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

April 22, 2014

Carl Hanson, Administrator
Minidoka Home Health Agency
1218 9th Street, Suite 4
Rupert, ID 83350-1527

RE: Minidoka Home Health Agency, Provider #137062

Dear Mr. Hanson:

This is to advise you of the findings of the Medicare/Licensure survey, which was concluded at your facility on April 10, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare 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.

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

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/pmt
Enclosures

MINIDOKA MEMORIAL HOSPITAL

MINIDOKA HOME HEALTH & HOSPICE

April 28, 2014

Sylvia Creswell
Co-Supervisor
Non-Long Term Care

Gary Guiles, RN, HFS
Health Facility Surveyor
Non-Long Term Care

Bureau of Facility Standards
P.O. Box 83720
Boise, Idaho 83720-0009

Dear Ms. Creswell and Mr. Guiles:

Attached is our Plan of Correction for our Home Health Surgery which concluded on April 10, 2014. We appreciated the exchange of information with Gary Guiles, RN, HFS and Don Sylvester, RN, BSN, HFS. They were professional and offered assistance and instructions as needed.

If you have any questions in regard to the plan we have submitted, please call me. We appreciate the opportunity to work with you and your staff.

Sincerely,

Joye Simpson, R.N—BC
Minidoka Home Health Director

Joye Simpson RN

Enclosures
Attachments 2

1224 8th Street, Rupert, Idaho 83350 (208) 436-9019 Fax: (208) 436-1571

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137062	A. BUILDING _____ B. WING _____	04/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINIDOKA HOME HEALTH AGENCY	1218 9TH STREET, SUITE 4 RUPERT, ID 83350

(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 recertification survey of your home health agency from 4/07/14 through 4/10/14. The surveyors conducting the recertification were: Gary Guiles, RN, HFS, Team Leader Don Sylvester, BSN, RN, HFS Acronyms include: LCSW - Licensed Clinical Social Worker LSW - Licensed Social Worker p.r.n. - as needed	G 000	RECEIVED APR 29 2014 FACILITY STANDARDS	
G 195	484.34 MEDICAL SOCIAL SERVICES If the agency furnishes medical social services, those services are given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social worker, and in accordance with the plan of care. The social worker assists the physician and other team members in understanding the significant social and emotional factors related to the health problems. This STANDARD is not met as evidenced by: Based on staff interview and review of medical records, administrative records, and agency policies, it was determined the agency failed to ensure social services were provided by a Qualified Social Worker or by a Social Work Assistant under the supervision of a Qualified Social Worker for 1 of 2 patients (#10) whose records were reviewed for social services. This	G 195	G195 484.34 Based on the findings of G195 Medical Social Services, the following action was taken: The LSW & MSW were inserviced on the policy titled: Social Services Supervision. Compliance will be monitored by the Home Health Director. Audits will be done quarterly by the MSW in conjunction with the Home Health Director with compliance of 80% over the next year.	4/28/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carl Hz — TITLE: CEO — (X6) DATE: 4-25-14

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 195	Continued From page 1	G 195		

resulted in a lack of oversight and care planning for patients receiving social services. Findings include:

1. The policy "SOCIAL SERVICES SUPERVISION," dated 1/26/12, stated:

"II. LSW licensure requires supervision by a higher degree, i.e. LCSW.
A. The Contractor shall provide social services supervision and consultation of the LSW for the Agency, including, but not limited to:
1. Review the plan of treatment on the patient.
2. Review of clinical progress notes and reports on the patient.
III. Supervision will occur quarterly and p.r.n. per phone calls, fax/record review and/or in person with both licensed personnel."

The supervision policy was changed on 2/12/14 to state "Supervision will occur 1-2 times a year and p.r.n. per phone calls, fax/record review and/or in person with both licensed personnel." The policy only required supervision 1-2 times a year. It did not specify how the Social Work Assistant would be supervised by the Qualified Social Worker on an ongoing basis.

The Social Work Assistant was interviewed on 4/09/14 beginning at 10:00 AM. He confirmed the policy for social services supervision. He stated he could call the Qualified Social Worker when he needed to. However, he also stated he had not spoken with her since 1/07/14.

Social Services policies did not specify how the Social Work Assistant would be supervised on an ongoing basis.

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G 195	Continued From page 2 2. Patient #10 was an 84 year old female admitted to the agency on 3/14/14, for diagnoses including a pressure ulcer on her lower back. She was currently a patient as of 4/09/14. A "Physician Order," dated 3/19/14 but not timed, stated the Social Work Assistant was to see Patient #10 1-3 times as needed "...FOR LONG RANGE PLANNING, SHORT TERM GOALS FOR CAREGIVER ISSUES; REDUCE CAREGIVER STRESS AND STRENGTHEN FAMILY CARE UNIT; ADJUSTMENT TO ILLNESS; IMPROVING FAMILY'S ABILITY TO COPE WITH APPROACHING END OF LIFE CARE." A "SOCIAL WORK ASSESSMENT," was dated 3/21/14 at 12:00 noon. It stated Patient #10's primary caregiver was "burned out" and had quit her job to care for the patient. It stated the primary caregiver's relationship with her sibling was "strained." It stated the primary caregiver "...gets very emotional when she talks about the stress that she is under." The plan was to "Contact family member about schedule for respite care to [patient]." The next visit was to be scheduled "as needed." The Social Work Assistant was interviewed on 4/09/14 beginning at 10:00 AM. He stated Patient #10's primary caregiver was burned out and said she was over at the patient's house "24-7." He stated Patient #10 was not a behavior problem but said she called for help all of the time, such as if the caregiver went to the kitchen for a short time. He stated he had not visited Patient #10 or contacted the primary caregiver or the sibling since the assessment visit. He stated he would reassess Patient #10 again. He stated he had	G 195		

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G 195	Continued From page 3 not discussed Patient #10's case with the Qualified Social Worker. The Qualified Social Worker did not supervise the care of Patient #10. 3. Records of audits by the Qualified Social Worker were dated 4/03/13, 5/16/13, 7/19/13, 1/07/14, and 4/15/14. Patient #10 was not listed as a case that had been audited. Communication between the Qualified Social Worker and the Social Work Assistant was only documented on 5/16/13 and 1/07/14. The Qualified Social Worker was interviewed on 4/10/14 beginning at 2:30 PM. She stated all social services were provided by the Social Work Assistant. She stated she conducted quarterly record audits as supervision for the Social Work Assistant. She stated she did not review all of his cases. She also stated she reviewed all of his assessments but she said there was no record of this. She stated the audits were the only documentation of supervision. Documentation of supervision of the Social Work Assistant was not present.	G 195		

Bureau of Facility Standards

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	OAS001380	A. BUILDING: _____ B. WING _____	04/10/2014

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MINIDOKA HOME HEALTH AGENCY	1218 9TH STREET, SUITE 4 RUPERT, ID 83350

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N 000	16.03.07 INITIAL COMMENTS No deficiencies were cited during the Idaho state licensure survey of your home health agency from 4/07/14 through 4/10/14. The surveyors conducting the review were: Gary Guiles, RN, HFS, Team Leader Don Sylvester, BSN, RN, HFS	N 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE