



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – 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, 2017

Joe Frasure, Administrator
Aspen Home Care
2867 E Copperpoint Dr
Meridian, ID 83642

RE: Aspen Home Care, Provider #137091

Dear Mr. Frasure:

This is to advise you of the findings of the Medicare/Licensure survey at Aspen Home Care, which was concluded on August 28, 2017.

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.

Joe Frasure, Administrator
August 31, 2017
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 11, 2017**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, comments or concerns, please contact Dennis Kelly, R.N. 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 above the typed name.

DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DK/pmt
Enclosures

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

PRINTED: 08/31/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER ASPEN HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2867 E COPPERPOINT DR MERIDIAN, ID 83642	
(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	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your agency conducted on 8/22/17 to 8/28/17. Surveyors conducting the survey were:</p> <p>Gary Guiles, RN, HFS, Team Leader Brian Osborn, RN, HFS</p> <p>Acronyms used in this report include:</p> <p>ADL - Activities of Daily Living such as transferring, toileting, and eating CHF - Congestive Heart Failure CKD - Chronic Kidney Disease COPD - Chronic Obstructive Pulmonary Disease DM - Diabetes Mellitus DME - Durable Medical Equipment DON - Director of Nursing HTN - Hypertension IADL - Instrumental Activities of Daily Leaving such as laundry, housekeeping, and food preparation LBS - Pounds MD - Doctor of Medicine OASIS - Outcome and Assessment Information Set OT - Occupational Therapy POC - Plan of Care PRN - As Needed PT - Physical Therapy ROC - Resumption of Care SN - Skilled Nursing SOC - Start of Care WT - Weight</p>	G 000		
G 159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with</p>	G 159		

RECEIVED
SEP 11 2017
FACILITY STANDARDS

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

TITLE
Administrator

(X6) DATE
9-11-17

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 159	<p>Continued From page 1</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 medical record review and staff interview, it was determined the agency failed to ensure POCs included all accurate and pertinent treatments, interventions, and equipment for 2 of 10 patients (#5 and #8) whose records were reviewed. This had the potential to result in unmet patient needs and adverse patient outcomes. Findings include:</p> <p>1. Patient #5 was a 70 year old female admitted to the agency on 8/04/17, for services related to spinal surgery aftercare. Additional diagnoses included HTN, depression, and pain. She received SN, PT, and OT services. Her record, including the POC, for the certification period 8/04/17 to 10/02/17, was reviewed.</p> <p>a. Patient #5's medical record included an OT evaluation visit note, dated 8/04/17, signed by the Occupational Therapist. The Occupational Therapist documented Patient #5 used a lumbar brace. This DME was not included on Patient #5's POC.</p> <p>b. Patient #5's medical record included a PT evaluation visit note, dated 8/05/17, signed by the Physical Therapist. The Physical Therapist</p>	G 159	<p>G159</p> <p>Clinical Director will in-service all disciplines providing skilled care by 09/08/2017 on the need to include all accurate and pertinent treatments, interventions, and equipment to the plan of care (types of services and equipment required, medication and treatment orders).</p> <p>Clinical Director or audit designee will audit 100% of 485/plans of care for 5 weeks to ensure all documentation include all accurate and pertinent treatments, interventions, and equipment. Target Threshold is 95%. Once threshold is met, will continue to audit 10% of 485s/plans of care quarterly.</p>	9/8/17	

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G 159	<p>Continued From page 2</p> <p>documented Patient #5 used a lumbar brace. This DME was not included on Patient #5's POC.</p> <p>The DON was interviewed on 8/28/17, beginning at 2:04 PM, and Patient #5's medical record was reviewed in her presence. She confirmed Patient #5's lumbar brace should have been included on her POC.</p> <p>The agency failed to ensure Patient #5's POC covered all required equipment.</p> <p>2. Patient #8 was a 79 year old female admitted to the agency on 7/17/17, for services related to a right femur fracture. Additional diagnoses included DM Type 2, HTN, CHF, and depression. She received SN, PT, and OT services. Her record, including the POC, for the certification period 7/17/17 to 9/14/17, was reviewed.</p> <p>Patient #8's medical record included discharge orders from her SNF, dated 7/16/17, signed by her physician. The discharge orders included "NOTIFY MD IF WT > 3 LBS OVERNIGHT OR 5 LBS IN 5 DAYS."</p> <p>Patient #8's medical record also included a POC, dated 7/17/17, signed by her physician. The POC did not include the previous discharge order to notify Patient #8's physician regarding her weight gain parameters.</p> <p>The DON was interviewed on 8/28/17, beginning at 1:16 PM, and Patient #8's medical record was reviewed in her presence. She confirmed Patient #8's SNF discharge order for weight gain parameters should have been included on her POC.</p>	G 159			

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G 159	Continued From page 3	G 159			
G 187	<p>The agency failed to ensure Patient #8's POC covered all treatments.</p> <p>484.32 THERAPY SERVICES</p> <p>The qualified therapist prepares clinical and progress notes.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review and staff interview, it was determined the agency failed to ensure therapists prepared complete clinical and progress notes for 1 of 10 patients (Patient #8) who received therapy services and whose records were reviewed. This had the potential to interfere with quality and safety of patient care. Findings include:</p> <p>Patient #8 was a 79 year old female admitted to the agency on 7/17/17, for services related to a right femur fracture. Additional diagnoses included DM Type 2, HTN, CHF, and depression. She received SN, PT, and OT services. Her record, including the POC, for the certification period 7/17/17 to 9/14/17, was reviewed.</p> <p>Patient #8's medical record included a POC, dated 7/17/17, signed by her physician. The POC documented Patient #8 had a secondary diagnosis of CHF. Patient #8's medical record also included a physician order [related to CHF] to "NOTIFY MD IF WT > 3 LBS OVERNIGHT OR 5 LBS IN 5 DAYS."</p> <p>Patient #8's CHF and weight were not documented or addressed by therapy services. Examples include:</p>	G 187	<p>G187</p> <p>Clinical Director will in-service all disciplines providing skilled care by 09/08/2017 on the need to ensure all clinicians, specifically therapists, prepared complete clinical and progress notes (to include CHF and weight documentation).</p> <p>Clinical Director or audit designee will audit 50% of all therapy notes for 5 weeks to ensure clinical documentation and progress notes are complete. Target Threshold is 95%. Once threshold is met will continue to audit 10% of patient records quarterly.</p>	9/8/17	

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G 187	<p>Continued From page 4</p> <p>1. Patient #8's CHF and weight were not documented or addressed by the Occupational Therapist on 4 of 4 visits:</p> <ul style="list-style-type: none"> - OT evaluation visit note, dated 7/19/17, signed by the Occupational Therapist - OT visit note, dated 7/21/17, signed by the Occupational Therapist - OT visit note, dated 7/25/17, signed by the Occupational Therapist - OT discharge visit note, dated 7/28/17, signed by the Occupational Therapist <p>2. Patient #8's CHF and weight were not documented or addressed by the Physical Therapist on 9 of 9 visits:</p> <ul style="list-style-type: none"> - PT evaluation visit note, dated 7/20/17, signed by the Physical Therapist - PT visit note, dated 7/24/17, signed by the Physical Therapist - PT visit note, dated 7/26/17, signed by the Physical Therapist - PT visit note, dated 8/05/17, signed by the Physical Therapist - PT visit note, dated 8/08/17, signed by the Physical Therapist - PT visit note, dated 8/09/17, signed by the Physical Therapist - PT visit note, dated 8/14/17, signed by the Physical Therapist - PT visit note, dated 8/16/17, signed by the Physical Therapist - PT visit note, dated 8/21/17, signed by the Physical Therapist <p>The DON was interviewed on 8/28/17, beginning at 1:16 PM, and Patient #8's medical record was reviewed in her presence. She confirmed the</p>	G 187			

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G 187	Continued From page 5 Physical and Occupational Therapists did not document or address Patient #8's CHF and weight.	G 187			
G 189	The agency failed to ensure therapists prepared clinical notes for Patient #8. 484.32 THERAPY SERVICES The qualified therapist participates in in-service programs. This STANDARD is not met as evidenced by: Based on personnel record review and staff interview, it was determined the agency failed to ensure participation in in-service programs for 1 of 1 PRN therapy staff whose personnel records were reviewed. This had the potential to result in patients receiving care from under-qualified therapy staff. Findings include: The DON was interviewed on 8/23/17, beginning at 9:40 AM, and the PRN Physical Therapist's personnel file was reviewed in her presence. In-service program verification for the PRN Physical Therapist was not found in his record. The DON stated PRN staff did not participate in in-service training. She stated she would ensure PRN staff participated in the future.	G 189	G189 Clinical Director will in-service all disciplines on need to participate in in-service programs by 09/08/2017. Clinical Director and/or Administrator will audit all personnel files to ensure all staff have participated with the in-service program. Target Threshold Is 100%. Once threshold is met, will continue to audit personnel files quarterly.	9/8/17	
G 322	The agency failed to ensure the PRN Physical Therapist participated in in-service programs. 484.20(b) ACCURACY OF ENCODED OASIS DATA The encoded OASIS data must accurately reflect the patient's status at the time of assessment.	G 322			

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G 322	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on medical record review and staff interview, it was determined the agency failed to ensure encoded OASIS data was accurate at the time of the assessment for 3 of 10 patients (#2, #5, and #8) whose records were reviewed. This resulted in the reporting of inaccurate OASIS data. Findings include:</p> <p>1. Patient #5 was a 70 year old female admitted to the agency on 8/04/17, for services related to spinal surgery aftercare. Additional diagnoses included HTN, depression, and pain. She received SN, PT, and OT services. Her record, including the POC, for the certification period 8/04/17 to 10/02/17, was reviewed.</p> <p>Patient #5's medical record included an OASIS SOC visit note, dated 8/04/17, signed by her RN Case Manager. The OASIS SOC visit note included "M1340 Does this patient have a Surgical Wound?" to which the RN Case Manager documented "No." However, Patient #5 did have a documented spinal surgical wound upon agency admission.</p> <p>The DON was interviewed on 8/28/17, beginning at 2:04 PM, and Patient #5's medical record was reviewed in her presence. She confirmed the RN Case Manager's answer to the OASIS SOC M1340 answer was not accurate.</p> <p>The agency failed to ensure Patient #5's encoded OASIS data was accurate.</p> <p>2. Patient #2 was an 89 year old female admitted to the agency on 7/19/17, for services related to a right hip fracture. Additional diagnoses included CKD and HTN. She received SN, PT, and OT</p>	G 322	<p>G322</p> <p>Clinical Director will in-service all staff on need to ensure encoded OASIS data is accurate at time of assessment by 09/08/2017.</p> <p>Clinical Director or audit designee will audit 100% of OASIS assessments to ensure encoded OASIS data is accurate at time of assessment. Target Threshold is 95%. Once threshold is met will continue to audit 10% of OASIS assessments quarterly.</p>	9/8/17	

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G 322	<p>Continued From page 7</p> <p>services. Her record, including the POC, for the certification period 7/19/17 to 9/16/17, was reviewed.</p> <p>Patient #2's medical record included an OASIS SOC visit note, dated 7/19/17, signed by the DON. The OASIS SOC visit note included "M1018 Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days" to which the DON documented "Urinary Incontinence." However, Patient #2 did not have urinary incontinence.</p> <p>The DON was interviewed on 8/28/17, beginning at 1:47 PM, and Patient #2's medical record was reviewed in her presence. She confirmed the OASIS SOC M1018 answer was not accurate.</p> <p>3. Patient #8 was a 79 year old female admitted to the agency on 7/17/17, for services related to a right femur fracture. Additional diagnoses included DM Type 2, HTN, CHF, and depression. She received SN, PT, and OT services. Her record, including the POC, for the certification period 7/17/17 to 9/14/17, was reviewed.</p> <p>Patient #8's medical record included a OASIS ROC visit note, dated 8/04/17, signed by the DON. The OASIS ROC visit note included "M1000 From which of the following inpatient Facilities was the patient discharged within the past 14 days?" to which the DON documented "Skilled Nursing Facility." However, Patient #8 had discharged from a "Short-stay acute hospital" within the last 14 days, not a SNF.</p> <p>The DON was interviewed on 8/28/17, beginning at 1:16 PM, and Patient #8's medical record was reviewed in her presence. She confirmed her</p>	G 322			

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G 322	Continued From page 8 answer to the OASIS ROC M1000 answer was not accurate.	G 322			
G 331	The agency failed to ensure Patient #8's encoded OASIS data was accurate. 484.55(a)(1) INITIAL ASSESSMENT VISIT A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. This STANDARD is not met as evidenced by: Based on staff interview and review of clinical records, it was determined the agency failed to ensure an assessment to determine the care and support needs of 2 of 10 patients (#6 and #10), whose records were reviewed, was conducted. This had the potential to result in unidentified and unmet care needs. Findings include: 1. Patient #6 was an 80 year old female who was admitted for home health services on 6/29/17. She was currently on service on 8/23/17. Her diagnoses included colon cancer with metastasis to her lung. A physician note, dated 6/07/17 at 10:00 AM, stated Patient #6 also had a history of coronary artery bypass surgery. Patient #6's medical record for the certification periods 6/29/17 to 8/27/17 and 8/01/17 to 9/29/17 was reviewed. Patient #6's SOC comprehensive assessment, dated 6/29/17 but not timed, stated she had colon cancer and had undergone recent colon surgery and a colostomy in addition to removal of her	G 331	G331 Clinical Director will in-service all staff by 09/08/2017 on the need to ensure the assessment determines the care and support needs, including physical therapy, occupational therapy, social services, home health aide, nursing, etc. Clinical Director or audit designee will audit 100% of initial assessments for 5 weeks to ensure that the patient has all the care and support needs they require on home health services. Target threshold is 95%. Once threshold is met, will continue to monitor 10% of initial assessments quarterly.	9/8/17	

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G 331	<p>Continued From page 9</p> <p>ovaries . The assessment stated since the surgery, Patient #6 "...had increased weakness, decreased endurance, and unsteady gait, fall risk which make it difficult for her to accomplish ADLs and IADLs safely and independently." The assessment stated she lived at home with her daughter.</p> <p>Patient #6 was hospitalized on 7/25/17 for CHF. Her home health care was resumed on 7/31/17. An ROC assessment, dated 7/31/17 at 1:05 PM, stated she was "...re-hospitalized recently due to a CHF exacerbation." The assessment again stated Patient #6 had difficulty with her ADLs and IADLs.</p> <p>Neither assessment documented the ability of Patient #6's daughter to care for her or whether Patient #6 could benefit from home health aide services.</p> <p>The DON reviewed Patient #6's medical record on 8/25/17 beginning at 1:40 PM. She stated there was no documentation of Patient #6's potential need for aide services.</p> <p>The agency did not assess Patient #6's care needs.</p> <p>2. Patient #10 was an 94 year old female who was admitted for home health services on 8/14/17. She was currently on service on 8/23/17. Her diagnoses included fractured pelvis, bipolar disorder, and COPD. She was oxygen dependent. Patient #10's medical record for the certification period 8/14/17 to 10/12/17 was reviewed.</p> <p>Patient #10's SOC comprehensive assessment</p>	G 331			

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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) COMPLETION DATE	
G 331	Continued From page 10 was dated 8/14/17 at 10:30 AM. The assessment stated she lived with her daughter. The assessment stated Patient #10 "...had increased weakness, decreased endurance, unsteady gait, increased impaired decision making due to increased short term memory loss and is at an increased fall risk." The assessment stated Patient #6 had difficulty with her ADLs and IADLs. The assessment did not document the ability of Patient #10's daughter to care for her or whether Patient #10 could benefit from home health aide services. The agency did not assess Patient #10's care needs.	G 331			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2017
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NAME OF PROVIDER OR SUPPLIER ASPEN HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2867 E COPPERPOINT DR MERIDIAN, ID 83642
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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	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your agency conducted on 8/22/17 to 8/28/17. Surveyors conducting the survey were: Gary Guiles, RN, HFS, Team Leader Brian Osborn, RN, HFS	N 000	N126 Clinical Director will in-service all disciplines providing skilled care by 09/08/2017 on the need to ensure all clinicians, specifically therapists, prepared complete clinical and progress notes (to include CHF and weight documentation).	9/8/17
N 126	03.07025.THERAPY SERV. N126 01. Qualified Therapist. A qualified therapist duties include the following: c. Prepares clinical and progress notes, and summaries of care, and This Rule is not met as evidenced by: Refer to G-187.	N 126	Clinical Director or audit designee will audit 50% of all therapy notes for 5 weeks to ensure clinical documentation and progress notes are complete. Target Threshold is 95%. Once threshold is met will continue to audit 10% of patient records quarterly.	9/8/17
N 127	03.07025.THERAPY SERV. N127 01. Qualified Therapist. A qualified therapist duties include the following: d. Participates in in-service programs. This Rule is not met as evidenced by: Refer to G-189.	N 127	N127 Clinical Director will in-service all disciplines on need to participate in in-service programs by 09/08/2017. Clinical Director and/or Administrator will audit all personnel files to ensure all staff have participated with the in-service program. Target Threshold is 100%. Once threshold is met, will continue to audit personnel files quarterly.	9/8/17
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	N 155		

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OCT 11 2017

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

TITLE
Administrator

(X6) DATE
9-11-17

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2017
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NAME OF PROVIDER OR SUPPLIER ASPEN HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2867 E COPPERPOINT DR MERIDIAN, ID 83642
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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 155	Continued From page 1 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 G-159.	N 155	N155 Clinical Director will in-service all disciplines providing skilled care by 09/08/2017 on the need to include all accurate and pertinent treatments, interventions, and equipment to the plan of care (types of services and equipment required, medication and treatment orders).	9/8/17
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 G-159.	N 161	Clinical Director or audit designee will audit 100% of 485/plans of care for 5 weeks to ensure all documentation include all accurate and pertinent treatments, interventions, and equipment. Target Threshold is 95%. Once threshold is met, will continue to audit 10% of 485s/plans of care quarterly. N161 Clinical Director will in-service all disciplines providing skilled care by 09/08/2017 on the need to include all accurate and pertinent treatments, interventions, and equipment to the plan of care (types of services and equipment required, medication and treatment orders). Clinical Director or audit designee will audit 100% of 485/plans of care for 5 weeks to ensure all documentation include all accurate and pertinent treatments, interventions, and equipment. Target Threshold is 95%. Once threshold is met, will continue to audit 10% of 485s/plans of care quarterly.	9/8/17