IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

February 11, 2014

Sharon Anitok, Administrator
Multicare Home Health Services, Inc
P.O Box 355
Meridian, ID 83680

RE: Multicare Home Health Services, Inc, Provider #137093

Dear Ms. Anitok:

On January 29, 2014, a follow-up visit of your facility, Multicare Home Health Services, Inc, was conducted to verify corrections of deficiencies noted during the survey of December 20, 2013.

We were able to determine that the Conditions of Participation of **Organizaton Services & Administration (42 CFR 484.14), Group of Professional Personnel (42 CFR 484.16), Acceptance of Patients, POC, Med Super (42 CFT 484.18), Clinical Records (42 CFR 484.48) and Evaluation of the Agency's Program (42 CFR 484.52)** are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

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

- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Home Health Agency into compliance, and that the Home Health Agency remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567 and State Form 2567.

After you have completed your Plan of Correction, return the original to this office by **February 23, 2014**, and keep a copy for your records.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/pmt
Enclosures
ec: Kate Mitchell, CMS Region X Office

MULTICARE
Home Health

"Caring From The Heart"

RECEIVED
FEB 25 2014
FACILITY STANDARDS

February 25, 2014

Gary Guiles and/or Sylvia Creswell
Department of Health & Welfare
Bureau of Facility Standards
3232 Elder Street
PO Box 83720
Boise, ID 83720

Dear Mr. Guiles,

Enclosed, please find the revised MultiCare Home Health's response to our January 29, 2014 follow up survey.

Let me know if you have any questions or concerns.

Sincerely,

Lori Page RN DCS

Lori Page, RN
Director of Clinical Services

Cc: Sharon Anitok
Cc: Cherie Goers
Cc: Robin Wallis

Tel: (208) 884-5497
Fax: (208) 887-6498
324 S. Meridian Rd., Suite 10
P.O. Box 355, Meridian, Idaho 83680

(800) 304-7719
www.multicareinc.com

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137093	A. BUILDING _____ B. WING _____	R 01/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULTICARE HOME HEALTH SERVICES, INC	324 SOUTH MERIDIAN RD, SUITE 10 MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
(G 000)	INITIAL COMMENTS The following deficiency was cited during the Medicare follow up survey conducted on 1/28/14 and 1/29/14. Surveyors conducting the follow up were: Gary Guiles, RN, HFS, Team Leader Donald Sylvester, RN, HFS Acronyms used in this report include: POC - Plan of Care PT - Physical Therapy	(G 000)	RECEIVED FEB 2 5 2014 FACILITY STANDARDS	
(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 staff interview and record review, it was determined the agency failed to ensure POCs include all pertinent information for 2 of 9 patients (#1 and #7) whose records were reviewed. This resulted in a lack of direction to staff caring for those patients. Findings include: 1. Patient #1's medical record documented a 51 year old female who was admitted for home health services on 12/11/13. She was currently a	(G 159)	G 159 MultiCare will ensure that the Plan of Care covers all pertinent diagnoses, including mental status, types of services required, equipment, supplies, functional limitations, treatments, activities permitted, nutritional requirements, medications, treatments, and any safety measures to protect against injury, instructions for timely discharge and any other appropriate items. The Director of Clinical Services will orient the Case Managers developing the Plan of Care to cover all pertinent diagnosis, medications, treatments, durable medical	2/13/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Sharon Cvitak | Administrator | 25-Feb 2014

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 159)	Continued From page 1 patient as of 1/28/14. Her admitting diagnoses included paraplegia, vertigo, diabetes, and depression. Patient #1's POC for the certification period 12/11/13 to 2/08/14 stated she took long acting insulin 2 times a day and short acting insulin 4 times a day. Her POC did not provide any direction to staff regarding monitoring her diabetes such as monitoring her blood sugar levels. Thirteen PT visits were documented between 12/13/13 and 1/22/14. None of these visit notes documented if Patient #1 was checking her blood sugar levels or what her blood sugar levels were. The Physical Therapist was interviewed on 1/28/13 beginning at 3:15 PM. He stated he managed Patient #1's care. He stated he knew Patient #1 was diabetic. He stated he had not asked her about her diabetes or inquired about her blood sugar levels. He confirmed Patient #1's POC did not cover her diabetes. Patient #1's POC did not cover her diabetes. 2. Patient #7's medical record documented a 24 year old male who was admitted for home health services on 12/02/13. He was currently a patient as of 1/28/14. His admitting diagnosis was quadriplegia. A "Physical Therapy Evaluation," dated 12/09/13, stated Patient #7 had suffered a spinal cord injury in June 2013. The evaluation stated Patient #1 was not able to sit unsupported and had no trunk control or stability. The evaluation stated "His extensor tone is also an issue for him and may be	(G 159)	equipment, interventions that are Patient specific (i.e.: parameters for Diabetes Hypo/Hyperglycemia, positioning and turning of Patient to prevent skin breakdown) that are ordered per the Physician. The case manager will update Plan of Care if changes occur during the certification period, if the Patient is being recertified, and if care is being resumed following an inpatient stay. The Director of Clinical Services will orient the Case Manager to follow the Plan of Care. Any changes that occur will also be documented on the communication note per the discipline that finds the change at time of their visit with the Patient. This will ensure that all the Patient's pertinent home health needs are being met effectively. This will be monitored by the Director of Clinical Services and Case Manager of the Patient at start of care, anytime a change in treatment occurs, change in Patient's condition, medications, at recertification, and resumption of care if indicated. This was completed on 2/13/14.	

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{G 159}	Continued From page 2 causing issues in proper sitting in his [wheelchair] per his report. [Patient #7] and his caregivers are in need of proper training for his cares and [home exercise program]." Neither Patient #7's POC for the certification period 12/02/13 to 1/30/14 nor his POC for the certification period 1/31/14 to 3/31/14 addressed positioning and turning to prevent skin breakdown. The Physical Therapist was interviewed on 1/28/13 beginning at 3:16 PM. He stated Patient #7 was was not able to move his body below his axillae. He stated Patient #7 was now able to raise his hand to the level of his eye which was an improvement from his start of care. He stated Patient #7 was not able to reposition himself. He stated Patient #7 spent several hours a day in his wheelchair. He stated Patient #7's POC did not address positioning and turning to prevent skin breakdown. Patient #1's POC did not cover positioning and turning to prevent skin breakdown.	{G 159}		

Bureau of Facility Standards

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	OAS001400	A. BUILDING: _____ B. WING _____	R 01/29/2014

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(N 000)	16.03.07 INITIAL COMMENTS The following deficiency was cited during the follow up survey completed 1/28/14-1/29/14. Surveyors conducting the survey were: Gary Gulles, RN, HFS, Team Leader Donald Sylvester, RN, HFS	(N 000)		
(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: Refer to G159 as it relates to the failure of the agency to ensure the plan of care covered all pertinent diagnoses.	(N 153)	Refer to G 159 RECEIVED FEB 25 2014 FACILITY STANDARDS	

Bureau of Facility Standards
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Sharon Cunitz — Administrator — 25-Feb 2014