



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 13, 2014

Duke Vancampen, Administrator
Encompass Home Health Of Idaho
3686 Washington Parkway
Idaho Falls, ID 83204

RE: Encompass Home Health Of Idaho, Provider #137105

Dear Mr. Vancampen:

This is to advise you of the findings of the Medicare/Licensure survey at Encompass Home Health Of Idaho, which was concluded on February 7, 2014.

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:

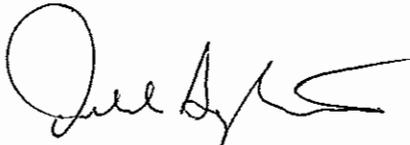
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date 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
February 13, 2014
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **February 25, 2014**, 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,



DON SYLVESTER
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

DS/pmt
Enclosures

February 24, 2014

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FEB 25 2014

FACILITY STANDARDS

Idaho Department of Health & Welfare

3232 Elder Street

P.O. Box 83270

Boise, ID 83720

RE: Encompass Home Health of Idaho, Provider #137105, Survey February 7, 2014.

To whom it may concern: Bureau of Facility Standards

The Following is the plan of correction to correct and decencies we were found to be out of compliance on the survey that took place on February 7, 2014.

Please send our best regards to the surveyors who conducted our survey with professionalism and courtesy to all of our staff.

Best Regards,

A handwritten signature in black ink, appearing to read "Jake Summers", with a long horizontal flourish extending to the right.

Jake Summers

Branch Director

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FEB 25 2014

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

FACILITY STANDARDS

PRINTED: 02/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2014
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 WASHINGTON PARKWAY IDAHO FALLS, ID 83404
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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
G 000	INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your home health agency conducted from 2/03/14 through 2/07/14. The surveyors conducting the recertification were: Don Sylvester, RN, HFS, Team Leader Gary Gules, RN HFS Acronyms used in this report include: CHF-Congestive Heart Failure DM II-Diabetes Mellitus type II HTN-Hypertension IM-Intramuscular ml-Milliliter OT-Occupational Therapist PTA-Physical Therapist Assistant PT-Physical Therapist POC-Plan of Care Q-Every RD-Registered Dietitian RN-Registered Nurse SN-Skilled Nurse ST-Speech Therapy	G 000	Plan: Inservice staff related to federal and state regulations of coordination of care in addition to the Encompass "Coordination of Care" policy. (See attachment #1) The inservice will contain: <ul style="list-style-type: none"> The Agency's methods for cooperation and communication to confirm liaison between team members to support objectives outlined in the plan of care. Coordination with the need to initiate a revision of the plan of care. A delay in starting, or early discharge or specific disciplines services. Changes to the patient's condition. 	2/27/14
G 144	484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. This STANDARD is not met as evidenced by:	G 144	Staff will be inserviced on: <ul style="list-style-type: none"> Idaho Falls: 2/26/2014 Pocatello 2/27/2014 Rexburg: 2/27/2014 	2/27/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2/24/2014
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY IDAHO FALLS, ID 83404		
(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 144	<p>Continued From page 1</p> <p>Based on staff interview and review of clinical records, it was determined the agency failed to ensure coordination of patient care was documented for 2 of 10 patients (#4 and #7) who received services from multiple disciplines and whose records were reviewed. This had the potential to result in unmet patient needs. Findings include:</p> <p>1. Patient #4's medical record documented a 34 year old female who was admitted for home health services on 12/31/13, and was currently a patient as of 2/06/14. Her diagnoses included chronic pain and depression.</p> <p>During the certification period 12/31/13 to 2/28/14, PT visits were documented to Patient #4 on 1/08/14, 1/15/14, 1/20/14, 1/22/14, 1/24/14, 1/27/14, 1/29/14, 1/31/14 and 2/03/14. OT visits were documented on 1/09/14, 1/29/14, and 2/04/14. Social work visits were documented on 1/09/14, 1/15/14, and 1/22/14. Nursing visits were documented on 12/31/13, 1/10/14, 1/15/14, 1/22/14, and 1/31/14.</p> <p>A social work visit note, dated 1/09/14 at 4:32 PM, stated Patient #4 "falls daily." A nursing visit note, dated 1/10/14 at 2:32 PM, stated Patient #4 said she fell 3 times the day before. A nursing visit note, dated 1/31/14 at 9:08 PM, stated Patient #4 fell the day before and had an abrasion to her forehead.</p> <p>Coordination of care was not documented between the services caring for Patient #4. There was no documentation staff communicated about Patient #4's alleged falls to develop a plan to monitor and prevent further falls.</p>	G 144	<p>Ongoing monitoring for compliance:</p> <ul style="list-style-type: none"> • Compliance will be immediate and ongoing • 10% of records of the unduplicated census will be reviewed each quarter until 90% compliance has been achieved, and will continue to maintain compliance with audits for one year. • Compliance will be monitored by the Branch Director, Clinical Field Staff Supervisor, Quality Improvement, and packet/episode review. 	2/27/14	

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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3886 WASHINGTON PARKWAY IDAHO FALLS, ID 83404		
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G 144	Continued From page 2 Patient #4's RN Case Manager was interviewed on 2/06/14 beginning at 9:15 AM. She confirmed coordination of care by staff caring for Patient #4 was not documented. She stated she talked with Patient #4's therapists frequently but said these conversations were not documented. Coordination of care was not documented for Patient #4. 2. Patient #7's medical record documented a 39 year old female who was admitted for home health services on 12/26/13 following back surgery. She was a patient as of 2/06/14. The PTA missed visit note documented on 1/30/14 at 5:06 PM, stated, Patient #7 could not participate in therapy that day due to increased pain from being out of a brace for x-rays the previous day. There was no documentation on the note to indicate the physician or the PT supervisor had been notified. The Idaho Falls Branch Manager was interviewed on 2/05/14 at 8:00 AM, and reviewed Patient #7's medical record. He confirmed there was no documentation to indicate communication with the physician or PT supervisor. He confirmed that the PTA did not coordinate care with the physician and PT supervisor. Patient #7's medical record did not contain documentation of coordination of care.	G 144			
G 158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine,	G 158			

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G 158	<p>Continued From page 3 osteopathy, or podiatric medicine.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure care followed a physician's written POC for 2 of 16 patients. (#6 and #10) whose records were reviewed. This resulted in a missed registered dietitian evaluation; medication not administered as ordered, and had the potential to result in negative patient outcomes. Findings include:</p> <p>1. Patient #6 was a 60 year old female admitted to the agency on 1/04/14, for SN and RD services related to an ulcer on her foot, DM II, HTN and chronic bronchitis. Her medical record and POC for the certification period 1/04/14 through 3/04/14, were reviewed.</p> <p>Patient #6's POC included orders for RD services effective 1/19/14.</p> <p>An RD note, undated, stated, "date set between patient and RD for 1/24/14. RD was going to be 30-60 minutes late to appointment, attempted to call 3-4 times, with no response. RD informed the agency of the situation and continued failed attempts contacting patient. RD will discuss with case manager in attempts to re-set appointment."</p> <p>Nursing visit notes dated 1/27/14, 1/29/14, 1/31/14 and 2/3/14, had no evidence of communication between the RD and the RN Case Manager. An evaluation by the RD was not found in the medical record.</p> <p>The Pocatello Branch Manager was interviewed on 2/06/14 beginning at 2:30 PM. She confirmed</p>	G 158	<p>Plan:</p> <p>Inservice staff related to federal and state regulations related to following a written plan of care and complying to the following Encompass policies to assure compliance:</p> <ul style="list-style-type: none"> • Coordination of Services (See attachment #1) • Admissions/Client Assessment (See Attachment #2) • Clinical Records (See Attachment #3) <p>The inservice will contain:</p> <ul style="list-style-type: none"> • That the plan of care is appropriate for the patient • That the plan of care is initiated in a timely manner • Any delays of service will be coordinated with the physician in order to obtain guidance related to the delay in care. • Coordinating timely service deliver, including communication to appropriate staff members. 	2/27/14	

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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3888 WASHINGTON PARKWAY IDAHO FALLS, ID 83404	
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G 158	Continued From page 4 the missed evaluation by the RD and that the RD did not inform the RN Case Manager of the missed visit. Patient #6 did not receive an evaluation by the RD as ordered in her POC. 2. Patient #10 was an 85 year old male admitted to the agency on 1/02/14, for SN services related to pernicious anemia and atrial fibrillation. His medical record and POC for the certification period 1/02/14 through 3/02/14, were reviewed. The POC included orders SN for administration of B12 injection once a month. An RN visit note, dated 1/13/14 at 1:07 PM, stated, "Patient #10 did not have his B12 injectable today." In a SN visit note, dated 1/27/14 at 7:54 PM, the RN documented, "Patient #10 forgot to have his son pick up his B12 for injection." The Pocatello Branch Manager was interviewed on 2/06/14 beginning at 2:30 PM. She confirmed Patient #10's missed B12 injections. Patient #10 did not receive B12 injections at the frequency identified in his POC.	G 158	Staff will be inserviced on: <ul style="list-style-type: none"> Idaho Falls: 2/26/2014 Pocatello 2/27/2014 Rexburg: 2/27/2014 Ongoing monitoring for compliance: <ul style="list-style-type: none"> Compliance will be immediate and ongoing 10% of records of the unduplicated census will be reviewed each quarter until 90% compliance has been achieved, and will continue to maintain compliance with audits for one year. Compliance will be monitored by the Branch Director, Clinical Field Staff Supervisor, Quality Improvement, and packet/episode review. 	2/27/14
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	G 159		2/27/14

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G 159	<p>Continued From page 5</p> <p>requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</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 POCs included all pertinent information for 3 of 16 patients (#4, #14, and #16) whose records were reviewed. This resulted the potential for adverse patient events related to unsafe blood sugar levels and falls. Findings include:</p> <p>1. Patient #14's medical record documented a 51 year old female who was admitted for home health services on 9/26/13. She was a patient as of 1/24/14. Her admitting diagnoses included pressure ulcer stage II, DM II, HTN, depressive disorder and abnormality of gait.</p> <p>Patient #14's POC for the certification period of 1/24/14 through 3/24/14 did not provide direction to staff regarding monitoring her diabetes, such as ensuring she checked her blood sugar levels or that staff did so.</p> <p>Six SN visits were documented between 1/24/14 and 2/05/14. None of these visit notes documented if Patient #14 was checking her blood sugar levels or that SN staff had done so.</p> <p>The Pocatello Branch Manager was interviewed on 2/06/14 beginning at 2:30 PM. She confirmed the POC did not address Patient #14's need to monitor blood sugar levels.</p> <p>Patient #14's POC did not include instructions for</p>	G 159	<p>Plan:</p> <p>Inservice staff related to federal and state regulations related assuring that each patient's current plan of care accurately reflects the current needs and complying to the following Encompass policies to assure compliance:</p> <ul style="list-style-type: none"> • Coordination of Services (See attachment #1) • Admissions/Client Assessment (See Attachment #2) • Clinical Records (See Attachment #3) <p>The inservice will contain:</p> <ul style="list-style-type: none"> • The need for the plan of treatment to be developed by the physician in consultation with the Agency staff to adequately meet the client's physical, mental and social needs and that the plan of treatment accurately reflects the specific needs of the patient. • The timely implementation of the plan of treatment 	2/27/14

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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3688 WASHINGTON PARKWAY IDAHO FALLS, ID 83404		
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G 159	<p>Continued From page 6 monitoring her blood sugar levels.</p> <p>2. Patient #16's medical record documented a 74 year old female who was admitted for home health services on 1/06/14. Her admitting diagnoses included CHF, DM II, muscle weakness and dementia.</p> <p>Patient #16's POC for the certification period 1/06/14 through 3/06/14, did not include direction to staff regarding monitoring her diabetes, such as checking her blood sugar levels.</p> <p>Four SN visits were documented between 1/06/14 and 2/06/14. Three visit notes dated, 1/06/14, 1/16/14 and 1/23/14 did not document Patient #16's blood sugar levels or monitoring of them.</p> <p>The RN Case Manager was interviewed on 2/07/14 beginning at 8:40 AM. She confirmed the POC did not address monitoring of Patient #16's blood sugar levels.</p> <p>Directions for monitoring Patient #16's blood sugar levels were not incorporated into her POC.</p> <p>3. Patient #4's medical record documented a 34 year old female who was admitted for home health services on 12/31/13, and was currently a patient as of 2/06/14. Her diagnoses included chronic pain and depression.</p> <p>Patient #4's POC for the certification period 12/31/13 to 2/28/14, did not include a fall prevention plan. PT visits were documented to Patient #4 on 1/08/14, 1/15/14, 1/20/14, 1/22/14, 1/24/14, 1/27/14, 1/29/14, 1/31/14 and 2/03/14.</p>	G 159	<ul style="list-style-type: none"> Obtaining physician guidance and an update of the plan of care (in the form of a signed order) when it is identified that the plan of care needs to be revised. <p>Staff will be inserviced on:</p> <ul style="list-style-type: none"> Idaho Falls: 2/26/2014 Pocatello 2/27/2014 Rexburg: 2/27/2014 <p>Ongoing monitoring for compliance:</p> <ul style="list-style-type: none"> Compliance will be immediate and ongoing 10% of records of the unduplicated census will be reviewed each quarter until 90% compliance has been achieved, and will continue to maintain compliance with audits for one year. Compliance will be monitored by the Branch Director, Clinical Field Staff Supervisor, Quality Improvement, and packet/episode review. 	2/27/14	

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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3688 WASHINGTON PARKWAY IDAHO FALLS, ID 83404		
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G 159	<p>Continued From page 7</p> <p>OT visits were documented on 1/09/14, 1/29/14, and 2/04/14. Social work visits were documented on 1/09/14, 1/15/14, and 1/22/14. Nursing visits were documented on 12/31/13, 1/10/14, 1/15/14, 1/22/14, and 1/31/14. None of these visit notes documented a specific plan to prevent or decrease falls.</p> <p>A PT evaluation, dated 1/08/14 at 6:35 PM, stated Patient #4 had "...VERY POOR BALANCE AND A HISTORY OF FALLS." A social work visit note, dated 1/09/14 at 4:32 PM, stated Patient #4 "...falls dally." A nursing visit note, dated 1/10/14 at 2:32 PM, stated Patient #4 said she fell 3 times the day before. A nursing visit note, dated 1/31/14 at 9:08 PM, stated Patient #4 fell the day before and had an abrasion to her forehead.</p> <p>A specific plan to monitor and prevent falls was not documented in Patient #4's medical record.</p> <p>Patient #4's RN Case Manager was interviewed on 2/06/14 beginning at 9:15 AM. She confirmed a specific plan to prevent or decrease falls had not been developed.</p> <p>Patient #4's POC did not include a fall prevention plan.</p>	G 159			

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FEB 25 2014

PRINTED: 02/11/2014
FORM APPROVED

FACILITY STANDARDS

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2014
NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO		STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY IDAHO FALLS, ID 83404		
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N 000	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the state licensure survey of home health agency on 2/03/14 through 2/07/14. The surveyors conducting the survey were: Don Sylvester, RN, HFS, Team Leader Gary Guiles, RN, HFS	N 000	Plan: Inservice staff related to federal and state regulations of coordination of care in addition to the Encompass "Coordination of Care" policy. (See attachment #1) The inservice will contain:	2/27/14
N 092	03.07024.01. SK.NSG.SERV. N092 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: This Rule is not met as evidenced by: Refer to G144 as it relates to the lack of coordination of care between services.	N 092	<ul style="list-style-type: none"> The Agency's methods for cooperation and communication to confirm liaison between team members to support objectives outlined in the plan of care. Coordination with the need to initiate a revision of the plan of care. A delay in starting, or early discharge or specific disciplines services. Changes to the patient's condition. 	
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 as it relates to the failure of the agency to ensure patient care followed a written plan of care.	N 152	<p>Staff will be inserviced on:</p> <ul style="list-style-type: none"> Idaho Falls: 2/26/2014 Pocatello 2/27/2014 Rexburg: 2/27/2014 	

Bureau of Facility Standards

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

TITLE

(X6) DATE

Administrator

2/24/2014

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2014
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO	STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY IDAHO FALLS, ID 83404
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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)	(X6) COMPLETE DATE
N 153	<p>03.07030.PLAN OF CARE</p> <p>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:</p> <p>a. All pertinent diagnoses;</p> <p>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.</p>	N 153	<p>Ongoing monitoring for compliance:</p> <ul style="list-style-type: none"> Compliance will be immediate and ongoing 10% of records of the unduplicated census will be reviewed each quarter until 90% compliance has been achieved, and will continue to maintain compliance with audits for one year. Compliance will be monitored by the Branch Director, Clinical Field Staff Supervisor, Quality Improvement, and packet/episode review. 	2/21/14

N092 • Plan:

2/27/14

Inservice staff related to federal and state regulations related to following a written plan of care and complying to the following Encompass policies to assure compliance:

- Coordination of Services (See attachment #1)
- Admissions/Client Assessment (See Attachment #2)
- Clinical Records (See Attachment #3)

The inservice will contain:

- That the plan of care is appropriate for the patient
- That the plan of care is initiated in a timely manner
- Any delays of service will be coordinated with the physician in order to obtain guidance related to the delay in care.
- Coordinating timely service deliver, including communication to appropriate staff members.

Staff will be inserviced on:

- Idaho Falls: 2/26/2014
- Pocatello 2/27/2014
- Rexburg: 2/27/2014

Ongoing monitoring for compliance:

- Compliance will be immediate and ongoing
- 10% of records of the unduplicated census will be reviewed each quarter until 90% compliance has been achieved, and will continue to maintain compliance with audits for one year.

N092

- Compliance will be monitored by the Branch Director, Clinical Field Staff Supervisor, Quality Improvement, and packet/episode review.

2/27/14

N152

Plan:

2/27/14

Inservice staff related to federal and state regulations related assuring that each patient's current plan of care accurately reflects the current needs and complying to the following Encompass policies to assure compliance:

- Coordination of Services (See attachment #1)
- Admissions/Client Assessment (See Attachment #2)
- Clinical Records (See Attachment #3)

The inservice will contain:

- The need for the plan of treatment to be developed by the physician in consultation with the Agency staff to adequately meet the client's physical, mental and social needs and that the plan of treatment accurately reflects the specific needs of the patient.
- The timely implementation of the plan of treatment
- Obtaining physician guidance and an update of the plan of care (in the form of a signed order) when it is identified that the plan of care needs to be revised.

Staff will be inserviced on:

N152

- Idaho Falls: 2/26/2014
- Pocatello 2/27/2014
- Rexburg: 2/27/2014

2/27/14

Ongoing monitoring for compliance:

- Compliance will be immediate and ongoing
- 10% of records of the unduplicated census will be reviewed each quarter until 90% compliance has been achieved, and will continue to maintain compliance with audits for one year.
- Compliance will be monitored by the Branch Director, Clinical Field Staff Supervisor, Quality Improvement, and packet/episode review.