An unannounced on-site complaint investigation was conducted from February 21, 2018 to February 22, 2018 at St Luke's Magic Valley RMC. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00007759

Allegation #1: Facility did not perform appropriate discharges for patients.

Findings #1: Staff and patients were interviewed. Seven medical records, facility policies, administrative documents, and patients' rights and discharge information were reviewed.

The facility performed appropriate patient discharges. An example includes:

One medical record reviewed was for a 51 year old female admitted to the facility on 2/06/18, with a diagnosis of suicidal ideation and schizoaffective disorder, bipolar type. She was discharged on 2/13/18.

The patient's medical record included discharge paperwork, dated 2/13/18, signed by the patient.

The discharge paperwork included the following information:
- Scheduled follow-up appointments, including date, time, location, and provider.

- Summary of care provided during admission.

- List of 4 reconciled discharge medications, including signed physician prescriptions, for Gabapentin, Nicoderm CQ, Risperdal, and Trazodone.

Additionally, the patient's medical record included a discharge summary, dated 2/13/18, signed by a Physician Assistant, and cosigned by a physician. The discharge summary included "During the course of admission the patient showed great improvement with regard to mood symptoms and thought process." "She plans to follow through with outpatient care and continue on her prescribed medications. She will be discharging to her family's care who would assist her with housing and help with follow-up care. The patient completed a safety plan and was discharged home."

The Social Services Supervisor, who performed the patient's discharge, was interviewed on 2/22/18, beginning at 8:10 AM, and the patient's medical record was reviewed in her presence. She stated discharge planning for each patient starts upon facility admission and extends until the patient is deemed safe to return to their home setting. The Social Services Supervisor stated mental health referrals and coordination of care also began upon patient admission and was individualized to meet patients' specific needs.

When asked if the patient's family was involved in her discharge planning, the Social Services Supervisor stated yes. She stated the patient returned to her city of origin and would stay with her daughter during the week. The patient's daughter informed her the patient chose to live in a car on the weekends, but was adamant the patient was not homeless. The Social Services Supervisor stated the patient had "lots of family to help her, but unfortunately, the patient refuses help often."

The patient's facility discharge was appropriate. Therefore, the allegation was unsubstantiated.

**Conclusion #1:** Unsubstantiated. Lack of sufficient evidence.

**Allegation #2:** Facility did not assist patients with filing for financial benefits.

**Findings #2:** The facility assisted patients with filing for financial benefits. An example includes:
One medical record reviewed was for a 51 year old female admitted to the facility on 2/06/18, with a diagnosis of suicidal ideation and schizoaffective disorder, bipolar type. She was discharged on 2/13/18.

The patient's medical record included Account History Reports, dated 2/06/18, 2/09/18, 2/15/18, and 2/21/18, signed by a Patient Financial Advocate. The account reports included the following:

- 2/06/18: "Idaho Medicaid inactive, no insurance listed in chart. She has not completed demographic sheet in her chart, will check tomorrow."

- 2/09/18: "Met with patient to discuss financial assistance options for this stay. She understands that all forms of external financial assistance must be cooperated with fully before internal financial aide (sic) would be offered. She could not tell me when she last had health insurance, she is not eligible for a special enrollment opportunity with Your Health Idaho. She stated that the day before admission, she went to Health and Welfare in Pocatello to apply for Medicaid and food stamps, but does not know the outcome of that application at this time. She is comfortable applying for county assistance as a back up (sic) plan. I obtained a combined application for (county name)."

- 2/15/18: "Patient called in, said she was confused about information that has been requested by the County. I looked up her account, and let her know that she spoke with (Patient Financial Advocate name) while she was admitted. She does not remember filling out an application. (Patient Financial Advocate name) was out of office, so I will send her an email, and also provided her phone number to patient."

- 2/21/18: "Submitting combined application into (computer application) today, notifying county team by email."

The Patient Financial Advocate who assisted the patient was interviewed on 2/22/18, beginning at 8:30 AM. She stated she remembered assisting the patient with filing for benefits. The Patient Financial Advocate stated the patient's forms were completed and filed, after obtaining all necessary information, with the appropriate authorities on 2/21/18.

The facility assisted the patient with filing for financial benefits. Therefore, the allegation was unsubstantiated.

**Conclusion #2:** Unsubstantiated. Lack of sufficient evidence.
As none of the allegations were substantiated, no response is necessary. 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, Supervisor
Non-Long Term Care

DK/pmt