



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

April 4, 2012

Karen Young, Administrator
Progressive Nursing Services
1514 Shoshone Street
Boise, ID 83705

RE: Progressive Nursing Services, Provider #137049

Dear Ms. Young:

This is to advise you of the findings of the Medicare/Licensure survey at Progressive Nursing Services, which was concluded on March 28, 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.

Karen Young, Administrator
April 4, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **April 17, 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,

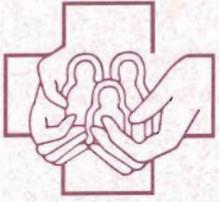


SUSAN COSTA
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

SC/srm
Enclosures



Progressive Nursing
"Keeping Families Together at Home"

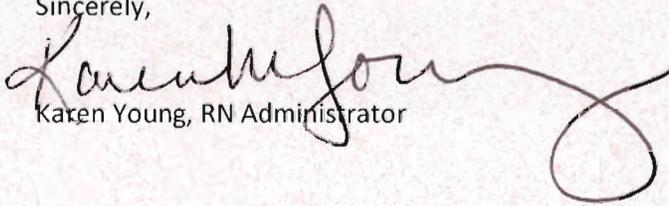
April 17, 2012

Sylvia Creswell
Susan Costa
Bureau of Facility Standards
3232 Elder Street
PO Box 83720
Boise ID 83720

Ms. Creswell and Ms. Costa,

Please accept our Plan of Corrections for March 28, 2012 Survey. We appreciate your knowledge and courtesy during the survey.

Sincerely,


Karen Young, RN Administrator

RECEIVED
APR 17 2012

FACILITY STANDARDS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2012
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NAME OF PROVIDER OR SUPPLIER PROGRESSIVE NURSING SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SHOSHONE STREET BOISE, ID 83705
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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 recertification survey of your Home Health Agency. The following surveyors conducted the survey: Susan Costa RN, HFS, Team Leader Teresa Hamblin RN, MS, HFS Rebecca Lara RN, BA, HFS Acronyms included in the report include: HHA- Home Health Aide PT- Physical Therapist	G 000		
G 134	484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations. This STANDARD is not met as evidenced by: Based on review of personnel records and staff interview, it was determined the administrator failed to ensure personnel records were maintained and included documentation of in-services and continuing education for 8 of 22 employed and contracted staff (HHA A, HHA B, HHA D, HHA E, HHA F, HHA G, HHA H and PT A) whose personnel records were reviewed. This had the potential to result in care being provided by unqualified personnel. Findings include: On 3/19/12 at 11:30 AM, the agency was requested to provide surveyors with personnel files for employees and contracted staff. It was	G 134		<p>Inservice Hours</p> <p>All Home Health Aides serving Progressive Nursing Services, Inc. clients will obtain a minimum of 12 hours of in-service annually. HR manager will manually enter the In-service hours into excel spreadsheet after in-service hours obtained. A monthly check By HR manager will assure staff is compliant. Anyone identified as non-compliant, will be suspended from patient care, until Compliance is met. This suspension will be documented in the workers file. Completion Date: 04/17/12 Responsible Person: Lynne Ward, HR Manager and Marty Kennedy, HR Assistant</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karen M. Jones</i>	TITLE <i>Admins. Director</i>	(X6) DATE <i>4/17/12</i>
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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 134	<p>Continued From page 1</p> <p>reported that a portion of the personnel records were maintained through an electronic record keeping system. On 3/19/12 at 2:00 PM, the Administrator explained the agency was temporarily experiencing difficulty accessing the electronic system. When asked if hard copy personnel files was also maintained, the Administrator explained the records were kept in a local second office location, but could be made available. Personnel records were provided by the agency on 3/20/12 at 3:45 PM, and reviewed with the Director of Human Resources and the Executive Director.</p> <p>Review of the personnel records revealed the following:</p> <p>A. Less than 12 hours of annual in-service hours for 3 of 11 home health aides, -HHA A had three hours of in-service documented, -HHA G had nine and one-half hours of in-service documented, -HHA H had ten and one-half hours of in-service documented.</p> <p>B. No evidence of competency check lists for 3 of 11 home health aides, -HHA E was hired 8/17/11, and there was no evidence of a skills checklist, -HHA F was hired 10/08, and there was no evidence of a skills checklist, -HHA H was hired 4/13/09, and there was no evidence of a skills checklist.</p> <p>C. No evidence of annual evaluation for 5 of 11 home health aides, -HHA B was due for an annual evaluation</p>	G 134	<p>Access to Human Resource files:</p> <p>Although there were difficulties printing documents from the virtual file due to network complications the administrator did Offer to assist the surveyors to view the virtual file however, the surveyors preferred to wait for the original files to be pulled from storage.</p> <p>HHA Skills Checklist</p> <p>All Home Health aides had a Home Health aide checklist on file. However the surveyors determined the checklists to be too old. HR manager will assure that all staff has a completed HHA Skills Checklist in their HR file before orientation period is over.</p> <p>HR Manager will give the checklist to clinical director who will assign Supervising Nurse or designee RN to complete. HR manager will call daily during orientation to check on progress of the completion of the form. Any staff that in-activate and come back and is assigned to PNS client will have an updated HHA checklist completed again.</p> <p>Completion Date: 04/17/12</p> <p>Responsible Person: Lynne Ward, HR Manager and Marty Kennedy, HR Assistant, RN Supervisor or Designee RN</p>		

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G 134	<p>Continued From page 2</p> <p>2/15/12, -HHA D was due for an annual evaluation</p> <p>2/16/12, -HHA G was due for an annual evaluation</p> <p>1/20/12, -HHA H was due for an annual evaluation</p> <p>7/15/11.</p> <p>D. No evidence of participation in in-services for 1 of 2 contracted physical therapists, -PT A did not have documentation of in-services since 3/25/10.</p> <p>E. No evidence of participation in in-services for 1 of 1 contracted occupational therapist.</p> <p>During an interview with the Director of Human Resources on 3/20/12 at 3:45 PM, she confirmed the agency personnel records had not been maintained to ensure current staff information, including documentation of mandatory in-service hours and annual evaluation of skills for home health aides. As well, the Director of Human Resources confirmed the personnel files did not contain evidence of participation in in-services for two of the contracted therapy staff.</p> <p>The Administrator failed to ensure the agency maintained personnel records that included timely documentation of education and evaluation for employed and contracted staff.</p>	G 134	<p>Annual Evaluation</p> <p>HR department will use HS software to track due dates of evaluations. HR department Will send the eval to supervisor one month before due date and will track on Outlook (As a backup check) when it is due back from the supervisor. When completed, date will Be up-dated in HS software. Completion Date: 04/17/12 Responsible Person: Lynne Ward, HR Manager and Marty Kennedy, HR Assistant</p> <p>Contract Therapy Continuing Education</p> <p>HR Manager has added to the HR requirement in HS, Continuing Education for Contractors. All Contractors will submit annually updated proof of education to HR department. HR department will notify Contractor one month prior to annual due date of continuing education. Non-compliant contractor will not be used until updated continuing education documentation is provided to HR department. Completion Date: 04/17/12 Responsible Person: Lynne Ward, HR Manager and Marty Kennedy, HR Assistant</p>		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001460	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2012
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N 199	<p>Criminal History and Background Check</p> <p>009.CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.</p> <p>01. Compliance with Department ' s Criminal History and Background Check. A home health agency must comply with IDAPA 16.05.06, " Criminal History and Background Checks. " (3-26-08)</p> <p>02. Direct Patient Access Individuals. These rules apply to employees and contractors hired or contracted with after October 1, 2007, who have direct patient access. (3-26-08)</p> <p>03. Availability to Work. Any direct patient access individual hired or contracted with on or after October 1, 2007, must complete an application before having access to patients. If a disqualifying crime as described in IDAPA 16.05.06, " Criminal History and Background Checks, " is disclosed, the individual cannot have access to any patient without a clearance by the Department. Once the notarized application is completed the individual can only work under supervision until the individual has been fingerprinted. The individual must have his fingerprints submitted to the Department within twenty-one (21) days of completion of the notarized application. (3-26-08)</p> <p>This Rule is not met as evidenced by: Based on review of personnel records and staff interview, it was determined the agency failed to ensure completion of criminal background checks for 4 of 11 home health aides (HHA A, HHA B, HHA F and HHA H), hired after October 2007. This had the potential to allow employees who may have had disqualifying crimes access to patients. Findings include:</p>	N 199	<p>Criminal Background Checks</p> <p>All staff had the required checks on file but the dates of the checks were in question because they were completed by the Parent company prior to assignment to the Home Health Agency.</p> <p>HR will create a new company Progressive Nursing Services Inc. "PNS", on the Health and Welfare Criminal History site and will transfer prints to this company number any staff to be utilized in "PNS". Any staff who inactivates and comes back and is assigned To PNS client will have to repeat H & W background check if prints are more than 3 years old.</p> <p>Completion date: 4/17/12</p> <p>Lynne Ward, HR Manager and Marty Kennedy, HR Assistant</p> <p>Other actions taken</p> <p>Contractual arrangement exists for Progressive Nursing Services, Inc. to utilize staff of the parent company "Progressive Nursing Staff prn, Inc. in the time of need. All staff utilized will meet the specifications Of Home Health Agency Staff.</p>	
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Bureau of Facility Standards

Karen M. Jones RW Administrator TITLE *4/17/12* (X6) DATE

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

STATE FORM 6899 090F11 If continuation sheet 1 of 2

Karen M. Jones *4/17/12*

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N 199	Continued From page 1 Personnel records were reviewed. Employee files for home health aides hired after October 2007 did not have evidence of qualifying background checks on the following staff: Staff A, a home health aide, hired 3/08/12; Staff B, a home health aide, hired 4/13/09; Staff F, a home health aide, hired 10/08; Staff H, a home health aide, hired 2/15/11; The Human Resources Director and Executive Director were interviewed on 3/20/12 beginning at 3:45 PM. They confirmed they did not have qualifying background checks, conducted by Idaho Department of Health and Welfare, for home health aides. The agency did not ensure all direct care staff had completed a qualifying criminal history background check.	N 199		