



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

May 7, 2014

Teresa Dixon, Administrator
Alliance Home Health Of Idaho
440 East Clark Street, Suite A
Pocatello, ID 83201

RE: Alliance Home Health Of Idaho, Provider #137115

Dear Ms. Dixon:

This is to advise you of the findings of the complaint survey at Alliance Home Health Of Idaho, which was concluded on April 25, 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:

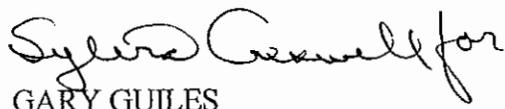
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date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

Teresa Dixon, Administrator
May 7, 2014
Page 2 of 2

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,


GARY GUILLES
Health Facility Surveyor
Non-Long Term Care


SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/pmt
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/14
NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 440 EAST CLARK STREET, SUITE A POCATELLO, ID 83201	
(X4) 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	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the complaint investigation survey completed 4/23/14 Through 4/25/14 at your agency. The surveyors conducting the investigation were:</p> <p>Gary Guiles, RN, HFS, Team Leader Don Sylvester, RN, BSN, HFS</p> <p>Acronyms used in this report include:</p> <p>CHF – Congestive Heart Failure</p> <p>DON – Director Of Nursing</p> <p>HH – Home Health</p> <p>PT – Physical Therapy</p> <p>OT - Occupational Therapy</p> <p>SN – Skilled Nursing</p> <p>TIA – Transient Ischemic Attack – stroke symptoms lasting less than 24 hours</p>	G 000		
G 158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, 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</p>	G 158	<p>A written Plan of Care (POC) shall be established for all patients admitted to Alliance Home Health. The attending physician shall receive verbal notice of the established POC within 24 – 48 hours after admission to Home Health services. Once the physician has been notified of the plan of care a verbal order will be sent for</p>	<p>RECEIVED</p> <p>MAY 19 2014</p> <p>FACILITY STANDARDS</p>

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

Teressa Dwyer RN Administrator _____ 05-14-14

Any deficiency statement ending with an (*) 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.

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

PRINTED: 05/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2014
NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 440 EAST CLARK STREET, SUITE A POCATELLO, ID 83201	
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G 158	Continued From page 1 Followed a physician's written plan of care for 4 of 8 patients (#2, #5, #7, and #8) whose records were reviewed. This resulted in omissions of care and had the potential to result in unmet patient needs. Findings include: 1. Patient #5 was a 71 year old male, admitted to the agency on 1/24/13 with diagnoses of cellulitis of the leg, muscle weakness, CHF, chronic airway obstruction, diabetes mellitus type II, and TIA cerebral infarction. Her received SN, PT and OT services. His medical record for the certification period 8/25/13 through 10/23/13 was reviewed. A "PHYSICIAN SUPPLEMENTAL/VERBAL/TELEPHONE ORDER", date 8/23/13, stated, "Recertify patient to continue HH service for new certification period 8/25/13 – 10/10/13, SN to continue wound care." "PHYSICIAN WRITTEN ORDERS", dated 8/22/13, 9/05/13, 9/12/13, 9/19/13, 9/26/13, 10/03/13, 10/10/13, and 10/17/13, stated daily dressing changes to wounds. Nursing visit notes for wound dressing changes were not documented for Patient 35 on 9/03/13, 9/04/13, 9/05/13, 9/12/13, 9/17/13, 10/03/13, and 10/10/13. The DON was interviewed on 4/25/13, beginning at 11:00 AM. She confirmed there were no nursing visits on 9/03/13, 9/04/13, 9/05/13, 9/12/13, 9/17/13, 10/03/13, and 10/10/13, and Wound care was not completed as ordered. Wound care orders for Patient #5 were not Followed.	G 158	physician signature approving the POC. The RN Case Manger will be responsible for initiating the POC with the patient and/or care giver. The Administrator and Director of Nursing will be responsible to provide continuing education (related to notifying the attending physician of the admission POC and/or any changes in current POCs, then sending the verbal order for the POC to the physician for approval) to all the current RN Case Managers and to include this education in orientation for future new hires. The RN Case Manager will be responsible for communication with the attending physician related to the orders for Plan of Care for all admissions and recertifications. Supplemental/Verbal/Telephone orders will be obtained, then sent to the physician for signature approving the POCs. Chart reviews to monitor compliance with each discipline following the ordered POC, will be conducted daily for the next week starting 04/28/14, then weekly for the next 2 weeks starting 05/05/14 then at least monthly thereafter. The Administrator and DON will be responsible for monitoring compliance with the POC. Wound care will be conducted according to the ordered POC. Documentation of the cares being provided will be according to the orders. Chart reviews will be conducted weekly for the next two week to monitor compliance. The DON will be responsible for monitoring the completion of the chart reviews and the compliance of cares provided.	04/25/14 04/28/14 04/25/14 05/02/14 05/23/14 05/09/14

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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 440 EAST CLARK STREET, SUITE A POCATELLO, ID 83201	
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G 158	<p>Continued From page 3</p> <p>The DON reviewed Patient #7's medical record with the surveyor on 4/24/14 beginning at 3:20 PM. She confirmed the lack of orders for aide services.</p> <p>Patient #7's aide services were provided without orders.</p> <p>4. Patient #8's medical record documented a 25 year old female who was admitted for home health services on 2/15/14. She was currently a patient as of 4/24/14. Her diagnosis was stonach cancer.</p> <p>Patient 38's "HOME HEALTH CERTIFICATION AND PLAN OF CARE" for the certification period 2/15/14 to 4/15/14 called for nursing visit on 2/15/14 (week 1) and then 3 times a week for 3 weeks.</p> <p>A nursing visit was documented on 2/15/14. Two nursing visits were documented on week 2, on 2/18/14 and 2/19/14, instead of the 3 visits which were ordered. no nursing visits were documented on week 3, instead of the 3 visits which were ordered. one nursing visit was documented on week 4, on 3/06/14, instead of the 3 visits which were ordered. no other nursing visits were documented for Patient #8.</p> <p>The DON reviewed patient #8's medical record with the surveyor on 4/25/14 beginning at 10:30 AM. She confirmed the nursing visits did not match the POC. She stated she could not explain the discrepancy.</p> <p>Patient #8's nursing services were not provided in accordance with a POC.</p>	G 158	<p>If the visits being made do not match the POC, the physician will be notified of the change either by Verbal/Telephone orders, Supplemental orders reflecting the change. Missed visit notes can be used if the change in the visit is due to patient request, or need to be seen at a different date. The physician will also be notified of this. Education will be provided to the current RN Case Managers related to the above and ongoing education will be provided throughout the year and added to the orientation process to new employees. Chart reviews will be conducted weekly for the first two weeks, then monthly thereafter. The DON and Administrator will be responsible for monitoring compliance with the above.</p> <p>All of the open charts for Alliance Home Health have had a chart conducted and completed to monitor for compliance with following the physician ordered Plan of Care. This was conducted and overseen by the Administrator and Director of Nursing.</p>	04/28/14 05/05/14 05/12/14 05/12/14

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N 000	16.03.07 INITIAL COMMENTS The following deficiency was cited during the complaint investigation survey completed 4/23/14 through 4/25/14 at your agency. The surveyors conducting the investigation were: Gary Guiles, RN, HFS Team Leader Don Sylvester, RN, BSN, HFS	N 000	<p style="text-align: center;">RECEIVED MAY 19 2014 FACILITY STANDARDS</p>	
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 follow written plans of care.	N 152		04/28/14
			The RN Case Manager will be responsible for obtaining orders to establish the plan of care. Chart reviews will be conducted weekly for two weeks then monthly thereafter to make sure the plan of care is being followed as ordered.	05/05/14
			The Administrator and Director of Nursing will be responsible for monitoring compliance of the clinical staff following the physician ordered plans of care for each patient.	05/12/14 and ongoing

Bureau of Facility Standards

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

TITLE

(x6 DATE)

Zeresa Dura RN Administrator

05-14-14



IDAHO DEPARTMENT OF
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May 7, 2014

Teresa Dixon, Administrator
Alliance Home Health Of Idaho
440 East Clark Street, Suite A
Pocatello, ID 83201

RE: Alliance Home Health of Idaho, Provider #137115

Dear Ms. Dixon:

On **April 25, 2014**, a complaint survey was conducted at Alliance Home Health Of Idaho. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00006252

Allegation: Nursing care was not provided in accordance with physician orders.

Findings: An unannounced survey of the home health agency was conducted 4/23/14 through 4/25/13. Eight patients' records were reviewed. Two records for current patients and six records of discharged patients were reviewed. Staff were interviewed.

Nursing visits were not made in accordance with physician orders for 4 of the 8 patients whose records were reviewed. For example, one patient's record documented a 71 year old male, admitted to the agency on 4/27/13 with diagnoses of cellulitis of the leg, muscle weakness, congestive heart failure, chronic airway obstruction, diabetes mellitus type II and transient ischemic attack. He received skilled nursing, physical therapy and occupational therapy services. His medical record for the certification period 8/25/13 through 10/23/13 was reviewed.

A "PHYSICIAN SUPPLEMENTAL/VERBAL/TELEPHONE ORDER", dated 8/23/13, stated, "Recertify patient to continue (home health) service for new certification period 8/25/13-10/23/13, (skilled nursing) to continue wound care."

Teresa Dixon, Administrator
May 7, 2014
Page 2 of 2

"PHYSICIAN WRITTEN ORDERS", dated 8/22/13, 9/05/13, 9/12/13, 9/19/13, 9/26/13, 10/03/13, 10/10/13, and 10/17/13, all called for daily dressing changes to the patient's wounds.

Nursing visit notes for wound dressing changes were not documented on, 9/03/13, 9/04/13, 9/05/13, 9/12/13, 9/17/13, 10/03/13, and 10/10/13. No documentation was present to explain why these visits were not made.

The Director of Nursing was interviewed on 4/25/13, beginning at 11:00 AM. She confirmed nursing visits were not conducted on 9/03/13, 9/04/13, 9/05/13, 9/12/13, 9/17/13, 10/03/13, and 10/10/13, and wound care was not completed as ordered.

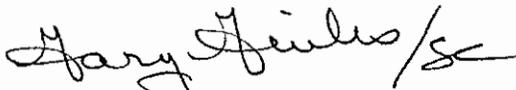
Nursing visits were not conducted as ordered. A deficiency was cited at 42 CFR Part 484.18 for the failure of nurses to conduct visits in accordance with physician orders.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

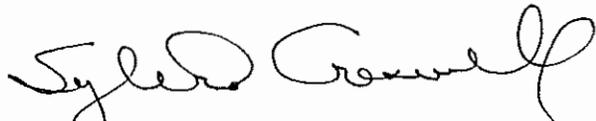
Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

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,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/pmt