



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

August 23, 2011



Duke Vancampen, Administrator
Guardian Home Health - Fruitland
5700 East Franklin Road
Nampa, ID 83687

RE: Guardian Home Health - Fruitland, Provider #137113

Dear Mr. Vancampen:

This is to advise you of the findings of the Medicare/Licensure survey at Guardian Home Health - Fruitland, which was concluded on August 12, 2011.

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:

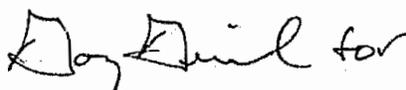
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date 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.

Duke Vancampen, Administrator
August 23, 2011
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 5, 2011**, 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
NAME OF PROVIDER OR SUPPLIER GUARDIAN HOME HEALTH - FRUITLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 WHITLEY DRIVE, SUITE 13 FRUITLAND, ID 83619		
(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) COMPLETE DATE
N 000	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the state licensure survey of your home health agency. The following surveyor conducted the survey: Karen Robertson, RN, BS, HFS Teresa Hamblin, RN, MS, HFS Rebecca Lara, RN, BA, HFS The following abbreviations are used in the report: CCO - Corporate Compliance Officer LPM - Liters Per Minute mEq - milliequivalent mg - milligram POC - Plan of Care RN - Registered Nurse SOC - Start of Care	N 000	N027 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following: 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance 08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations. Process of compiling Start of Care binders revised to assure that the correct HHA hotline is included in the	
N 027	03.07020. ADMIN. GOV. BODY N027 04. Patients' Rights. Insure that patients' rights are recognized and include as a minimum the following: d.ix. A patient has the right to be advised of the availability of the toll-free HHA hotline in the state. When the agency accepts a patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the state, the hours of its operation and that the purpose of the hotline is to receive complaints or questions about local	N 027		

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SEP 06 2011
FACILITY STANDARDS

(cont)

Bureau of Facility Standards

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

TITLE

(X6) DATE

Administrative 9-6-11

Bureau of Facility Standards

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N 027	Continued From page 1 HHAs. This Rule is not met as evidenced by: Refer to G116	N 027	paperwork. See attachment 1.	(N027 Cont)
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 G172	N 093	Policy 210 was reviewed and found to be in compliance with state and federal regulations. See Attachment 2 09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 3 Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer to assure that the correct form is being utilized in the Start of Care binders.	
N 105	03.07024. SK. NSG. SERV. N105 02. Licensed Practical Nurse. A licensed practical nurse perform the following: c. Prepares equipment and materials for treatments observing aseptic technique as required; This Rule is not met as evidenced by: Refer to G182	N 105	N093 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following:	9/1/11
N 122	03.07024.SK.NSG.SERV. N122 05. Training, Assignment and Instruction of A Home Health Aide.	N 122		(cont)

Bureau of Facility Standards

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N 122	Continued From page 2 c. Written instructions for home care, including specific exercises, are prepared by a registered nurse or therapist as appropriate. This Rule is not met as evidenced by: Refer to G224	N 122	1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance	(N093 CONT)
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	08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations. No Processes will be changed at this time.	
N 153	03.07030.PLAN OF CARE N153 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: a. All pertinent diagnoses; This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure the POC included all pertinent diagnoses for 1 of 12	N 153	Policy 301 was reviewed and found to be in compliance with state and federal regulations. See Attachment 4 09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 5	(cont)

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N 153	Continued From page 3 sample patients (#4) whose records were reviewed. This had the potential to result in incomplete or uncoordinated patient care. Findings include: Patient #4 was a 73 year old diabetic female who was admitted to the agency on 4/12/11, after an upper extremity fracture. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 6/11/11 to 8/09/11, included a diagnosis of decubitus ulcer on a heel and orders for wound care. The agency's 60-Day Summary to the physician, dated 6/08/11, stated Patient #4 had a right-sided below the knee amputation. The below the knee amputation was not included on the POC for certification period 6/11/11 to 8/09/11. The CCO was interviewed on 8/11/11 at 12:50 PM. She confirmed information was missing on the POC about the below the knee amputation. The agency did not ensure the POC included pertinent diagnoses.	N 153	Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing to assure that RN's are reassessing and readdressing client issues as needed and documenting the follow appropriately in the patients clinical record. The random sampling will occur on at least a quarterly basis. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.	(N093 Cont)
N 157	03.07030.PLAN OF CARE N157 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: e. Functional limitations; This Rule is not met as evidenced by: Based on record review and staff interview, it was	N 157	N105 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following: 1. Review and revise appropriate policies.	9/1/11 (cont)

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N 157	Continued From page 4. determined the agency failed to ensure the POC included all functional limitations for 1 of 12 sample patients (#7) whose records were reviewed. This had the potential to result in incomplete or uncoordinated patient care. Findings include: Patient #7 was a 90 year old female who was admitted to the agency on 7/14/11 after a traumatic fracture of her lower arm. The SOC assessment completed by an RN, dated 7/14/11 at 1:12 PM, indicated Patient #7 was incontinent of urine and used "Depends" for incontinence supplies. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/14/11 to 9/11/11, did not include urinary incontinence as a functional limitation and did not list Patient #7's need for incontinence supplies. The CCO was interviewed on 8/11/11 at 2:45 PM. She reviewed Patient #7's record and confirmed the information related to incontinence was missing from the POC. The agency did not ensure the POC included information related to the functional limitation of incontinence.	N 157	2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance 08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations. No Processes will be changed at this time. Policy 301 was reviewed and found to be in compliance with state and federal regulations. See Attachment 6	(N105 Cont)
N 160	03.07030.PLAN OF CARE N160 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: h. Nutritional requirements;	N 160	09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 7 Future Follow Up: ▲ The Fruitland Director	(Cont)

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N 160	Continued From page 5 This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure the POC included correct nutritional information for 1 of 12 sample patients (#11) whose records were reviewed. This had the potential to result in incomplete or uncoordinated patient care. Findings include: Patient #11 was a 78 year old female who was admitted to the agency on 7/09/11 after having a stroke. Physician transfer orders, dated 7/08/11, included orders for a cardiac diet. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/09/11 to 9/06/11, did not include the cardiac diet. Instead, the POC listed a sodium restricted diet. According to the website http://www.cardiacdiet.org , sodium restriction is only one component of a cardiac diet. The CCO was interviewed on 8/11/11 at 3:30 PM. She reviewed Patient #11's record and confirmed the transfer order for a cardiac diet. She acknowledged the POC listed a low sodium diet. The agency did not ensure the POC reflected the diet ordered by the physician.	N 160	of Nursing will review for aseptic technique when she completes on site visits with the nursing staff. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis. N122 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following: 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance	N105 Cont 9/1/11
N 161	03.07030.PLAN OF CARE N161 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:	N 161		(cont)

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N 161	Continued From page 6 i. Medication and treatment orders; This Rule is not met as evidenced by: Based on record review, staff interview, patient interview, and observation during a home visit, it was determined the agency failed to ensure the POC included all medications and treatments for 5 of 12 sample patients (#2, #3, #4, #8, and #10) whose records were reviewed. This had the potential to result in incomplete or uncoordinated patient care. Findings include: 1. Patient #3 was a 78 year old female who was admitted to the agency on 4/01/11, for care primarily related to diabetes. A recertification assessment was completed on 5/26/11 at 12:55 PM. Patient #3 was assessed to be on continuous oxygen at 2 LPM via nasal cannula. Oxygen was not included on the "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for the certification period of 5/31/11 to 7/29/11. In an interview on 8/10/11 at 1:30 PM, the CCO reviewed Patient #3's record and stated oxygen was not included on the POC for Patient #3. The agency did not ensure that all medications and treatments were included on Patient #3's POC. 2. Patient #8 was an 85 year old female who was admitted to the agency on 6/25/11, for care primarily related to chronic obstructive pulmonary disorder. The SOC comprehensive assessment was completed on 6/25/11 at 9:40 AM. Patient #8	N 161	08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations. No Processes will be changed at this time. Policy 423 was reviewed and found to be in compliance with state and federal regulations. See Attachment 8 09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 9 Future Follow Up: ▲ The Utilization Review Nurses will review the HHA plan of care to assess for information that should be clarified or added to the plan of care. Any trends identified will be reported to the Fruitland Manager for either staff re-inservicing or individualized additional training. ▲ Training of this matter	N/22 CONT

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N 161	<p>Continued From page 8</p> <p>Lasix were the same medications and potassium and Klor-Con were the same medications.</p> <p>The CCO was interviewed on 8/11/11 at 1:50 PM. She reviewed Patient #2's record and confirmed the duplication of medications on the POC.</p> <p>The agency did not ensure Patient #2's POC included an accurate medication list.</p> <p>4. Patient #4 was a 73 year old diabetic female who was admitted to the agency on 4/12/11, after an upper extremity fracture. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 6/11/11 to 8/09/11, included a diagnosis of decubitus ulcer on a heel and orders for wound care. The POC included a diagnosis of diabetes. It did not include blood glucose monitoring.</p> <p>A 60-Day Summary to the physician, dated 6/08/11, stated Patient #4 had a right-sided below the knee amputation. It also referenced Patient #4 having a wound VAC. Neither of these items were listed on the POC for certification period 6/11/11 to 8/09/11.</p> <p>The CCO was interviewed on 8/11/11 at 12:50 PM. She confirmed information was missing on the POC about the below the knee amputation, the wound VAC, and the blood glucose monitoring. She stated the wound VAC should have been on the POC for the certification period beginning 6/11/11 because Patient #4 continued to have it until July of 2011.</p> <p>The agency did not ensure the POC included pertinent diagnoses, interventions, and specificity of information related to location of wounds.</p>	N 161	<p>Policy 907 was reviewed and found to be in compliance with state and federal regulations. See Attachment 10.</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 11.</p> <p>Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing, and the therapy manager to assure that items included in the Plan of Care are being addressed, client issues are followed up with in a timely manner and that evaluations are completed in a timely manner, according to Guardian policy. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	N152 (Cont)

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N 161	Continued From page 9 5. Patient #10 was an 82 year old female who was admitted to the agency on 7/25/11, for care related to a respiratory condition. A ROC assessment by an RN, dated 7/25/11 at 12:50 PM, indicated Patient #10 was on continuous oxygen at 2 LPM via nasal cannula. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/25/11 to 9/22/11, did not include orders for oxygen. The CCO was interviewed on 8/11/11 at 3:10 PM. She reviewed Patient #10's record and confirmed oxygen was not listed on the POC. The agency did not ensure oxygen was included on the medication list on the POC.	N 161	N153 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following: 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance 08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations. No Processes will be changed at this time.	9-1-11
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

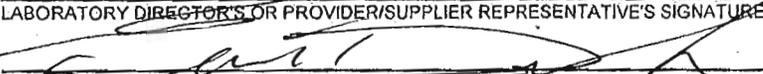
PRINTED: 08/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
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G 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the recertification survey of your Home Health Agency. The following surveyors conducted the survey:</p> <p>Karen Robertson, RN, BS, HFS, Team Leader Teresa Hamblin, RN, MS, HFS Rebecca Lara, RN, BA, HFS</p> <p>Acronyms used in this report include:</p> <p>CCO - Corporate Compliance Officer CDC - Centers for Disease Control CFO - Chief Financial Officer CNA - Certified Nurse Aide COO - Chief Operating Officer DME - Durable Medical Equipment LPM - Liters Per Minute LPN - Licensed Practical Nurse mEq - milliequivalent mg - milligram POC - Plan of Care RN - Registered Nurse ROC - Resumption of Care SN - Skilled Nursing SOC - Start of Care TIF - Transfer to Inpatient Facility VAC - Vacuum Assisted Wound Closure</p>	G 000	<p>G116</p> <p>08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following:</p> <ol style="list-style-type: none"> 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>Process of compiling Start of Care binders revised to assure that the correct HHA</p>	9/1/11
G 116	<p>484.10(f) HOME HEALTH HOTLINE</p> <p>The patient has the right to be advised of the availability of the toll-free HHA hotline in the State.</p> <p>When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the</p>	G 116		(cont)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9-6-11
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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.

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

PRINTED: 08/23/2011
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER GUARDIAN HOME HEALTH - FRUITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 WHITLEY DRIVE, SUITE 13 FRUITLAND, ID 83619
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G 116	<p>Continued From page 1</p> <p>home health hotline established by the State, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local HHAs. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advanced directives requirements.</p> <p>This STANDARD is not met as evidenced by: Based on review of the home health agency's patients' rights documents, in home observation, and staff interview, it was determined the agency failed to ensure 4 of 5 Idaho home health patients visited in their homes (#1, #2, #3, #5) were provided with the Idaho hotline number. This had the potential to interfere with the ability of Idaho home health patients to fully exercise their rights to file complaints via the State home health hotline number. Findings include:</p> <p>The agency provided a new patient packet for surveyor review on 8/08/11. In reviewing the patient packet, it was discovered the Idaho State home health hotline number was not included.</p> <p>During home visits, surveyors reviewed patient rights information given to patients and included in their home health packets. In all of the examples that follow, patient rights information included the State of Oregon's home health hotline telephone number and did not include the State of Idaho's home health hotline telephone number.</p> <p>> Patient #1, an 85 year old female admitted to the agency on 7/17/11, whose home visit was</p>	G 116	<p>hotline is included in the paperwork. See attachment 20.</p> <p>Policy 210 was reviewed and found to be in compliance with state and federal regulations. See Attachment 21</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 22</p> <p>Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer to assure that the correct form is being utilized in the Start of Care binders.</p>	(6/16/11) CMT
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G 116	<p>Continued From page 2 conducted on 8/09/11 between 10:00 AM and 10:30 AM</p> <p>> Patient #2, a 95 year old female who was admitted to the agency on 6/16/11, whose home visit was conducted on 8/10/11 between 12:00 PM and 1:55 PM</p> <p>> Patient #3, a 78 year old female admitted to the agency on 4/01/11, whose home visit was conducted on 8/09/11 between 11:55 AM and 1:00 PM</p> <p>> Patient #5, a 64 year old female admitted to the agency on 8/06/11, whose home visit was conducted on 8/09/11 between 2:00 PM and 3:00 PM</p> <p>In an interview on 8/09/11 at 11:00 AM, the CCO stated administrative staff had probably been copying patient SOC packets from previously printed forms that did not include the Idaho State home health hotline number. She stated the correct form with both Oregon's and Idaho's State home health hotline numbers was available on the computer.</p>	G 116		
G 158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p>	G 158	<p>G158 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following:</p>	<p>9/1/11 (cont)</p>

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G 158	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on record review, staff interview, and observation during a home visit, it was determined the agency failed to ensure care followed the written POC as ordered by a physician for 5 of 12 sample patients (#2, #6, #7, #8, and #9) whose records were reviewed. This had the potential to result in negative patient outcomes. Findings include:</p> <p>1. Patient #8 was an 85 year old female who was admitted to the agency on 6/25/11, for care primarily related to chronic obstructive pulmonary disorder.</p> <p>The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for the certification period 6/25/11 to 8/23/11, included an order for a one time visit by social services. A social service visit was documented on 7/05/11 at 2:10 PM. This was eleven days after SOC.</p> <p>The POC also included physician orders for skilled nursing to assess blood glucose "for Novolog [an insulin medication] control." Blood glucoses were not documented as assessed on the following SN visit notes:</p> <p>LPN visit note, dated 6/28/11 at 12:55 PM, LPN visit note, dated 7/07/11 at 10:00 AM, RN visit note, dated 7/12/11 at 2:25 PM, LPN visit note, dated 7/19/11 at 11:15 AM.</p> <p>In an interview on 8/10/11 at 11:40 AM, the CCO stated it was the agency's expectation if a social service visit was ordered at SOC, the patient should be seen by social services within seven days of SOC. She stated she agreed that social</p>	G 158	<ol style="list-style-type: none"> 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>No Processes will be changed at this time.</p> <p>Policy 907 was reviewed and found to be in compliance with state and federal regulations. See Attachment 23.</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 24.</p>	<p>(6158 cont)</p> <p>(cont)</p>
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G 158	<p>Continued From page 4</p> <p>services was delayed in seeing Patient #8 according to the agency's expectation. The CCO reviewed Patient #8's record and stated there was no documentation Patient #8's blood glucose had been assessed at skilled nursing visits on 6/28/11, 7/07/11, 7/12/11, and 7/19/11, and should have been per her POC.</p> <p>The agency did not ensure Patient #8 was seen by social services according to agency expectation or that Patient #8's blood glucose was assessed per her POC.</p> <p>2. Patient #9 was a 65 year old male admitted to the agency on 3/23/11, for care primarily related to a stroke.</p> <p>On 4/13/11, during the certification period from 3/23/11 to 5/21/11, a TIF form was completed. On 4/18/11, a ROC assessment was completed by an RN and a verbal order for one physical therapy visit was obtained from the physician. A physical therapy visit was made on 5/12/11 at 1:30 PM, 24 days after the order was received.</p> <p>In an interview on 8/11/11 at 3:45 PM, the CCO stated physical therapy did not complete a visit within 7 days of a referral per agency expectation. She stated there was no documentation addressing the delayed visit by the physical therapist. She stated it was possible nursing forgot to notify physical therapy, but she was unable to verify the information because the involved nurse was no longer with agency.</p> <p>The agency did not ensure Patient #9 was seen by physical therapy according to agency expectation.</p>	G 158	<p>Future Follow Up:</p> <p>▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing, and the therapy manager to assure that items included in the Plan of Care are being addressed, client issues are followed up with in a timely manner and that evaluations are completed in a timely manner, according to Guardian policy.</p> <p>▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	(G158 cont)
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G 158	<p>Continued From page 5</p> <p>3. Patient #7 was a 90 year old female who was admitted to the agency on 7/14/11 after a traumatic fracture to her lower arm. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for the certification period 7/14/11 to 9/11/11, included orders for skilled nursing to assess Patient #7 for orthostatic changes (changes in blood pressure from a lying or sitting to a standing position). However, SN visit notes in Patient #7's record did not document assessment of orthostatic changes during two RN visits (7/14/11 at 1:12 PM and 7/28/11 at 2:18 PM).</p> <p>The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," also included orders for home health aide services 2 times per week for 9 weeks (from the SOC date). No home health aide visits were documented during the first week of service.</p> <p>The CCO was interviewed on 8/11/11 at 2:45 PM. She reviewed Patient #7's record and confirmed there was no documentation in SN visit notes that orthostatic blood pressure changes had been assessed according to the POC. She also confirmed aide services did not begin until the second week of service.</p> <p>The agency did not ensure orders for SN and aide were provided according to Patient #7's POC.</p> <p>4. Patient #2 was a 95 year old female who was admitted to the agency on 6/16/11, for care primarily related to an abscessed leg. Patient #2's "HOME HEALTH CERTIFICATION AND</p>	G 158		
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G 158	<p>Continued From page 6</p> <p>PLAN OF CARE (Form 485)," for certification period 4/12/11 to 6/10/11, included orders for skilled nursing visits 2 times per week for 1 week, followed by 3 times per week for 8 weeks.</p> <p>Patient #2's record was reviewed. During the first week, 1 SN visit (6/16/11) was documented, rather than 2 SN visits as ordered on the POC. During the third week, 2 SN visits (6/27/11 and 6/29/11) were documented, rather than 3 visits as ordered on the POC. During the sixth week, 2 SN visits (7/20/11 and 7/22/11) were documented, rather than 3 visits as ordered on the POC.</p> <p>During an interview on 8/11/11 at 1:50 PM, the CCO reviewed Patient #2's record. She confirmed the missed SN visit during the first week and explained it was because the calendar was written incorrectly, leading to the error. She confirmed only two SN visit notes were documented for the third and sixth weeks.</p> <p>The agency did not ensure the SN visit frequency followed the POC.</p> <p>5. Patient #6 was a 77 year old female who was admitted to the agency on 3/18/10, for care related to a bladder condition that required a Foley catheter. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/11/11 to 9/08/11, included orders for SN to change the Foley catheter on a monthly basis and as needed. The order did not include the type and size of the Foley catheter (e.g. Silicone 16 French).</p> <p>During a home visit on 8/10/11 between 10:10</p>	G 158			

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G 159	<p>Continued From page 8</p> <p>#11) whose records were reviewed. This had the potential to result in incomplete or uncoordinated patient care. Findings include:</p> <p>1. Patient #3 was a 78 year old female who was admitted to the agency on 4/01/11, for care primarily related to diabetes.</p> <p>A recertification assessment was completed on 5/26/11 at 12:55 PM. Patient #3 was assessed to be on continuous oxygen at 2 LPM via nasal cannula. Oxygen was not included on the "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for the certification period of 5/31/11 to 7/29/11.</p> <p>In an interview on 8/10/11 at 1:30 PM, the CCO reviewed Patient #3's record and stated oxygen was not included on the POC for Patient #3.</p> <p>The agency did not ensure that all medications and treatments were included on Patient #3's POC.</p> <p>2. Patient #8 was an 85 year old female who was admitted to the agency on 6/25/11, for care primarily related to chronic obstructive pulmonary disorder.</p> <p>The SOC comprehensive assessment was completed on 6/25/11 at 9:40 AM. Patient #8 was assessed to be on continuous oxygen at 3 LPM via nasal cannula. Oxygen was not included on the "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for the certification period of 6/25/11 to 8/23/11.</p> <p>In an interview on 8/10/11 at 11:40 AM, the CCO</p>	G 159	<p>3. Educate staff to any changes and to Guardian's policy</p> <p>4. Provide ongoing oversight to assure compliance</p> <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>No Processes will be changed at this time.</p> <p>Policy 905 was reviewed and found to be in compliance with state and federal regulations. See Attachment 25.</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 26.</p> <p>Future Follow Up: A A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of</p>	<p>(G159 cont)</p> <p>(cont)</p>	

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G 159	<p>Continued From page 9 reviewed Patient #8's record and stated oxygen was not included on the POC for Patient #8.</p> <p>The agency did not ensure all medications and treatments were included on Patient #8's POC.</p> <p>3. Patient #2 was a 95 year old female who was admitted to the agency on 6/16/11 for care primarily related to an abscessed leg. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 4/12/11 to 6/10/11, included the following medication orders:</p> <ul style="list-style-type: none"> > Potassium 20 mEq by mouth every AM and noon > Lasix 20 mg by mouth every AM and noon > Furosemide 40 mg 2 tabs by mouth daily > Klor-Con 20 mEq 1 tab by mouth twice a day <p>A home visit was conducted on 8/10/11 between 12:00 PM and 1:55 PM. Patient #2 showed the surveyors and the agency RN her medication bottles and explained what she was taking. She had prescription bottles for Furosemide 40 mg and Klor-Con 20 mEq. She did not have bottles labeled potassium and Lasix. The agency RN, who was present during the visit, stated the POC was not accurate as the medications were duplicated on the POC. She explained Furosemide and Lasix were the same medications and potassium and Klor-Con were the same medications.</p> <p>The CCO was interviewed on 8/11/11 at 1:50 PM. She reviewed Patient #2's record and confirmed the duplication of medications on the POC.</p>	G 159	<p>Nursing, and the therapy manager to assure that 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, and safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	(6/59) cont
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G 159	<p>Continued From page 10</p> <p>The agency did not ensure Patient #2's POC included an accurate medication list.</p> <p>4. Patient #4 was a 73 year old diabetic female who was admitted to the agency on 4/12/11, after an upper extremity fracture. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 6/11/11 to 8/09/11, included a diagnosis of decubitus ulcer on a heel and orders for wound care. The POC included a diagnosis of diabetes. It did not include blood glucose monitoring.</p> <p>The agency's 60-Day Summary to the physician, dated 6/08/11, stated Patient #4 had a right-sided below the knee amputation. It also referenced Patient #4 having a wound VAC device. The amputation and wound VAC were not listed on the POC for certification period 6/11/11 to 8/09/11.</p> <p>The CCO was interviewed on 8/11/11 at 12:50 PM. She confirmed information was missing on the POC about the below the knee amputation, the wound VAC, and the blood glucose monitoring. She stated the wound VAC device should have been on the POC for the certification period beginning 6/11/11 because Patient #4 continued to have it until July of 2011.</p> <p>The agency did not ensure Patient #4's POC included pertinent diagnoses and interventions.</p> <p>5. Patient #10 was an 82 year old female who was admitted to the agency on 7/25/11, for care related to a respiratory condition. A ROC assessment by an RN, dated 7/25/11 at 12:50 PM, indicated Patient #10 was on continuous</p>	G 159			

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G 159	<p>Continued From page 11</p> <p>oxygen at 2 LPM via nasal cannula. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/25/11 to 9/22/11, did not include orders for oxygen.</p> <p>The CCO was interviewed on 8/11/11 at 3:10 PM. She reviewed Patient #10's record and confirmed oxygen was not listed on the POC.</p> <p>The agency did not ensure oxygen was included on the medication list on Patient #10's POC.</p> <p>6. Patient #7 was a 90 year old female who was admitted to the agency on 7/14/11 after a traumatic fracture of her lower arm. The SOC assessment completed by an RN, dated 7/14/11 at 1:12 PM, indicated Patient #7 was incontinent of urine and used "Depends" for incontinence supplies. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/14/11 to 9/11/11, did not include urinary incontinence as a functional limitation and did not list Patient #7's need for incontinence supplies.</p> <p>The CCO was interviewed on 8/11/11 at 2:45 PM. She reviewed Patient #7's record and confirmed the information related to incontinence was missing from the POC.</p> <p>The agency did not ensure Patient #7's POC included information related to the functional limitation of incontinence.</p> <p>7. Patient #11 was a 78 year old female who was admitted to the agency on 7/09/11, after having a stroke. Physician transfer orders, dated 7/08/11, included orders for a cardiac diet. The "HOME</p>	G 159		
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G 172	<p>Continued From page 13</p> <p>physician. The next documented SN contact with Patient #11 was 10 days later, during an RN visit on 7/25/11 at 12:10 PM. The visit note did not reference the RN had assessed Patient #11 for nausea, vomiting, or hallucinations. It referenced a change in medication had occurred at an appointment with her physician.</p> <p>The CCO was interviewed on 8/11/11 at 3:30 PM. She reviewed Patient #11's record and stated she would have expected to see a follow-up evaluation sooner than 10 days. She also stated she would have expected a reference to the symptoms that were documented on the prior visit.</p> <p>The agency did not ensure Patient #11's nursing needs were re-evaluated after a change in condition.</p>	G 172	<p>4. Provide ongoing oversight to assure compliance</p> <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>No Processes will be changed at this time.</p>	(G172 Cont)
G 182	<p>484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE</p> <p>The licensed practical nurse prepares equipment and materials for treatments, observing aseptic technique as required.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the agency failed to ensure the LPN observed aseptic technique during a Foley catheter change for 1 of 1 patient (#6) who was observed having a catheter changed. This had the potential to compromise infection prevention. Findings include:</p> <p>Patient #6 was a 77 year old female who was admitted to the agency on 3/18/10, for care</p>	G 182	<p>Policy 301 was reviewed and found to be in compliance with state and federal regulations. See Attachment 27</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 28</p> <p>Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing</p>	(Cont)

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NAME OF PROVIDER OR SUPPLIER GUARDIAN HOME HEALTH - FRUITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 WHITLEY DRIVE, SUITE 13 FRUITLAND, ID 83619
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G 182	Continued From page 14 related to a bladder condition that required a Foley catheter. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/11/11 to 9/08/11, included orders for SN to change her Foley catheter on a monthly basis and as needed. During a home visit on 8/10/11 between 10:10 AM and 11:40 AM, an LPN was observed to change Patient #6's Foley catheter. She was observed to wash her hands prior to removal of the old Foley catheter. She was not observed to wash her hands after removal of the old Foley catheter and prior to putting on sterile gloves for the Foley catheter change. The LPN was interviewed immediately after the home visit. She confirmed she did not wash her hands prior to application of sterile gloves. She stated she should have but was nervous about being observed. CDC guidelines for handwashing found at the CDC website (www.cdc.gov) state hands should be decontaminated before donning sterile gloves or inserting an indwelling urinary catheter. The CCO was interviewed on 8/11/11 at 2:30 PM. She stated she agreed it would be standard nursing practice to wash hands immediately prior to changing a Foley catheter. The agency did not ensure the LPN observed aseptic technique.	G 182	to assure that RN's are reassessing and readdressing client issues as needed and documenting the follow appropriately in the patients clinical record. The random sampling will occur on at least a quarterly basis. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis. G182 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following: 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy	(G172 Cmt) 9/1/11
G 224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home	G 224		(Cmt)

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G 224	<p>Continued From page 15</p> <p>health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, it was determined the agency failed to ensure RN staff provided complete written patient care instructions for the home health aide in the care of 3 of 6 sample patients (#4, #7, and #10) who received home health aide services. This had the potential to interfere with patient safety, coordination of patient care, and the ability to meet patient needs. Findings include:</p> <p>1. Patient #4 was a 73 year old diabetic female who was admitted to the agency on 4/12/11, after an upper extremity fracture. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 6/11/11 to 8/09/11, included medication orders for Patient #4 to be on intermittent oxygen at 3 LPM via nasal cannula. It also included orders for home health aide services. The POC identified oxygen equipment, tub/shower bench, and a walker as necessary equipment.</p> <p>The "Aide Care Plan," dated 6/11/11, did not list oxygen equipment, tub/shower bench, or walker, nor did it provide guidance to the aide related to Patient #4's oxygen use. The care plan also included direction for the aide to transfer Patient #4 with the Hoyer lift each visit. However, none of the aide visit notes reviewed (listed below) documented use of the Hoyer lift:</p>	G 224	<p>4. Provide ongoing oversight to assure compliance</p> <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>No Processes will be changed at this time.</p> <p>Policy 301 was reviewed and found to be in compliance with state and federal regulations. See Attachment 29</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 30</p> <p>Future Follow Up: ^ The Fruitland Director of Nursing will review for aseptic technique when she completes on site visits with the nursing staff.</p>	<p>(G182 cmt)</p> <p>9/1/11</p> <p>(cmt)</p>	

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G 224	<p>Continued From page 16 6/14/11 at 10:50 AM 6/17/11 at 10:45 AM 6/21/11 at 11:00 AM 6/24/11 at 10:45 AM 6/28/11 at 10:50 AM 7/01/11 at 11:05 AM</p> <p>The CNA who provided care for Patient #4 was interviewed by telephone on 8/15/11 at 2:10 PM. When asked if she used the Hoyer lift for Patient #4, she stated she did not. She explained Patient #4's husband used the Hoyer lift to raise Patient #4 so she could finish bathing her.</p> <p>The CCO was interviewed on 8/11/11 at 12:50 PM. She reviewed Patient #4's record and confirmed the "Aide Care Plan" did not include a walker, bath bench, or directions for oxygen use. She confirmed there was no documentation the aide had used the Hoyer lift according to the aide care plan.</p> <p>The agency did not provide complete, written patient care instructions for the home health aide and did not update the aide care plan to reflect how the Hoyer lift was used and by whom.</p> <p>2. Patient #10 was an 82 year old female who was admitted to the agency on 7/25/11, for care related to a respiratory condition. A ROC assessment by an RN, dated 7/25/11 at 12:50 PM, indicated Patient #10 was on continuous oxygen at 2 LPM via nasal cannula. The "HOME HEALTH CERTIFICATION AND PLAN OF CARE (Form 485)," for certification period 7/25/11 to 9/22/11, included orders for home health aide services.</p>	G 224	<p>^ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p> <p>G224 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following:</p> <ol style="list-style-type: none"> 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p>	<p>(G/82 cont)</p> <p>9/1/11</p> <p>(cont)</p>	

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G 224	<p>Continued From page 17</p> <p>The "Aide Care Plan," dated 7/25/11, did not include guidance for the home health aide as to whether Patient #10 should use, or have available, oxygen during her bath.</p> <p>The CCO was interviewed on 8/11/11 at 3:10 PM. She reviewed Patient #10's record and confirmed oxygen use was not addressed on the aide care plan.</p> <p>The agency did not provide written instructions for the home health aide related to Patient #10's oxygen use.</p> <p>3. Patient #7 was a 90 year old female who was admitted to the agency on 7/14/11 after a traumatic fracture of her lower arm. The SOC assessment, completed by an RN, dated 7/14/11 at 1:12 PM, indicated Patient #7 was incontinent of urine and used "Depends" for incontinence supplies. It also indicated Patient #7 was wearing a splint for a fractured arm and expected to get a cast put on her arm the following day.</p> <p>The "Aide Care Plan," dated 7/14/11, did not provide guidance to the home health aide related to incontinence care and supplies. It also did not give guidance to the aide related to a splint or cast, such as whether it could get wet or needed to be kept dry. The instructions to the aide to provide standby assistance did not indicate frequency, such as whether standby assistance was expected every visit.</p> <p>The CCO was interviewed on 8/11/11 at 2:45 PM. She reviewed Patient #7's record and confirmed the "Aide Care Plan" was missing supplies and guidance.</p>	G 224	<p>No Processes will be changed at this time.</p> <p>Policy 423 was reviewed and found to be in compliance with state and federal regulations. See Attachment 31</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 32</p> <p>Future Follow Up: ▲ The Utilization Review Nurses will review the HHA plan of care to assess for information that should be clarified or added to the plan of care. Any trends identified will be reported to the Fruitland Manager for either staff re-inservicing or individualized additional training. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	(G224) CMT

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G 225	<p>Continued From page 19</p> <p>6/14/11 at 10:50 AM 6/21/11 at 11:00 AM 6/24/11 at 10:45 AM 7/01/11 at 11:05 AM</p> <p>There was no documentation on aide visit notes that the work area had been cleaned according to the aide care plan during visits on:</p> <p>6/14/11 at 10:50 AM 6/17/11 at 10:45 AM</p> <p>There was no documentation on aide visit notes that the Hoyer lift had been used according to the aide care plan during visits on:</p> <p>6/14/11 at 10:50 AM 6/17/11 at 10:45 AM 6/21/11 at 11:00 AM 6/24/11 at 10:45 AM 6/28/11 at 10:50 AM 7/01/11 at 11:05 AM</p> <p>The CCO was interviewed on 8/11/11 at 12:50 PM. She reviewed Patient #4's record and confirmed documentation was missing to indicate the above referenced tasks had been completed in accordance with the aide care plan.</p> <p>The CNA who provided care for Patient #4 was interviewed by telephone on 8/15/11 at 2:10 PM. When asked if she used the Hoyer lift for Patient #4, she stated she did not. She explained Patient #4's husband used the Hoyer lift to raise Patient #4 so she could finish bathing her.</p> <p>The agency did not ensure the home health aide provided services according to the plan of care.</p>	G 225	<p>No Processes will be changed at this time.</p> <p>Policy 423 was reviewed and found to be in compliance with state and federal regulations. See Attachment 33</p> <p>09/01/2011</p> <p>Inservice completed by Tracy Russell, Fruitland manager. See attachment 34</p> <p>Future Follow Up: ▲ The Corporate Compliance Officer, the Fruitland Director of nurses, or their designee, shall perform random chart reviews to determine if the HHA is following the plan of care. Any trends will be reported to the Fruitland Manager who will address the matter on either an individualized basis or as a staff re-inservicing. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	(G225) CNR

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			<p>Policy 905 was reviewed and found to be in compliance with state and federal regulations. See Attachment 12.</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 13.</p> <p>Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing, and the therapy manager to assure that all pertinent diagnosis are included in the plan of care. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	<p>(N153 Cont)</p>
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		N157	<p>N157 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following:</p> <ol style="list-style-type: none"> 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>No Processes will be changed at this time.</p>	9/1/11	

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		N151	<p>Nursing, and the therapy manager to assure that all Functional limitations are included in the plan of care.</p> <p>▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p> <p>Policy 905 was reviewed and found to be in compliance with state and federal regulations. See Attachment 14.</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 15.</p> <p>Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of</p>	N175 CMA	

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		N160	<p>N160 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following:</p> <ol style="list-style-type: none"> 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>No Processes will be changed at this time.</p>	9/1/11

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		N160	<p>Policy 905 was reviewed and found to be in compliance with state and federal regulations. See Attachment 16.</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 17.</p> <p>Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing, and the therapy manager to assure that all Nutritional requirements are included in the plan of care. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	(N160 COA)
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		N161	<p>N161 08/30/2011 A meeting of the management staff of Guardian Home Care met to discuss tentative survey results and determine a plan of action. The plan determined the following:</p> <ol style="list-style-type: none"> 1. Review and revise appropriate policies. 2. Review and revise any appropriate processes or forms. 3. Educate staff to any changes and to Guardian's policy 4. Provide ongoing oversight to assure compliance <p>08/30/2011 Management team members met to review and propose potential revisions to policies to assure compliance with state and federal regulations.</p> <p>No Processes will be changed at this time.</p>	9/1/11	(cmt)

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		N161	<p>Policy 905 was reviewed and found to be in compliance with state and federal regulations. See Attachment 18.</p> <p>09/01/2011 Inservice completed by Tracy Russell, Fruitland manager. See attachment 19.</p> <p>Future Follow Up: ▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing, and the therapy manager to assure that all Medication and treatment orders are included in the plan of care. ▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.</p>	(N161 cont)	

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

PRINTED: 08/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2011
NAME OF PROVIDER OR SUPPLIER GUARDIAN HOME HEALTH - FRUITLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 WHITLEY DRIVE, SUITE 13 FRUITLAND, ID 83619		
(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	

09/16/2011

Addendum to Guardian Home Health of Fruitland written plan of correction.

G158 and N152

Please see attached policy 900 Plan of Care—General Provisions Policy

Please see attached copy of the inservice regarding the survey clarification, including the review of policy 900

RECEIVED
SEP 16 2011
FACILITY STANDARDS

09/15/2011:

Tracy Russell, Fruitland Manager, conducted an inservice with clinical staff to discuss the need to develop the plan of care under the guidance and direction of a physician and follow the plan of care throughout the certification period. Examples found during the survey that showed how this requirement was not followed was shared with the staff with directives as to how these errors can be avoided in the future. There was a review of policy 900: Policy 900 Plan of Care – General Provisions Policy was discussed.

Future Follow Up:

▲ A random sampling review of files will be completed by the Corporate Compliance Officer and the Fruitland Director of Nursing, and the therapy manager to assure that items included in the Plan of Care are being addressed, client issues are followed up with in a timely manner and that evaluations are completed in a timely manner, according to Guardian policy.

▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.

G 224 and G225 and N122

Please see attached policy 422: Home Health Aide Assignment Policy

Please see attached copy of the inservice regarding the survey clarification, including the review of policy 422

09/15/2011

Tracy Russell, Fruitland Manager, conducted an inservice with clinical staff to discuss the need for an RN to develop, in writing, a specific plan of care for the HHA to follow and to notify the RN of any changes that need to occur on the plan of care. Examples found during the survey that showed how this requirement was not followed was shared with the staff with directives as to how these errors can be avoided in the future. There was a review of policy 422: Home Health Aide Assignment Policy. Policy was discussed.

Future Follow Up:

▲ The Utilization Review Nurses will review the HHA plan of care to assess for information that should be clarified or added to the plan of care. Any trends identified will be reported to the Fruitland Manager for either staff re-inservicing or individualized additional training.

▲ The Corporate Compliance Officer, the Fruitland Director of nurses, or their designee, shall perform random chart reviews to determine if the HHA is following the plan of care. Any trends will be reported to the Fruitland Manager who will address the matter on either an individualized basis or as a staff re-inservicing.

▲ Training of this matter will occur in the orientation of new employee's and will continue with re-education on an on-going basis.

Duke VanCampen, Administrator was notified of all concerns related to the survey plan of correction

and the necessity to submit a revision. This notification occurred via phone as he is currently out of the area. He requested for Tracy Russell, Corporate Compliance officer, Fruitland Manager to sign the addendum as an acceptable option, as verified by the surveyor, Karen Robertson.

I respectfully request that you accept this addendum as part of the Guardian Home Health plan of correction and will gladly comply with any additional clarifications you request in order to achieve an acceptable resolution of our survey.

Sincerely,

A handwritten signature in cursive script that reads "Tracy Russell".

Tracy Russell
Fruitland Manager
Corporate Compliance Officer

signing for Duke VanCampen, Administrator, President