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
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PHONE 208-334-6626
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May 6, 2014

John Williams, Administrator
Oneida County Hospital Home Care
150 North 200 West
Malad, ID 83252

RE: Oneida County Hospital Home Care, Provider #137077

Dear Mr. Williams:

This is to advise you of the findings of the Medicare/Licensure survey at Oneida County Hospital Home Care, which was concluded on April 24, 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.

After you have completed your Plan of Correction, return the original to this office by **May 19, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137077	A. BUILDING _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONEIDA COUNTY HOSPITAL HOME CARE	150 NORTH 200 WEST MALAD, ID 83252

(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 4/21/14 through 4/23/14. The surveyors conducting the recertification were: Don Sylvester, BSN, RN, HFS Team Leader Gary Guiles, RN, HFS Acronyms include: POC-Plan of Care SN-Skilled Nursing	G 000	**The statements made herein on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies or of the correctness of the conclusion set forth herein. The plan of correction is submitted as is requisite to continued program participation.** RECEIVED MAY 19 2014 FACILITY STANDARDS	
G 160	484.18(a) PLAN OF CARE If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modification to the original plan. This STANDARD is not met as evidenced by: Based on review of patient records and staff interview, it was determined the agency failed to ensure a physician was consulted to approve the plan of care for 3 of 10 patients (#5, #6, and #10) whose records were reviewed. This resulted in plans of care that were developed and initiated without appropriate physician approval. Findings include: 1. Patient #10 was an 83 year old female admitted to the agency on 12/11/13 for SN services related to an ulcer on her calf, edema	G 160	**G 160** OCH Home Care will continue to ensure that if a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions of modification to the original plan.	5/16/14

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

CEO/ADMINISTRATOR 5/15/14

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 160	Continued From page 1 and abnormality of gait. Patient #10's referral orders, dated 12/11/13, stated nursing to provide 3 months of dressing change's and wound care. However, after the evaluation visit, the medical record did not include documentation of orders for specific treatments, SN frequency, and duration. Six nursing visits were documented between 12/11/13 and 1/08/14. The POC was signed on 1/08/14. These included visits dated 12/12/13, 12/16/13, 12/20/13, 12/30/13, 1/03/14, and 1/06/14. No physician orders were present authorizing these visits. The Home Health Director was interviewed on 4/23/14 beginning at 9:25 AM. She confirmed orders were not obtained to approve nursing visits from 12/12/13 through 1/06/14. The physician was not consulted to approve nursing visits. 2. Patient #6's medical record documented a 66 year old female who was admitted for home health services on 12/10/13. Her diagnoses included colon cancer and chronic obstructive pulmonary disease. She was discharged on 1/24/14. An order from a local hospital, dated 12/09/13, stated to discharge Patient #6 home with home health. The form "HOME HEALTH CERTIFICATION AND PLAN OF CARE," for the certification period 12/10/13 to 2/07/14, called for nurses to visit Patient #6 three times a week for 1 week, 2 times a week for 1 week, and 1 time a week for 7 weeks. The POC was signed by the	G 160	**CORRECTIVE MEASURES** For all future patients, if a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician will be consulted to approve additions or modification to the original plan in the form of a verbal order. **MEASURES TO PREVENT REOCCURANCE** All nursing staff will be in-service on the item where improvement is needed which includes ensuring that the physician will be consulted to approve additions or modifications to the original plan if needed and that a verbal order is written	

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G 160	Continued From page 2 physician on 1/08/14. No other orders for nursing visits were documented prior to 1/08/14. Eight nursing visits were documented between 12/10/13 and 1/08/14, when the POC was signed. These included visits dated 12/11/13, 12/13/13, 12/16/13, 12/19/13, 12/21/13, 12/23/13, 12/31/13, and 1/07/14. No physician orders were present authorizing these visits. The Home Health Director was interviewed on 4/23/14 beginning at 9:25 AM. She confirmed orders were not obtained to approve nursing visits from 12/11/13 through 1/07/14. The physician was not consulted to approve nursing visits. 3. Patient #5's medical record documented a 57 year old female who was admitted for home health services on 1/15/14. Her diagnoses included pneumonia and empyema, a collection of pus in a lung. She was discharged on 3/04/14. An order dated 1/14/14, requested home health services for Patient #5. The form "HOME HEALTH CERTIFICATION AND PLAN OF CARE," for the certification period 1/15/14 to 3/15/14, called for nurses to visit Patient #5 four times a week for 1 week and then once a week for 8 weeks. The POC was signed by the physician on 2/12/14. No other orders for nursing visits were documented prior to 1/08/14. Eight nursing visits were documented between 1/15/14 and 2/12/14, when the POC was signed. These included visits dated 1/16/14, 1/17/14, 1/20/14, 1/27/14, 1/30/14, 2/03/14, 2/06/14, and 2/10/14. No physician orders were present	G 160	**MONITORING /ASSURANCE** Home Health Director and agency staff will review charts to ensure that verbal orders are obtained after the evaluation visit. Monitoring results will be included in the quarterly performance improvement report.	

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G 160	Continued From page 3 authorizing these visits. The Home Health Director was interviewed on 4/23/14 beginning at 9:25 AM. She confirmed orders were not obtained to approve nursing visits from 1/15/14 through 2/10/14. The physician was not consulted to approve nursing visits.	G 160		

Bureau of Facility Standards

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	OAS001420	A. BUILDING: _____ B. WING _____	04/24/2014

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N 000	16.03.07 INITIAL COMMENTS The following deficiency was cited during the Idaho state licensure survey of your home health agency from 4/21/14 through 4/23/14. The surveyors conducting the review were: Don Sylvester, BSN, RN, HFS Team Leader Gary Guiles, RN, HFS	N 000	**The statements made herein on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies or of the correctness of the conclusion set forth herein. The plan of correction is submitted as is requisite to continued program participation.** Refer to G 160 RECEIVED MAY 19 2014 FACILITY STANDARDS	5/19/14
N 156	03.07030.PLAN OF CARE. N156 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: d. Frequency of visits; This Rule is not met as evidenced by: Refer to G160.	N 156		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO/ADMINISTRATOR — (X6) DATE: 5/15/14