IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

February 21, 2012

Michael Andrus, Administrator
Franklin County Medical Center Home Care
44 North 100 East
Preston, ID 83263

RE: Franklin County Medical Center Home Care, Provider #137058

Dear Mr. Andrus:

This is to advise you of the findings of the Medicare/Licensure survey at Franklin County Medical Center Home Care, which was concluded on February 9, 2012.

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.

After you have completed your Plan of Correction, return the original to this office by **March 1, 2012**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at (208) 334-6626.

Sincerely,

KAREN ROBERTSON
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

KR/srm
Enclosures

FRANKLIN COUNTY MEDICAL CENTER

Michael G. Andrus
ADMINISTRATOR

February 28, 2012

Ms. Karen Robertson
Health Facility Surveyor
Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009

Dear Ms. Robertson:

This letter is in regards to the February 9th 2012 Medicare/Licensure Survey at Franklin County Medical Center Home Care Provider # 137058

Please find attached our Plan of Corrections

If you have any questions please contact me

Sincerely,

Michael Andrus
Administrator
Franklin County Medical Center Home Care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137058	A. BUILDING _____ B. WING _____	02/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COUNTY MEDICAL CENTER HOME CARE	126 EAST FIRST NORTH PRESTON, ID 83263

(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 recertification survey of your Home Health Agency. The following surveyors conducted the survey: Karen Robertson, RN, BS, HFS, Team Leader Rebecca Lara, RN, BA, HFS Acronyms used in this report include: IV - Intravenous POC - Plan of Care RN - Registered Nurse SOC - Start of Care VA - Veteran's Administration	G 000	See Attached POC	
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 record review and staff interview, it was determined the agency failed to ensure physician signed plans of care were provided for 2 of 2 patients (#2 and #4) who received services under the VA Waiver Program. This had the potential to interfere with patient outcomes. Findings include: 1. Patient #4 was a 65 year old male who was admitted to the agency on 1/31/12 for care related to a bone infection in the right hand secondary to diabetes. On 1/31/12 at 8/20 AM, Patient #4's VA physician wrote orders for home	G 158	RECEIVED MAR 01 2012 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: CEO | (X6) DATE: 2-27-12

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	Continued From page 1 care and the administration of a six week course of IV antibiotic therapy in the home. The orders were faxed and received by the agency on 1/31/12 at 3:26 PM. RN visit notes documented IV antibiotics were administered on 1/31/12, 2/01/12, 2/03/12, 2/04/12, 2/06/12, and 2/07/12. Patient #4's record was reviewed. A physician signed POC could not be found. The Home Care Manager was interviewed on 2/07/12 at 2:10 PM. She reviewed Patient #2's record and stated no physician signed POC was in the record. The Manager stated the agency had not completed physician signed POCs for VA Waiver Program patients because they did not believe it was necessary to do so. She stated it was the agency's understanding that the VA document titled, "REQUEST FOR OUTPATIENT SERVICES," was the authorization needed to provide care and stood in place of the physician signed POC. The agency failed to complete a physician signed plan of care for Patient #4. 2. Patient #2 was a 91 year old male who was originally admitted to the agency on 12/19/08 through a VA Waiver Program for home health aide and homemaker services only. No physician signed POC was found in his record. The Home Care Manager was interviewed on 2/07/12 at 11:15 AM. She reviewed Patient #2's record and stated there was no physician signed POC in the record. The Manager stated the agency had not completed physician signed POCs for VA Waiver Program patients because they did not believe it was necessary to do so.	G 158		

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G 158	Continued From page 2 She stated it was the agency's understanding that the VA document titled, "REQUEST FOR OUTPATIENT SERVICES," was the authorization needed to provide care and stood in place of the physician signed POC. The agency did not complete a physician signed plan of care for Patient #2.	G 158		
G 230	484.36(d)(3) SUPERVISION If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to have an RN make a supervisory visit to a patient's home no less frequently than every 60 days for 1 of 1 VA Waiver patient (#2) who received home health aide services. This resulted in the potential for inadequate or inappropriate aide services being provided to patients. Findings include: Patient #2 was a 91 year old male who was originally admitted to the agency on 12/19/08 through a VA Waiver Program for home health aide and homemaker services only. Patient #2 was receiving home health aide and homemaker services only from 12/19/08 to current. RN visits	G 230		

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G 230	Continued From page 3 for home health aide supervision were conducted at least every 60 days, however, the home health aide was not present for the supervisory visits. A form titled, "DEPARTMENT OF HEALTH AND WELFARE SUPERVISING R.H. VISIT," was completed by an RN to document home health aide supervision. The form included a place to mark whether the aide was present or not. On 8/02/11, 9/30/11, 10/31/11, 11/30/11, and 1/20/12, the RN marked that the home health aide was not present for the supervisory visit. In an interview on 2/08/12 at 10:15 AM, the Director of Clinical Services reviewed Patient #2's record and stated the supervisory visit notes completed by the RN were marked that the aide was not present for the RN's visits from 8/02/11, 9/30/11, 10/31/11, 11/30/11, and 1/20/12. The Director also stated the home health aide's notes did not document the RN being present for any of the visits from 12/02/11 to 2/03/12. She stated she agreed that based on the above documentation the aide had not been present for the RN's supervisory visits. The agency did not provide aide supervision with the aide present.	G 230		
G 331	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 record review and staff interview, it	G 331		

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G 331	Continued From page 4 was determined the agency failed to ensure a comprehensive SOC assessment was completed for 2 of 2 VA Waiver Program sample patients (#2 and #4) whose records were reviewed. This had the potential to interfere with thorough development of plans of care for VA Waiver Program patients. Findings include: 1. Patient #4 was a 65 year old male who was admitted to the agency on 1/31/12 for care related to a bone infection in the right hand secondary to diabetes. On 1/31/12 at 8/20 AM, Patient #4's VA physician wrote orders for home care and the administration of a six week course of IV antibiotic therapy in the home. The orders were faxed and received by the agency on 1/31/12 at 3:26 PM. Patient #4's record was reviewed. A comprehensive SOC assessment could not be found. The Home Care Manager was interviewed on 2/07/12 at 2:10 PM. She reviewed Patient #4's record and stated there was no initial comprehensive assessment in Patient #4's record. The Manager stated the agency had not completed initial comprehensive assessments for VA Waiver Program patients because they did not believe it was necessary to do so. She said while a comprehensive SOC assessment was not completed for VA Waiver Program patients, an initial "head to toe" physical assessment was completed by the RN. The agency failed to complete a comprehensive SOC assessment for Patient #4. 2. Patient #2 was a 91 year old male who was originally admitted to the agency on 12/19/08	G 331		

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G 331	Continued From page 5 through a VA Waiver Program for home health aide and homemaker services only. Patient #2's record was reviewed. A comprehensive SOC assessment could not be found. The Home Care Manager was interviewed on 2/07/12 at 11:15 AM. She reviewed Patient #2's record and stated no comprehensive SOC assessment was completed. The Manager stated the agency had not completed comprehensive SOC assessments for VA Waiver Program patients because they did not believe it was necessary to do so. She said that though a comprehensive SOC assessment was not completed for VA Waiver Program patients, an initial "head to toe" physical assessment was completed by the RN. The agency did not complete a SOC assessment for Patient #2.	G 331		
G 339	484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to update the	G 339		

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G 339	Continued From page 6 comprehensive assessment every 60 days for 1 of 1 patient who received services under the VA Waiver Program and was on service for more than 60 days (Patient #2). This resulted in the potential to negatively impact quality of patient care. Findings include: Patient #2 was a 91 year old male who was originally admitted to the agency on 12/19/08 through a VA Waiver Program for home health aide and homemaker services only. Patient #2 was currently receiving home health aide and homemaker services at the time of the survey. Patient #2's comprehensive assessments were reviewed. No updated comprehensive assessments were found. The Home Care Manager was interviewed on 2/07/12 at 11:15 AM. She reviewed Patient #2's record and stated no updated RN comprehensive assessments were completed. The Manager stated the agency had not completed an updated RN comprehensive assessment for Patient #2 because they did not believe it was necessary to do so, however, a "head to toe" physical assessment was completed by the RN when doing supervisory visits for the home health aide. The agency did not complete an updated comprehensive assessment for Patient #2.	G 339		

PLAN OF CORRECTION FOR THE STATE OF IDAHO - FRANKLIN COUNTY MEDICAL CENTER -HOME CARE

Date of Survey: February 09, 2012 POC deadline: March 1, 2012

Criteria: Include dates when corrective action will be completed.

1. **Action(s) that will be taken to correct each specific deficiency cited?**
2. **How will action improve the processes that led to deficiency cited**
3. **Procedure for implementing the acceptable plan of correction**
4. **Completion date for the correction of deficiency**
5. **Monitoring/tracking procedures to ensure POC is effective and Home Health remains in compliance**
6. **Title of person responsible for implementing the acceptable POC**

Signature of Administrator 2-22-12

TAG NUMBER	CRITERIA	FACILITY RESPONSE AND CORRECTIONS-
		This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to Home Health. This plan of correction does not constitute as admission of liability, and such liability is hereby denied. The submission of this plan does not constitute agreement by the agency that the surveyor's constitute a deficiency, or that the severity of the deficiencies cited is correctly applied.
G158		**Physician Signed Plans of Care**
	1.	The physician who authorized care was contacted and the two patients cited in the deficiency (Patient #4 and Patient # 2) have Plans of Care signed by the physician.. See attached. The charts that have skilled services or home health aide services will be reviewed monthly to ensure that orders are in compliance with regulatory requirements. The VA charts have been moved to the folders that is monitored weekly.
	2.	Because the charts have been moved they will be monitored monthly
	3.	Every month, the charts will be audited for Physicians Signed plans of care
	4.	**COMPLETION DATE**=03-07-2012
	5.	Every month, the charts will be audited for Physicians Signed plans of care and validated by Quality Management every month. See attach blank form
	6.	Implemented by the Home Care Manger and monitored by the Home Care Secretaries
G230		**60 day Supervisory Visit by RN**
	1.	RN completed the supervisory visit on Patient #2 on 02-27-2012. See attached. The nurses have added the guidelines to their monthly supervisory visit schedule.
	2.	The nurse will be able to see when visits are due .
	3.	The scheduling RN reviews the supervisory visit log for skilled nurses and assigns visits as needed on the weekly RN visit schedule - see attached.
	4.	**COMPLETION DATE** =03-7-12
	5.	Every month, the charts will be audited for Supervisory Visits of the aide and validated by Quality Management every month. See attach blank form
	6.	Implemented by the Home Care Manger and monitored by the Home Care Secretaries
G331		**Initial Comprehensive Assessment Visit**

TAG NUMBER	CRITERIA	FACILITY RESPONSE AND CORRECTIONS-
	1.	The RN conducted **a Comprehensive Assessment Visit** on the two patients cited in the deficiency (Patient #4 and Patient # 2). See attached. The charts that have skilled services and/or home health aide services will be reviewed monthly to ensure that **Comprehensive Assessment Visit** are in compliance with regulatory requirements.
	2.	All clients who receive skilled services and/or home health aide services will receive a comprehensive assessment visit because the staff is aware of the requirement and have built in a checklist..
	3.	All new admissions that have skilled services or home health aide services will receive a Comprehensive assessment visit.
	4.	**COMPLETION DATE =03-07-12**
	5.	Every month, the charts will be audited for Comprehensive Assessment Visit and validated by Quality Management. See attach blank form
	6.	Implemented by the Home Care Manger and monitored by the Home Care Secretaries
G339		**Update of the Comprehensive Assessment**
	1.	The update of the comprehensive assessment for patients #2 is scheduled for 04/07/2012 and #4 is scheduled for 03/31/2012. The scheduling nurse will check weekly for assessments that must be revised every 60 days and assigned to appropriate case manager
	2.	All clients who receive skilled services and/or home health aide services will receive an updated comprehensive assessment visit because the staff is aware of the requirement and have built in a checklist.
	3.	All comprehensive assessment that have skilled services or home health aide services will receive a updated Comprehensive assessment visit the last 5 days. of every 60 days.
	4.	**COMPLETION DATE =03-07-12**
	5.	Every month, the charts will be audited for Updated Comprehensive Assessment Visit and validated by Quality Management. See attach blank form
	6.	Implemented by the Home Care Manger and monitored by the Home Care Secretaries
N093		See G331 and G339
N152		See G158

Bureau of Facility Standards

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	OAS001180	A. BUILDING _____ B. WING _____	02/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COUNTY MEDICAL CENTER HOME	126 EAST FIRST NORTH PRESTON, ID 83263

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N 000	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the state survey of your agency. The surveyors conducting the survey were: Karen Robertson, RN, BS, HFS, Team Leader Rebecca Lara, RN, BA, HFS	N 000	See Attached POC	
N 093	03.07024. SK. NSG. SERV. N093 01. Registered Nurse. A registered nurse assures that care is coordinated between services and that all of the patients needs identified by the assessments are addressed. A registered nurse performs the following: a. Makes the initial evaluation visit and regularly reevaluates the patient's nursing needs; This Rule is not met as evidenced by: Refer to G331 and G339.	N 093	RECEIVED MAR 01 2012 FACILITY STANDARDS	
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		

Bureau of Facility Standards

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

TITLE CEO

(X6) DATE 2-27-12