



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

June 15, 2012

Vickie Nostrant, Administrator
North Idaho Home Health
2426 North Merritt Creek Loop
Coeur D'Alene, ID 83814-4961

RE: North Idaho Home Health, Provider #137019

Dear Ms. Nostrant:

This is to advise you of the findings of the Medicare/Licensure survey at North Idaho Home Health, which was concluded on June 12, 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.

Vickie Nostrant, Administrator
June 15, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by June 27, 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,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/srm
Enclosures

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

PRINTED: 06/14/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2012
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 2426 NORTH MERRITT CREEK LOOP COEUR D'ALENE, ID 83814	
(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)	(X6) COMPLETION DATE
G 000	INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your agency. Surveyors conducting the recertification were: Gary Guiles, RN, HFS, Team Leader Teresa Hamblin, RN, MS, HFS Acronyms used in this report include: BG = Blood Glucose DME = Durable Medical Equipment OT = Occupational Therapy POC = Plan of Care PT = Physical Therapy RN = Registered Nurse	G 000	For the patients affected by the deficient practice, that remain on service, the physician was contacted and orders were obtained for durable medical equipment, blood glucose parameters, and functional limitations. The Director of Nursing (DON) will educate all clinicians and Outcome Coordinator (OC) on the following: 1. Necessity of listing any DME/supplies used in patient care in Locator 14 and thoroughly documenting functional limitations and activities permitted in Locator 18. 2. Necessity of obtaining individualized blood glucose parameters in the Plan of Care (POC). Education will also include a review of LHC policies related to the POC completion. Monitoring for compliance will be accomplished by: Beginning July 1, 2012, the DON or designee will review 100% of admissions to ensure that the POC is inclusive of DME, blood glucose parameters, and functional limitations, if warranted. Monitoring will be performed x 3 months or until 90% compliance is achieved for 2 consecutive months. The DON is responsible for implementing the corrective action in its entirety.	6/25/12 6/25/12
G 159	484.18(a) PLAN OF CARE The plan of care developed in consultation with 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. This STANDARD is not met as evidenced by: Based on record review, staff interview, observation and patient interviews during home visits, it was determined the agency failed to ensure POCs covered all pertinent equipment, supplies, functional limitations, and reporting parameters for 8 of 12 patients (#1, #3, #4, #5, #6, #7, #8, and #9) whose records were	G 159		

FACILITY STANDARDS

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Debbie A. Strant* TITLE: *DON* (X5) DATE: *6/27/12*

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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NAME OF PROVIDER OR SUPPLIER NORTH IDAHO HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2426 NORTH MERRITT CREEK LOOP COEUR D'ALENE, ID 83814
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G 159	<p>Continued From page 1 reviewed. This had the potential to interfere with coordination and completeness of patient care. Findings include:</p> <p>1. Patient #1 was an 89 year old female who was admitted to the agency on 12/23/11 for care related to right sided weakness from a stroke. The initial RN assessment visit, dated 12/23/11 at 10:14 AM, indicated Patient #1 had diabetes and some urinary incontinence. The Initial PT assessment, dated 12/23/11 at 1:36 PM, indicated Patient #1 used a bedside commode, elevated toilet seat, and tub chair.</p> <p>The "Home Health Certification and Plan of Care," for certification period 12/23/11 to 2/20/12, did not include blood glucose reporting parameters. It also did not include urinary incontinence as a functional limitation or relevant equipment, including a bedside commode, elevated toilet seat, or tub chair.</p> <p>The RN Team Leader was interviewed on 6/06/12 at 9:15 AM. She reviewed Patient #1's record and confirmed the information was missing on the POC.</p> <p>The POC did not include the relevant functional limitation of urinary incontinence, BG reporting parameters, or relevant DME.</p> <p>2. Patient #3 was a 66 year old male with a colostomy who was admitted to the agency on 4/30/12 for care of a surgical wound that was not healing well. The "Home Health Certification and Plan of Care," for certification period 4/30/12 to 6/28/12, indicated Patient #3 had Type II diabetes. It did not include blood glucose</p>	G 159	<p>Monitoring for compliance will be accomplished by:</p> <p>1. By 7/30/12, 100% review of admits from the previous month will be reviewed to determine that the POC is inclusive of DME, parameters and functional limitations if warranted. Monitoring will be performed x 3 months or until 90% compliance is achieved for 2 consecutive months. All new POCs will be reviewed by the DON or designee (TL or OC) for completeness and compliance to the PoC. Counseling of individual clinicians will be done as needed. The DON is responsible for implementing the PoC in its entirety.</p>	9/25/12
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G 159	<p>Continued From page 2 reporting parameters. Nursing visit notes indicated assessment of blood glucose levels, including the following levels:</p> <p>5/11/12 BG 170 (fasting) 5/16/12 BG "160's" 5/18/12 BG 164 5/21/12 BG 150 6/04/12 BGs "150s-200"</p> <p>An RN's "Client Coordination Note," dated 4/30/12, stated Patient #3 wore compression stockings. The "Home Health Certification and Plan of Care," for certification period 4/30/12 to 6/28/12, did not include compression stockings.</p> <p>The RN Team Leader was interviewed on 6/06/12 at 9:25 AM. She reviewed Patient #3's record and stated it was agency practice to have BG reporting parameters for patients who have diabetes. She also confirmed compression stockings were missing from the POC.</p> <p>The POC did not include blood glucose reporting or relevant supplies.</p> <p>3. Patient #5 was a 62 year old female who was admitted to the agency on 5/18/12 for care after knee surgery.</p> <p>The initial RN assessment, dated 5/18/12 at 1:04 PM, indicated Patient #5 used an elevated toilet seat. The OT evaluation, dated 5/22/12 at 11:28 PM, indicated Patient #5 used a bedside commode.</p> <p>A home visit was conducted on 6/06/12 at between 12:30 and 1:15 PM. During the visit,</p>	G 159		
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G 159	<p>Continued From page 3</p> <p>equipment and supplies were observed. Patient #5 was wearing compression stockings. She stated she came home from the hospital wearing them.</p> <p>The "Home Health Certification and Plan of Care," for certification period 5/18/12 to 7/16/12, did not include compression stockings, a bedside commode, or a raised toilet seat.</p> <p>The RN Team Leader was interviewed on 6/06/12 at 9:30 AM. She reviewed Patient #5's record and confirmed the POC did not list the supplies and equipment.</p> <p>The POC did not include relevant DME and supplies.</p> <p>4. Patient #6 was a 76 year old female who was admitted to the agency on 5/25/12 for care after hip surgery. The initial RN Assessment, dated 5/25/12 at 9:33 AM, documented Patient #6 had an elevated toilet seat and a tub chair. An RN's "Client Coordination Note," dated 5/27/12, documented instructing Patient #6 to use an incentive spirometer several times per day.</p> <p>The "Home Health Certification and Plan of Care," for certification period 5/25/12 to 7/23/12, did not include an elevated toilet seat, tub chair, or incentive spirometer.</p> <p>The RN Team Leader was interviewed on 6/06/12 at 9:20 AM. She reviewed Patient #6's record and confirmed the equipment was missing from the plan of care.</p> <p>The plan of care did not include relevant DME.</p>	G 159		
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G 159	<p>Continued From page 4</p> <p>5. Patient #7 was an 89 year old female who was admitted to the agency on 4/19/12 with diagnoses of mineral deficiency, hypertension, abnormality of gait and urinary tract infection.</p> <p>The initial RN assessment, dated 4/19/12 at 12:31 PM, indicated Patient #7 had an elevated toilet seat and tub chair. It also documented she used compression stockings. The initial PT visit, dated 4/20/12 at 2:33 PM, indicated Patient #7 used a bedside commode.</p> <p>The "Home Health Certification and Plan of Care," for certification period 4/19/12 to 6/17/12, did not include the elevated toilet seat, tub chair, compression stockings or bedside commode.</p> <p>The RN Team Leader was interviewed on 6/06/12 at 9:10 AM. She reviewed Patient #7's record and confirmed the items were not on the plan of care.</p> <p>The POC did not include relevant DME and supplies.</p> <p>6. Patient #4 was a 50 year old female who was admitted to the agency on 5/11/12 with a diagnosis of scleroderma. The "RN OASIS ADMISSION" assessment, dated 5/11/12 at 4:55 PM, stated Patient #4 had a standard walker, a wheelchair, an elevated toilet seat, and a tub chair.</p> <p>Patient #4's "Home Health Certification and Plan of Care," for the certification period 5/11/12 to 7/09/12, did not include the above equipment.</p>	G 159		
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G 159	<p>Continued From page 5</p> <p>The RN Team Leader was interviewed on 6/05/12 at 3:45 PM. She reviewed Patient #4's record and confirmed the information was missing on the POC.</p> <p>The POC did not include DME utilized by Patient #9.</p> <p>7. Patient #8 was a 78 year old female who was admitted to the agency on 5/09/12 following a leg fracture. The initial PT assessment visit, dated 5/10/12 at 4:43 PM, stated Patient #8 had a wheelchair and a multi-wheeled walker.</p> <p>The "Home Health Certification and Plan of Care," for the certification period 5/25/12 to 7/23/12, included orders for oxygen at 2 liters per minute as needed. The plan of care did not include the wheelchair, the walker, or oxygen equipment.</p> <p>The RN Team Leader was interviewed on 6/06/12 at 4:00 PM. She reviewed Patient #8's record and confirmed the information was missing on the POC.</p> <p>The POC did not include DME utilized by Patient #8.</p> <p>8. Patient #9 was a 68 year old female who was admitted to the agency on 5/25/12 for care related to difficulty swallowing and walking. The initial PT assessment visit, dated 6/04/12 at 7:51 PM, stated Patient #9 had a hospital bed and a multi-wheeled walker.</p> <p>The "Home Health Certification and Plan of Care," for the certification period 5/25/12 to</p>	G 159		
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G 159	<p>Continued From page 6</p> <p>7/23/12, did not include the hospital bed or the walker.</p> <p>The RN Team Leader was interviewed on 6/06/12 at 10:00 AM. She reviewed Patient #9's record and confirmed the information was missing on the POC. She confirmed the equipment had not been added between the start of care and the date of the PT assessment.</p> <p>The POC did not include DME utilized by Patient #9.</p>	G 159		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2012
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N 000	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the state licensure survey of your agency. Surveyors conducting the audit were: Gary Guiles, RN, HFS, Team Leader Teresa Hamblin, RN, MS, HFS	N 000		
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 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 G159 as it relates to the lack of complete patient plans of care.	N 155	Correction will be satisfied by following the N159 PoC.	

RECEIVED
JUN 28 2012
FACILITY STANDARDS

Bureau of Facility Standards *Vickie Moshant* *DM* TITLE *6/26/12* (X6) DATE

LAL STATE DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE