrator will audit 2 full chart per clinician per month until 90% compliance is met, for the appropriate parameters of when to notify the physician is listed on the plan of care. Education and feedback will be provided from the Nurse Administrator to clinician related to the chart review findings.</p> <p>Nurse Administrator is responsible for ongoing monitoring of compliance through Care Coordination meeting to ensure patient specific parameters are included in the plan of care. 100% of admission and recertification plans of cares will be reviewed in Care Coordination meetings.</p>	10/31/16
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{G 164}	<p>Continued From page 8</p> <p>The assessment stated Patient #3 reported her pain level as 8. There was no documentation stating her physician was notified of her pain level.</p> <p>c. Patient #3's record included a medication profile listing her current medications. It included Prednisone, with a start date of 8/31/16.</p> <p>Patient #3's record included an SW visit note, dated 9/09/16, signed by the MSW. The note stated Patient #3 was not taking her Prednisone. There was no documentation stating her physician was notified she was not taking her Prednisone as ordered.</p> <p>During an interview on 9/13/16 at 3:45 PM, the RN Case Manager reviewed Patient #3's record. She stated Patient #3's physician was not notified of her ER visit, her new fracture, her pain level, or her failure to take her Prednisone as ordered.</p> <p>The agency failed to ensure Patient #3's physician was notified of changes in her condition, severe levels of pain, and failure to take medications as ordered.</p> <p>2. Patient #9 was an 81 year old male admitted to the agency on 8/12/16, for care related to venous insufficiency. Additional diagnoses included a non-pressure ulcer on his lower leg. He received SN services. His record, including the POC, for the certification period 8/12/16 to 10/10/16, was reviewed.</p> <p>Patient #9's POC included goals for his certification period. One goal stated his pain would remain at or below a level of 5 on a scale of 0 to 10, with 10 being the worst pain.</p>	{G 164}			

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{G 164}	Continued From page 9 Patient #9's record included an SN visit note, dated 9/01/16, which stated Patient #9 denied complaints of pain. The next SN visit note, dated 9/06/16, stated he reported a pain level of 10 out of 10. There was no documentation Patient #9's physician was notified of his severe pain. During an interview on 9/13/16 at 3:30 PM, the RN Case Manager reviewed Patient #9's record. She stated the agency's policy was to notify the physician of pain greater than the patient's pain goal, or greater than 7, which indicated severe pain. She stated she did not notify Patient #9's physician of his pain level of 10. The RN Case Manager failed to notify Patient #9's physician of his pain.	{G 164}			

Bureau of Facility Standards

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{N 000}	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the follow-up survey of your agency from 9/12/16 to 9/14/16. The surveyors conducting the follow-up survey were: Nancy Bax, RN, BSN, HFS - Team Leader Jennifer S. A. Davis, RN, BSN, HFS Brian Osborn, RN, HFS	{N 000}		
{N 152}	03.07030.01.PLAN OF CARE 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: This Rule is not met as evidenced by: Refer to G158	{N 152}		
{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:	{N 155}		

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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melinda Williams RN</i>	TITLE <i>Nurse Administrator</i>	(X6) DATE <i>10-10-2016</i>
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001290	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/14/2016
NAME OF PROVIDER OR SUPPLIER INTERMOUNTAIN HOME CARE OF CASSIA		STREET ADDRESS, CITY, STATE, ZIP CODE 1031 E MAIN STREET BURLEY, ID 83318		
(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 155}	Continued From page 1 Refer to G159	{N 155}		
{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}		
{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: Refer to G164	{N 172}		