



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

September 28, 2011

Roberta Nenno, Acting Administrator
Amedisys Home Health Services
1480 Midway Avenue - Unit 7
Ammon, ID 83406-4587

RE: Amedisys Home Health Services, Provider #137119

Dear Ms. Nenno:

This is to advise you of the findings of the complaint survey at Amedisys Home Health Services, which was concluded on September 21, 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:

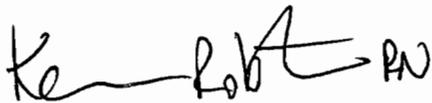
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Home Health into compliance, and that the Home Health 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.

Roberta Nenno, Acting Administrator
September 28, 2011
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 10, 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,

Handwritten signature of Karen Robertson in black ink, including the initials 'KR' at the end.

KAREN ROBERTSON
Health Facility Surveyor
Non-Long Term Care

Handwritten signature of Sylvia Creswell in black ink.

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

KR/srm
Enclosures

Amedisys Home Health Care

1480 Midway Avenue, Unit 7
Ammon, ID 83406
Office: 208.523.1980 | Fax: 208.523.4024

amedisys.com

Idaho Department of Health and Welfare

Debra Ransom, RN, RHIT, Chief

Bureau of Facility Standards

3232 Elder Street

PO Box 83720

Boise, ID 83720-0009

Re: Amedisys Home Health Services, Provider #137119

Dear Ms. Ransom,

Enclosed is the Amedisys Home Health Services, Provider #137119, September 21, 2011 Statement of Deficiencies/Plan of Correction, Form CMS-2567 with the Plan of Correction. Attached also is evidence of education provided to staff per the Plan of Correction.

If you have any questions regarding the Plan of Correction please contact me at 208-523-1980.

Sincerely,



Roberta Nenno DOO

Acting Administrator

Enclosures

RECEIVED

OCT 07 2011

FACILITY STANDARDS

Oct. 11. 2011 8:53AM

No. 0332 P. 2

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

PRINTED: 09/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2011
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NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1480 MIDWAY AVENUE - UNIT 7 AMMON, ID 83406
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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	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the complaint investigation survey of your Home Health Agency. The following surveyors conducted the survey:</p> <p>Karen Robertson, RN, BS, HFS, Team Leader Almee Hastriter, RN, BS, HFS</p> <p>Acronyms used in this report include:</p> <p>DOO - Director of Office Operations RN - Registered Nurse</p>	G 000	G 107	
G 107	<p>484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>This STANDARD is not met as evidenced by: Based on review of grievance documentation and staff interview it was determined the agency failed to ensure all complaints were investigated for 1 of 3 complaints received in 2011. Failure to adequately investigate patient or caregiver complaints had the potential to result in the failure to address and resolve the issue. Findings include:</p> <p>The agency's grievance binder was reviewed for 2011. One "COMPLAINT/CONCERN REPORT"</p>	G 107	<p>484.10(B) (5) The Director of Operations, or designee, is responsible for reviewing every complaint; determining the necessity of corrective action; and communication regarding the resolution with the client/patient/caregiver/family member/consumer no later than 30 calendar days following the receipt of complaint; as well as documenting all activities involved with the complaint, investigation, analysis, resolution and communication. The investigation will be initiated within 10 business days of the agency receipt of the complaint and completed by 30 days per regulation and agency policy RI-009. All complaints will be reviewed weekly with the Director of Operations, Account Executive, Business Office Manager, Physical Therapist and Clinical Manager at the Business Development and Manager meeting. Upon completion of the Complaint Investigation the Complaint Report will be kept in the Grievance binder. This will be ongoing. Documentation of the Complaint reviews will be in the weekly Business Development & Business Office Manager meeting minutes.</p>	<p>10/11/2011</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Roberta A. Kanno* TITLE *Director of Operations* (X6) DATE *10-6-11*

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.

FACILITY STANDARDS

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

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G 000	INITIAL COMMENTS The following deficiencies were cited during the complaint investigation survey of your Home Health Agency. The following surveyors conducted the survey: Karen Robertson, RN, BS, HFS, Team Leader Aimee Hastriter, RN, BS, HFS Acronyms used in this report include: DOO - Director of Office Operations RN - Registered Nurse	G 000	G 107 484.10(B) (5) The Director of Operations, or designee, is responsible for reviewing every complaint; determining the necessity of corrective action; and communication regarding the resolution with the client/patient/caregiver/family member/consumer no later than 30 calendar days following the receipt of complaint; as well as documenting all activities involved with the complaint, investigation, analysis, resolution and communication. The investigation will be initiated within 10 business days of the agency receipt of the complaint and completed by 30 days per regulation and agency policy RI-009. All complaints will be reviewed weekly with the Director of Operations, Account Executive, Business Office Manager, Physical Therapist and Clinical Manager at the Business Development and Manager meeting. Upon completion of the Complaint investigation the Complaint Report will be kept in the Grievance binder. This will be ongoing. Documentation of the Complaint reviews will be in the weekly Business Development & Business Office Manager meeting minutes.	
G 107	484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint. This STANDARD is not met as evidenced by: Based on review of grievance documentation and staff interview it was determined the agency failed to ensure all complaints were investigated for 1 of 3 complaints received in 2011. Failure to adequately investigate patient or caregiver complaints had the potential to result in the failure to address and resolve the issue. Findings include: The agency's grievance binder was reviewed for 2011. One "COMPLAINT/CONCERN REPORT"	G 107		

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

TITLE

(X6) DATE

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 107	<p>Continued From page 1</p> <p>contained documentation regarding a complaint received on 9/14/11 by an agency RN and the home health aide. The RN documented the patient's daughter asked staff about money that was missing from her father's wallet. The RN recounted the events leading up to the question of missing money. She documented that she, the aide, and 2 paramedics were preparing to transfer the patient to the hospital when the patient looked through his wallet looking for his daughter's phone number. The RN documented that no money was noted to be in the wallet at that time. The RN documented later that evening the aide returned to the patient's home to deliver a message related to his care. (The patient did not have a phone and he and his family were Spanish-speaking only. The home health aide was bilingual and used as a translator.)</p> <p>It was during the 2nd visit the patient's daughter asked the home health aide if she had seen any money. The RN documented that the patient's son claimed \$3000.00 was missing. The RN documented, both the patient and his daughter claimed \$3000.00 pesos (equivalent to \$280.00) was missing. The RN documented the complaint was forwarded to the DOO on 9/14/11.</p> <p>The DOO completed the remainder of the "COMPLAINT/CONCERN REPORT" form. She documented, in the "Findings on Investigation" section, "There is questionable validity to this allegation. The source of the c/o [complaint] is from the pt's [patient's] son who has been in & out of jail since the pt has been on service." In the section related to "Action Taken," the DOO documented, "Entire incident investigated." In the "Follow-Up/Resolution" section she documented,</p>	G 107	<p>At the Agency Annual Meeting a report will be presented of the previous year's complaint investigations. Education was provided by the Director of Operations to all staff regarding the "Patient's Rights and Responsibilities" regulation and agency policy RI-001 and "Patient/Caregiver Grievance complaint" regulation and agency policy RI-009 October 4, 2011 in the Amedisys Home Health Care office in Ammon, Idaho.</p> <p>At the weekly Patient Care Conference an item on the agenda will be asking if there are any patient/family concerns, complaints, issues or questions. The DOO or designee will meet with the person who is aware of an issue at the end of Care Team Conference in a confidential setting. The Complaint document will be initiated and the investigation will be initiated within 10 business days and communication with the patient/family/ caregiver within 30 days with the resolution per regulations and agency policy RI-009. This will be an ongoing process.</p> <p>To be completed by 10-27-11</p>		

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G 107	<p>Continued From page 2</p> <p>"There was no reason for further investigation." She signed the document 9/14/11. There was no documentation of who the DOO spoke with regarding the incident, i.e. agency staff, the patient or his family, or the paramedics involved in the transfer.</p> <p>The DOO was interviewed on 9/20/11 at 2:25 PM. She stated she was responsible for investigating grievances for the agency and once a grievance was received she spoke with the patient and agency staff to obtain details. When asked about her investigation into the patient grievance noted above, she stated she still had concerns that the complaint was generated by the son and daughter and not the patient himself and that there was a discrepancy in the amount of money missing. She stated she spoke with the RN and the home health aide involved. She stated she did not speak with the family due to the language barrier. She stated she did not contact the paramedics who were present during the preparation for the patient's transfer to the hospital. In addition, she stated the patient's son-in-law had the home health aide's cell phone number and was making inappropriate phone calls, which she planned to discuss this with the Area Vice President.</p> <p>The agency failed to ensure a thorough investigation into a patient grievance was completed.</p>	G 107			

Oct. 11. 2011 8:53AM

No. 0332 P. 3

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FORM APPROVED

Bureau of Facility Standards

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N 000	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the complaint investigation survey of your Home Health Agency. The following surveyors conducted the survey: Karen Robertson, RN, BS, HFS, Team Leader Aimee Hastriter, RN, BS, HFS	N 000	N 026 484.10(B) (5) The Director of Operations, or designee, is responsible for reviewing every complaint; determining the necessity of corrective action; and communication regarding the resolution with the client/patient/caregiver/family member/consumer no later than 30 calendar days following the receipt of complaint; as well as documenting all activities involved with the complaint, investigation, analysis, resolution and communication. The investigation will be initiated within 10 business days of the agency receipt of the complaint and completed by 30 days per regulation and agency policy RI-009. All complaints will be reviewed weekly with the Director of Operations, Account Executive, Business Office Manager, Physical Therapist and Clinical Manger at the Business Development and Manger meeting. Upon completion of the Complaint investigation the Complaint Report will be kept in the Grievance binder. This will be ongoing. Documentation of the Complaint reviews will be in the weekly Business Development & Business Office Manager meeting minutes.	
N 026	03.07020. ADMIN. GOV. BODY N026 04. Patients' Rights. Insure that patients' rights are recognized and include as a minimum the following: d.viii. The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA and must document both the existence of the complaint and the resolution of the complaint. This Rule is not met as evidenced by: Refer to G 107 as it relates to the agency's failure to adequately investigate grievances.	N 026		

RECEIVED
OCT 11 2011

FACILITY STANDARDS

Bureau of Facility Standards

Roberta Reno RD/DOO
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(Director of Operations)
TITLE

(X6) DATE
10-6-11

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2011
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

At the Agency Annual Meeting a report will be presented of the previous year's complaint investigations.

Education was provided by the Director of Operations to all staff regarding the "Patient's Rights and Responsibilities" regulation and agency policy RI-001 and "Patient/Caregiver Grievance complaint" regulation and agency policy RI-009 October 4, 2011 in the Amedisys Home Health Care office in Ammon, Idaho.

At the weekly Patient Care Conference an item on the agenda will be asking if there are any patient/family concerns, complaints, issues or questions. The DOO or designee will meet with the person who is aware of an issue at the end of Care Team Conference in a confidential setting. The Complaint document will be initiated and the investigation will be initiated within 10 business days and communication with the patient/family/ caregiver within 30 days with the resolution per regulations and agency policy RI-009. This will be an ongoing process.

To be completed by 10-27-11

COPY



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

September 28, 2011

Roberta Nenno, Acting Administrator
Amedisys Home Health Services
1480 Midway Avenue - Unit 7
Ammon, ID 83406-4587

Provider #137119

Dear Ms. Nenno:

On **September 21, 2011**, a complaint survey was conducted at Amedisys Home Health Services. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00005213

Allegation #1: The home health agency failed to ensure patients received safe and adequate nursing care.

Finding #1: An unannounced survey of the home health agency was conducted 9/19/11 through 9/21/11. Eight patients' records were reviewed and six staff members of the home health agency and two corporate employees were interviewed with the following results:

Four records for current patients and four records of discharged patients were reviewed. One record contained documentation of several missed nursing visits shortly after the patient was admitted to the agency on 7/21/11. The documentation regarding the missed visits indicated a lack of coordination of care between the nurse who admitted the patient and the nurse who provided care for the patient. As a result of this miscommunication the patient did not receive the care needed and suffered negative outcome, potentially as a result of the lack of nursing visits.

Six agency staff, including the Director of Office Operations, a Registered Nurse, the Home Health Aide, the Account Executive, the Physical Therapist, and the Business Office Manager

were interviewed between 9/19/11 and 9/20/11 regarding the provision of safe nursing care. All staff indicated recent staff turnover, and subsequent new hiring, of nursing and aide staff. All staff interviewed believed that as a result of the addition of new staff, and recent interventions from the parent corporation's administration, the provision of care was improved. The Area Vice President was interviewed, on 9/20/11 at 4:00 PM, and confirmed receipt of concerns regarding provision of patient care. As a result of these concerns, the dynamics for the provision of field services (direct patient care) changed.

It was determined the agency did have deficient practices related to the adequate provision of nursing care. However, the agency had identified problem areas and taken appropriate corrective measures related to the patient care concerns. Therefore, the allegation was substantiated, however, no deficient practice was cited.

Conclusion: Substantiated: No deficiencies related to the allegation are cited.

Allegation #2: The home health agency hired patient care staff who did not have a clean background check.

Finding #2: An unannounced survey of the home health agency was conducted 9/19/11 through 9/21/11. Nine personnel files and agency policies were reviewed with the following results:

The agency's "Background Checks: Convictions That Bar or Limit An Employee's Application/Employment" policy, dated August of 2011, was reviewed. The policy indicated "As a general policy, a potential employee will be disqualified or barred from the application process and/or employment with (Amedisys Home Health Services) (or any of its subsidiaries) if his criminal background screening reveals convictions of any of the following crimes..." The policy contained five pages of crimes which potentially disqualified and employee from hire.

The personnel files for staff that provided direct patient care were reviewed and included the following positions:

Director of Office Operations
Occupational Therapist
Two Registered Nurse/Case Managers
Home Health Aide
Medical Social Worker
Speech Pathologist
Physical Therapist

Each personnel record contained evidence of a current license or certification, current cardiopulmonary resuscitation card, and a background check. Each employee had cleared the background check and was authorized to provide care for the home health agency.

It could not be determined that the agency hired patient care staff who were not properly qualified. Therefore, the allegation was unsubstantiated and no deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: A staff member was abusing drugs while providing patient care.

Finding #3: An unannounced survey of the agency was conducted 9/19/11 through 9/21/11. Six staff members of the home health agency and two corporate employees were interviewed. The grievance log and incident report log were reviewed with the following results:

The grievance log was reviewed for 2011. There was no documentation of either staff or patient grievances related to drug abuse by a home health staff member. The incident report log did not contain documentation of any staff or patient incidents related to drug use.

Six agency staff, including the Director of Office Operations, a Registered Nurse, the Home Health Aide, the Account Executive, the Physical Therapist, and the Business Office Manager were interviewed between 9/19/11 and 9/20/11 regarding the provision of safe nursing care. No staff member was able to provide evidence that a fellow staff member was abusing drugs. A representative of the parent company's human resource department was interviewed on 9/20/11 at 1:00 PM. She reviewed previous agency staffs' exit interviews and stated that no one reported any suspicion or evidence of drug abuse among fellow staff members. The Area Vice President was interviewed on 9/20/11 at 4:00 PM. She stated she had spoken with members of the home health agency staff on a number of occasions and had not received a complaint of known drug abuse related to a staff member.

It could not be determined that an agency staff member was abusing drugs. Therefore, the allegation was unsubstantiated and no deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies unrelated to the allegations were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

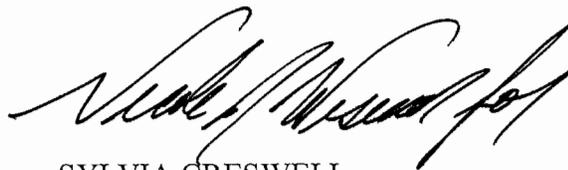
Roberta Nenno, Acting Administrator
September 28, 2011
Page 4 of 4

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



KAREN ROBERTSON
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

KR/srm