

RECEIVED JUN 10 2019



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RECEIVED
JUN 18 2019
FACILITY STANDARDS

June 4, 2019

Brenda Gumaer, Administrator
Onesource Home Health
1680 Elk Creek Dr
Idaho Falls, ID 83404

RE: Onesource Home Health, Provider #137111

Dear Ms. Gumaer:

On May 30, 2019, a follow-up visit of your facility, Onesource Home Health, was conducted to verify corrections of deficiencies noted during the survey of March 21, 2019.

We were able to determine that the Conditions of Participation of **Care planning, coordination, quality of care (42 CFR 484.60)**, and **Organization and administration of services (42 CFR 484.105)** are now met.

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;
- 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

Brenda Gumaer, Administrator

June 4, 2019

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- 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 **June 17, 2019**, 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, .



DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DK/slj

Enclosures

cc: Patrick Thrift, Survey & Certification Manager Region X
Julius Bunch, Certification & Enforcement Manager Region X

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

PRINTED: 06/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/30/2019
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NAME OF PROVIDER OR SUPPLIER ONESOURCE HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1680 ELK CREEK DR 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) COMPLETION DATE
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{G 000}

INITIAL COMMENTS

The following deficiencies were cited during the Medicare follow-up survey of your agency conducted on 5/29/19 to 5/30/19. Surveyors conducting the follow-up survey were:

Brian Osborn, RN, HFS, Team Lead
Nancy Bax, RN, BSN, HFS

Acronyms used in this report include:

CEO - Chief Executive Officer
COO - Chief Operating Officer
HTN - Hypertension
POC - Plan of Care
PT - Physical Therapy
SN - Skilled Nursing

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{G 574}

Plan of care must include the following CFR(s): 484.60(a)(2)(i-xvi)

The individualized plan of care must include the following:

- (i) All pertinent diagnoses;
- (ii) The patient's mental, psychosocial, and cognitive status;
- (iii) The types of services, supplies, and equipment required;
- (iv) The frequency and duration of visits to be made;
- (v) Prognosis;
- (vi) Rehabilitation potential;
- (vii) Functional limitations;
- (viii) Activities permitted;
- (ix) Nutritional requirements;
- (x) All medications and treatments;
- (xi) Safety measures to protect against injury;
- (xii) A description of the patient's risk for emergency department visits and hospital

{G 574}

All clinical staff will be educated by 6/18/2019, addressing what must be included in an individualized Plan of Care.

Training will include the charts of patient # 6 and patient # 1 which did not contain anti-coagulant safety measures to prevent injury and specifically covering "Aspirin for blood/heart".

100% of charts will be audited for 90 days to ensure anti-coagulant safety measure have been listed in the Plan of Care and 10% of charts will be audited quarterly ongoing. All audit results will be reported to the administrator/QAPI director.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sandra Gomez* TITLE Administrator (X6) DATE 6/14/19

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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NAME OF PROVIDER OR SUPPLIER ONESOURCE HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1680 ELK CREEK DR 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)	(X5) COMPLETION DATE
{G 574}	<p>Continued From page 1</p> <p>re-admission, and all necessary interventions to address the underlying risk factors.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician may choose to include.</p> <p>This ELEMENT is not met as evidenced by:</p> <p>Based on medical record review and staff interview, it was determined the agency failed to ensure POCs included a pertinent safety measures for 2 of 6 patients (#1 and #6) whose records were reviewed. This resulted in inaccurate and/or incomplete POCs that did not address all of the individualized needs of patients. Findings include:</p> <p>1. Patient #6 was a 60 year old male who was admitted to the agency on 5/22/19, with a primary diagnosis of chronic pulmonary embolism. Additional diagnoses included chronic pain and morbid obesity. He received SN services. His record, including the POC, for the certification period of 5/22/19 to 7/20/19, was reviewed.</p> <p>Patient #6's medical record included a POC, dated 5/22/19, signed by his physician, which stated "warfarin 10 milligrams By Mouth; once a day; Anticoagulant Start Date: 05/22/19." However, Patient #6's POC did not include anticoagulant safety measures to prevent injury.</p> <p>The Director of Compliance, Administrator, COO, and CEO were interviewed together on 5/29/19, beginning at 8:34 AM, and Patient #6's medical</p>	{G 574}		

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{G 574}	Continued From page 2 record was reviewed in their presence. They confirmed Patient #6's POC did not include anticoagulant safety measures. Patient #6's POC did not include anticoagulant safety measures. 2. Patient #1 was a 93 year old female who was admitted to the agency on 5/21/19, with a primary diagnosis of pneumonitis. Additional diagnoses included HTN, depression, and long term use of aspirin. She received PT services. Her record, including the POC, for the certification period of 5/21/19 to 7/19/19, was reviewed. Patient #1's medical record included a POC, dated 5/21/19, signed by his physician, which stated "aspirin 325 milligrams By Mouth; once a day; For blood/heart Start Date: 05/21/19. However, Patient #1's POC did not include anticoagulant safety measures to prevent injury. The Director of Compliance, Administrator, COO, and CEO were interviewed together on 5/29/19, beginning at 8:46 AM, and Patient #1's medical record was reviewed in their presence. They confirmed Patient #1's POC did not include anticoagulant safety measures. Patient #1's POC did not include anticoagulant safety measures.	{G 574}		