



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

June 20, 2014

Donald Duffy, Administrator
Panhandle Health District
8500 N Atlas Road
Hayden, ID 83835-8332

RE: Panhandle Health District, Provider #137002

Dear Mr. Duffy:

This is to advise you of the findings of the Medicare/Licensure survey at Panhandle Health District, which was concluded on June 6, 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:

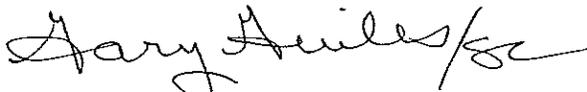
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date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

Donald Duffy, Administrator
June 20, 2014
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **July 3, 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



Public Health
Prevent. Promote. Protect.
Panhandle Health District

Panhandle Health District

Healthy People in Healthy Communities

**Public Health Services
Home Health**
8500 N Atlas Road
Hayden, Idaho 83835
Phone: 208-415-5160
Fax: 208-415-5161
www.phd1.idaho.gov

July 8, 2014

Gary Guiles, Health Facility Surveyor
Sylvia Creswell, Co-Supervisor
Idaho Department of Health & Welfare
3232 Elder Street
PO Box 83720
Boise ID 83720-0009

Re: Panhandle Health District, Provider #137002

Dear Mr. Guiles and Ms. Creswell:

Please find enclosed our Plan of Correction and supporting documents for the Medicare/Licensure survey completed on June 6, 2014.

If you have any questions or require further documentation, please contact me directly at (208) 415-5124.

Thank you for the opportunity to improve our procedures and better serve our community.

Sincerely,

Rousal Mahakam
Acting Home Health Administrator
Panhandle Health District

RM/cat
Enclosures

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JUL 10 2014
FACILITY STANDARDS

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

PRINTED: 06/20/2014
FORM APPROVED
OMB NO. 0938-0391

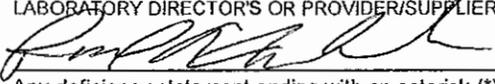
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2014
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NAME OF PROVIDER OR SUPPLIER PANHANDLE HEALTH DISTRICT	STREET ADDRESS, CITY, STATE, ZIP CODE 8500 N ATLAS ROAD HAYDEN, ID 83835
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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
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G 000	INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your home health agency from 6/03/14 through 6/06/14. The surveyors conducting the recertification were: Gary Guiles, RN, HFS, HFS Team Leader Nancy Bax, BSN, RN Acronyms used in this report include: DM - Diabetes Mellitus HHA - Home Health Aide HTN - Hypertension OT - Occupational Therapy POC - Plan of Care PT - Physical Therapy SN - Skilled Nursing SOC - Start of Care ST - Speech Therapy	G 000		
G 114	484.10(e)(1(i-iii)) PATIENT LIABILITY FOR PAYMENT Before the care is initiated, the HHA must inform the patient, orally and in writing, of: (i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay. This STANDARD is not met as evidenced by: Based on review of patient records, staff	G 114		

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Acting Home Health Administrator	(X6) DATE 7/8/14
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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.

BUREAU OF FACILITY STANDARDS
PLAN OF CORRECTION
JUNE 6, 2014

G114 and N040

- Action
 - Review with RN case managers and billing staff new policy and procedures to ensure patient receives insurance liability information prior to start of care during weekly Friday meetings starting June 13, 2014.
 - Immediately after receiving a patient referral PHH will verify patient's eligibility and financial liability. The quoted benefits will be given to all patients verbally and written in the Insurance Benefit Information (IBI) form prior to admission to home health. All verbal information provided will be documented on the visit note or on a communication form and filed in patient's chart. Patient will sign financial policy stating receipt of IBI and understanding of financial liability.
- Monitoring and persons responsible: Program manager, nurse manager, RN case manager, and office specialist.
 - Program manager and nurse manager will complete monthly chart audits. All skilled services will participate in quarterly monitoring. Program manager will compile results and share results with all staff quarterly.
 - The following will be added to the monthly chart audit form:
 - Is there documentation that patient was notified verbally of their financial liability?
 - Is there documentation that patient signed understanding of their financial liability provided to them?
- Completion date: September 1, 2014
- Process improvement: the above will ensure that patient will receive verbal and written information of their financial liability prior to start of care. Monitoring will show 90% to 100% compliance on an ongoing basis.

See attachments: Insurance benefit form, communication form, financial policy, monthly chart audit form, in-service meeting minutes, referral and admission procedures, and patient's rights policy.

G158 and N152

- Action
 - Review with clinical staff importance of acquiring specific wound care orders prior to providing treatment to a wound. Wound care orders will contain frequency of dressing changes, type of primary and secondary dressing, and all irrigants and cleansing agents. Any medicated agents will be listed in the patient's medication list.
 - Specific wound care orders will be obtained from the referral source prior to start of care. If a wound is discovered during the home health visit the nurse will contact the physician to obtain specific wound care verbal orders for treatment.
- Monitoring and persons responsible: Program manager and nurse manager.

BUREAU OF FACILITY STANDARDS

PLAN OF CORRECTION

JUNE 6, 2014

- Program manager and nurse manager will complete quarterly chart audits. All skilled services will participate in quarterly monitoring. Program manager will compile results and share results with all staff quarterly.
- The following will be added to the quarterly chart audit form:
 - Are there specific wound care orders (frequency of dressing changes, type of primary and secondary dressing, and all irrigants and cleansing agents) prior to treatment?
- Completion date: September 1, 2014
- Process improvement: the above will ensure that wound treatment follows a written plan of care established and periodically reviewed by the attending physician. Monitoring will show 90% to 100% compliance on an ongoing basis.

See attachments: revised quarterly chart audit form, revised wound care referrals and orders procedure, agenda for weekly nurse meeting.

G337 and N173

- Action
 - Review with all clinical staff during weekly meeting importance of notifying physician of clinically significant drug interactions and documenting follow-up with physician.
 - Registered Nurse will notify physician of any medication issues via phone call or fax as soon as possible, including clinically significant major drug interactions reported by Drugs.com or any other internationally recognized database.
 - A list of major interactions reported to the physician will be attached to the medication list in the patient's chart.
- Monitoring and persons responsible: Program manager and nurse manager.
 - Program manager and nurse manager will complete quarterly chart audits. All skilled services will participate in quarterly monitoring. Program manager will compile results and share results with all staff quarterly.
 - The following will be added to the quarterly chart audit form:
 - Was the physician notified of clinically significant drug interactions?
- Completion date: September 1, 2014

Process improvement: the above will ensure that the attending physician is notified of clinically significant medication issues in a timely manner. Monitoring will show 90% to 100% compliance on an ongoing basis.

See attachments: revised quarterly chart audit form, agenda for weekly nurse meeting, medication list documentation procedures.

TIME RECEIVED
July 23, 2014 3:51:49 PM MDT

REMOTE CSID

DURATION PAGES
834 19

STATUS
Received

0001/0019

07/23/2014 13:45 FAX

PANHANDLE HEALTH DISTRICT 1 PANHANDLE HOME HEALTH DIVISION



A NON PROFIT ORGANIZATION

Public Health
Prevent. Promote. Protect.
Panhandle Health District

8500 N. ATLAS ROAD
HAYDEN, ID 83835

PHONE: (208) 415-5160 or 1-800-226-2053

FAX: (208) 415-5161

One of the first non profit Medicare Certified home care agencies in North Idaho, Panhandle Health District 1, Home Health Division has been providing quality care in our community since 1966. Today, the program serves people of all ages in the five northern counties. With the Panhandle Home Health Division you are part of a team of:

- Registered Nurses
- Certified Nurse Assistants
- Physical Therapists
- Occupational Therapists
- Speech Therapists
- Medical Social Worker
- Registered Dietitian

FAX COVER SHEET

DATE: 7/23^{am} 23/14 FAX: 208 364 1888
 TO: Don Sylvester or Gary Gules DEPT: _____
 FROM: Rousal Mahakam Number of pages including cover sheet: _____
 COMMENTS: Completion dates

RECEIVED
JUL 23 2014

FACILITY STANDARDS

CONFIDENTIAL FAX COVER SHEET

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU

07/23/2014 13:46 FAX

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

PRINTED: 08/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2014
NAME OF PROVIDER OR SUPPLIER PANHANDLE HEALTH DISTRICT			STREET ADDRESS, CITY, STATE, ZIP CODE 8500 N ATLAS ROAD HAYDEN, ID 83835		
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G 114	484.10(e)(1)(i-iii) PATIENT LIABILITY FOR PAYMENT Before the care is initiated, the HHA must inform the patient, orally and in writing, of: (i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay. This STANDARD is not met as evidenced by: Based on review of patient records, staff	G 114		7/8/14 Plan 8/1/14 Training	

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JUL 23 2014
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Acting Home Health Administrator (X6) DATE: 7/8/14

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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G 114	Continued From page 1 interview and patient interview, it was determined the agency failed to ensure patients were informed in writing of the extent to which payment for home health services could be expected, and the charges the individual might have to pay, for 2 of 2 patients (Patients #4 and #12) whose records were reviewed and whose insurance required a co-payment. This had the potential to interfere with patients'/caregivers' ability to make reasonable, informed decisions about financial matters related to the agency's care and treatment. Findings include: 1. During an interview on 6/05/14 at 3:30 PM, the Program Manager was asked to explain the process of determining a patient's insurance benefits, including any patient financial liability for home health services. He stated the agency's billing department checked the patients' insurance benefits to determine coverage for home health services. This information was included in the patients' electronic medical records. The Program Manager also stated he believed the billing department informed the patient by phone when a patient was expected to have an out-of-pocket expense for home health services. He stated patients did not receive written information regarding financial liability. 2. Patient #4 was a 67 year old male admitted to the agency on 4/13/14, following surgery to resect his colon. As of 6/06/14, he had received 9 SN and 2 PT visits. Patient #4's record included a form titled "INSURANCE BENEFITS INFORMATION". The form included his insurance information and indicated his insurance usually covered 75% of SN and PT visits. It further stated, "Self-Pay	G 114		9/1/14 Training 4/8/14 Plan	

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G 114	<p>Continued From page 2</p> <p>could be up to 25%". Patient #4's record did not include documentation of a phone call from the billing department nor did it contain written notice informing him of possible financial liability.</p> <p>A visit was made to Patient #4's home on 6/04/14 at 9:00 AM, to observe a SN visit. The folder left in his home by the agency was reviewed. The folder did not contain information regarding his insurance benefits or financial liability. The patient and his wife were asked if they knew how his home health services were covered and if they would be responsible for a co-payment. The patient and his wife stated they had not been informed by the agency regarding insurance coverage or financial liability.</p> <p>During an interview on 6/05/14 at 3:40 PM, the Program Manager confirmed Patient #4 was not informed in writing of a possible financial liability for the home health services he was receiving.</p> <p>The agency did not inform Patient #4 in writing of the extent to which payment could be expected from his insurance and the charges he may have to pay.</p> <p>3. Patient #12 was a 90 year old woman admitted to the agency on 4/10/14 for SN services related to a wound on her leg. As of 6/06/14, she had received 19 SN visits.</p> <p>Patient #12's record included a form titled "INSURANCE BENEFITS INFORMATION". The form included her insurance information and indicated her insurance usually covered 80% of SN visits. Under "Self-Pay" it noted 20%. Patient #12's record did not include documentation of a phone call from the billing department nor did it</p>	G 114	<p>7/8/14 plan 9/1/14 Training</p>

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G 114	Continued From page 3 contain written notice informing her of possible financial liability. A visit was made to Patient #12's home on 6/05/14 at 9:00 AM, to observe a SN visit. The folder left in her home by the agency was reviewed. The folder did not contain information regarding her insurance benefits or financial liability. Patient #12 was unable to remember whether someone from the agency informed her of possible financial liability for home health services. During an interview on 6/05/14 at 3:35 PM, the Program Manager confirmed Patient #12 was not informed in writing of a possible financial liability for the home health services she was receiving. The agency did not inform Patient #12 in writing of the extent to which payment could be expected from her insurance and the charges she may have to pay.	G 114		7/8/14 Plan 9/1/14 Training
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, osteopathy, or podiatric medicine. 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 3 of 16 patients (#3, #4, and #9) whose records were reviewed. This resulted in unauthorized treatments and visits, and had the potential to result in negative patient outcomes. Findings	G 158		7/8/14 Plan 9/1/14 Training

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G 158	<p>Continued From page 4 include:</p> <p>1. Patient #3 was a 72 year old woman admitted to the agency on 5/21/14, for SN services related to a rectal wound and colostomy care.</p> <p>Patient #3's SOC assessment was completed by the RN on 5/21/14. Documentation of wound care provided during the SOC visit included irrigation, cleansing, packing and covering of the wound. Additional SN visits with wound care were provided on 5/26/14, 5/28/14, 5/30/14, 6/02/14 and 6/04/14.</p> <p>Patient #3's record included a form titled, "PHYSICIAN INTERIM ORDERS", completed and signed by the RN on 5/23/14, and signed by her physician on 5/25/14. The form included information about Patient #3's assessment and wound care. The section of the form titled, "PHYSICIAN'S COMMENTS/ORDERS" stated, "RN - Admit 5/21/14, then wound care/packing 3x/wk starting wk of 5/25/14 until wound closed." However, the physician's order did not include specific information regarding agents to be used to irrigate, cleanse, pack and cover the wound.</p> <p>During an interview on 6/04/14 at approximately 11:30 AM, the RN was asked how wound care orders were obtained at the SOC. She stated she often had to investigate by looking at documentation sent to the agency from the referral source, seeing what supplies were sent home with the patient, or asking the patient/family about wound care provided prior to home health services.</p> <p>During an interview on 6/05/14 at 3:30 PM, the Program Manager reviewed Patient #3's record</p>	G 158	<p>7/8/14 Plan</p> <p>9/1/14 Training</p>

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G 158	<p>Continued From page 5 and confirmed the wound care orders were incomplete and the POC had not been developed.</p> <p>Patient #3's wound care did not follow a physician's order.</p> <p>2. Patient # 4 was a 67 year old male admitted to the agency on 4/13/14, following hospitalization for a colon resection. Additional diagnoses included HTN and non-insulin dependent DM. He received SN services for wound and colostomy care.</p> <p>Patient #4's record included a form titled "Physician Interim Orders", written by an RN on 4/12/14 and signed by his physician on 4/16/14. The orders included admission to home health and daily gauze dressing changes to his abdominal incision line. The order did not state ointment was to be applied to his incision line.</p> <p>Patient #4's record included a SOC assessment completed by the RN on 4/13/14. Documentation of wound care provided during the SOC visit stated the RN applied Triple Antibiotic Ointment around the incision line, then covered the incision with a dry dressing. An SN visit note dated 4/14/14, also documented application of Triple Antibiotic Ointment to his wound area. An SN visit note dated 4/16/14, documented application of Bacitracin ointment to his wound area.</p> <p>Patient #4's record included a medication list, completed and signed by the RN on 4/13/14. The medication list did not include Triple Antibiotic Ointment or Bacitracin Ointment.</p> <p>During an interview on 6/05/14 at 3:40 PM, the</p>	G 158	<p>7/8/14 Plan</p> <p>9/1/14 Training</p>

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NAME OF PROVIDER OR SUPPLIER PANHANDLE HEALTH DISTRICT		STREET ADDRESS, CITY, STATE, ZIP CODE 8500 N ATLAS ROAD HAYDEN, ID 83835	
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G 158	<p>Continued From page 6</p> <p>Program Manager reviewed Patient #4's record and confirmed there was no order for ointment to be applied to his incision area.</p> <p>Patient #4's wound care did not follow a physician's order.</p> <p>3. Patient #9 was an 87 year old female admitted to the agency on 3/14/14 for care related to shoulder pain. She received SN, PT, OT and HHA services.</p> <p>Patient #9's record included SN visit notes dated 3/28/14, 4/01/14, 4/07/14, 4/09/14, that documented the application of an occlusive dressing to her left heel.</p> <p>Patient #9's record included a "PHYSICIAN INTERIM ORDER" completed and signed by the RN on 3/28/14, and signed by her physician on 4/02/14. The form included information regarding a sore on Patient #9's heel that required additional SN visits for wound care. The section of the form titled, "PHYSICIAN'S COMMENTS/ORDERS" included SN visits 1-2 times a week for 3 weeks. However, the order did not include details regarding the type of dressing to be applied to her wound.</p> <p>During an interview on 6/05/14 at 4:00 PM, the Program Manager reviewed Patient #9's record and confirmed the physician orders did not include the type of dressing to be applied to her wound.</p> <p>Patient #9's wound care did not follow a physician's order.</p>	G 158	<p>7/8/14 Plan</p> <p>9/1/14 Training</p> <p>Plan 7/8/14 Training 9/1/14</p>
G 337	484.55(c) DRUG REGIMEN REVIEW	G 337	

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G 337	Continued From page 7 The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure the drug review was comprehensive and acted upon for 10 of 16 patients (#1, #4, #5, #7, #8, #9 #10, #12, #13, and #16) whose records were reviewed. This had the potential to place patients at risk for adverse events or negative drug interactions. Findings include: 1. During the survey entrance conference on 6/03/14, beginning at 8:30 AM, the Program Manager was asked to describe the Agency's comprehensive drug review process. He stated during the SOC visit, the RN reviewed all medications the patient was taking and entered the medications into "Drugs.com" (an internationally recognized database and public access website established as a standard for nurses and clinical staff in determination of drug interactions) to check for drug interactions. The medication review was repeated when a patient's care was resumed following an inpatient stay, any time a new medication was added, and at least every 60 days. The Program Manager stated the agency's practice was to report to the patient's physician any interactions classified as "major" by "Drugs.com". This process was not followed. Examples include:	G 337		7/8/14 Plan 9/1/14 Training	

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G 337	<p>Continued From page 8</p> <p>a. Patient #1 was an 84 year old female admitted to the agency on 4/30/14 following total knee surgery. She was currently a patient as of 6/04/14.</p> <p>Patient #1's POC for the certification period 3/15/14-5/13/14 stated she was taking 15 separate medications. When the 15 medications were entered into "Drugs.com" by the surveyor, 6 major drug interactions were identified. Patient #1's record did not include documentation to indicate her physician was notified of her drug interactions.</p> <p>During an interview on 6/05/14 at 9:40 AM, the Program Manager reviewed Patient #1's record and confirmed her physician had not been notified of the drug interactions.</p> <p>Patient #1's medication interactions were not identified and reported to her physician.</p> <p>b. Patient #5 was an 87 year old female admitted to the agency on 4/04/14, for care related to pulmonary embolism and atrial fibrillation.</p> <p>Patient #5's SOC assessment was completed by an RN on 4/04/14. Her record included a list of 13 medications, completed by the RN, signed and dated 4/04/14. When the 13 medications were entered into "Drugs.com" by the surveyor, 2 major drug interactions were identified.</p> <p>Patient #5's record did not include documentation to indicate her physician was notified of her major drug interactions.</p> <p>During an interview on 6/05/14 at 2:45 PM, the</p>	G 337		7/6/14 Plan 9/1/14 Training	

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G 337	<p>Continued From page 9</p> <p>Program Manager reviewed Patient #5's record and confirmed her physician had not been notified of her major drug interactions.</p> <p>Patient #5's medication interactions were not identified and reported to her physician.</p> <p>c. Patient #7 was a 56 year old female admitted to the agency on 5/19/14 for care related to difficulty walking. She received SN, PT and HHA services.</p> <p>Patient #7's SOC assessment was completed by an RN on 5/19/14. Her record included a list of 25 medications. When the 25 medications were entered into "Drugs.com" by the surveyor, 1 major drug interaction was identified.</p> <p>Patient #7's record did not include documentation to indicate her physician was notified of her major drug interaction.</p> <p>During an interview on 6/05/14 at 3:00 PM, the Program Manager reviewed Patient #7's record and confirmed her physician had not been notified of her major drug interaction.</p> <p>Patient #7's medication interaction was not identified and reported to her physician.</p> <p>d. Patient #8 was a 59 year old male admitted to the agency on 2/03/14, for care following a stroke. Additional diagnoses included depression. Patient #8 was recertified for an additional episode of care when his first certification period ended on 4/03/14.</p> <p>Patient #8's record included a POC for the certification period 4/04/14 to 6/02/14, signed by</p>	G 337		7/8/14 Plan 9/1/14 Training

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G 337	Continued From page 10 an RN on 4/01/14. The POC included 11 medications. When the 11 medications were entered into "Drugs.com" by the surveyor, 1 major drug interaction was identified. Patient #8's record did not include documentation to indicate his physician was notified of his major drug interaction. During an interview on 6/05/14 at 3:25 PM, the Program Manager reviewed Patient #8's record and confirmed his physician had not been notified of his major drug interaction. Patient #8's medication interaction was not identified and reported to his physician. e. Patient #9 was an 87 year old female admitted to the agency on 3/14/14 for care related to shoulder pain. She received SN, PT, OT and HHA services. Patient #9's SOC assessment was completed by an RN on 3/14/14. Her record included a list of 7 medications, completed and signed by the RN on 3/27/14. When the 7 medications were entered into "Drugs.com" by the surveyor, 1 major drug interaction was identified. Patient #9's record did not include documentation to indicate her physician was notified of her major drug interaction. During an interview on 6/05/14 at 4:00 PM, the Program Manager reviewed Patient #9's record and confirmed her physician had not been notified of her major drug interaction. Patient #9's medication interaction was not	G 337		7/8/14 Plan 9/1/14 Training

07/23/2014 13:55 FAX

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G 337	<p>Continued From page 11 identified and reported to her physician.</p> <p>f. Patient #12 was a 90 year old woman admitted to the agency on 4/10/14 for SN services related to a wound on her leg.</p> <p>Patient #12's SOC assessment was completed by an RN on 4/10/14. Patient #12's record included a POC for the certification period 4/10/14 to 6/08/14, signed by an RN on 4/09/14. The POC included 8 medications. When the 8 medications were entered into "Drugs.com" by the surveyor, 1 major drug interaction was identified.</p> <p>Patient #12's record did not include documentation to indicate her physician was notified of her major drug interaction.</p> <p>During an interview on 6/05/14 at 3:35 PM, the Program Manager reviewed Patient #12's record and confirmed her physician had not been notified of her major drug interaction.</p> <p>Patient #12's medication interaction was not identified and reported to her physician.</p> <p>g. Patient #4 was a 67 year old male admitted to the agency on 4/13/14, following hospitalization for a colon resection. Additional diagnoses included HTN and non-insulin dependent DM. He received SN services for wound and colostomy care.</p> <p>Patient #4's home health services were resumed on 5/23/14, following an inpatient stay. His record included a list of 20 medications, completed by an RN, signed and dated 5/23/14. When the 20</p>	G 337		7/8/14 Plan 9/1/14 Training

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G 337	<p>Continued From page 12</p> <p>medications were entered into "Drugs.com" by the surveyor, 2 major drug interactions were identified.</p> <p>Patient #4's record did not include documentation to indicate his physician was notified of his major drug interactions.</p> <p>During an interview on 6/05/14 at 3:40 PM, the Program Manager reviewed Patient #4's record and confirmed his physician had not been notified of his major drug interactions.</p> <p>Patient #4's medication interactions were not identified and reported to his physician.</p> <p>h. Patient #10 was a 36 year old female admitted to the agency on 4/24/14 for encephalopathy, a brain disorder. She was currently a patient as of 6/04/14.</p> <p>Patient #10's POC for the certification period 4/24/14-6/22/14 stated she was taking 11 separate medications. When the 11 medications were entered into "Drugs.com" by the surveyor, 1 major drug interactions was identified. Patient #10's record did not include documentation to indicate her physician was notified of the drug interaction.</p> <p>During an interview on 6/05/14 at 6/05/14 at 4:20 PM, the Program Manager reviewed Patient #10's record and confirmed her physician had not been notified of the drug interactions.</p> <p>Patient #10's medication interactions were not identified and reported to her physician.</p>	G 337		7/8/14 Plan 9/1/14 Training

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G 337	<p>Continued From page 13</p> <p>i. Patient #16 was a 67 year old male admitted to the agency on 3/15/14 for treatment of a heel wound and diabetes. He was discharged on 4/27/14.</p> <p>Patient #16's POC for the certification period 3/15/14-5/13/14 stated he was taking 15 separate medications.</p> <p>When the 15 medications were entered into "Drugs.com" by the surveyor, 3 major drug interactions were identified. Patient #16's record did not include documentation to indicate his physician was notified of his drug interactions.</p> <p>During an interview on 6/05/14 at 9:40 AM, the Program Manager reviewed Patient #16's record and confirmed his physician had not been notified of the drug interactions.</p> <p>Patient #16's medication interactions were not identified and reported to his physician.</p> <p>2. Patient #13 was an 89 year old female admitted to the agency on 4/28/14 with diagnoses of Parkinson's Disease and dementia. She was currently a patient as of 6/04/14.</p> <p>Patient #13's POC for the certification period 4/28/14-6/26/14 stated she was taking 3 separate medications including Olanzapine, an antipsychotic medication. Medline Plus, a website of the National Institutes of Health, was accessed on 6/06/14 at 4:00 PM. It stated:</p> <p>"Studies have shown that older adults with dementia...who take antipsychotics (medications for mental illness) such as Olanzapine have an</p>	G 337	<p>7/8/14 Plan 9/1/14 Training</p>

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G 337	Continued From page 14 increased chance of death during treatment. Older adults with dementia may also have a greater chance of having a stroke or mini-stroke during treatment. Olanzapine is not approved by the Food and Drug Administration (FDA) for the treatment of behavior disorders in older adults with dementia." During an interview on 6/05/14 at 4:20 PM, the Program Manager reviewed Patient #13's record. He confirmed Patient #13 did not have a diagnosis of a mental illness and stated he was not sure why she was receiving Olanzapine. He stated the Olanzapine had not been identified as problematic and Patient #13's physician had not been notified of the potential risks of the medication. Patient #13's medication contraindication was not identified and reported to her physician.	G 337		7/8/14 Plan 9/1/14 Training	

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER PANHANDLE HEALTH DISTRICT	STREET ADDRESS, CITY, STATE, ZIP CODE 8500 N ATLAS ROAD HAYDEN, ID 83835
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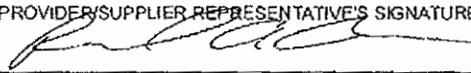
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N 000	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the Idaho state licensure survey of your home health agency from 6/03/14 through 6/06/14. The surveyors conducting the review were: Gary Guiles, RN, HFS, HFS Team Leader Nancy Bax, BSN, RN	N 000		
N 040	03.07020. ADMIN. GOV. BODY N040 04. Patients' Rights. Insure that patients' rights are recognized and include as a minimum the following: d.xxi. Before the care is initiated, the HHA must inform a patient orally and in writing of the following: b) The charges for services that will not be covered by third party payors; and This Rule is not met as evidenced by: Refer to G114 as it relates to the agency informing the patient of financial liability.	N 040		7/8/14 Plan 9/1/14 Training
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:	N 152		7/8/14 Plan 9/1/14 Training

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FACILITY STANDARDS

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Acting Home Health
Administrator

(X5) DATE
7/8/14

Bureau of Facility Standards

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N 152	Continued From page 1 This Rule is not met as evidenced by: Refer to G158 as it refers to the lack of adherence to the plan of care.	N 152		7/8/14 Plan 9/1/14 Training
N 173	03.07030.07.PLAN OF CARE N173 07. Drugs and Treatments. Drugs and treatments are administered by agency staff only as ordered by the physician. The nurse or therapist immediately records and signs oral orders and obtains the physician's countersignature. Agency staff check all medications a patient may be taking to identify possible ineffective side effects, the need for laboratory monitoring of drug levels, drug allergies, and contraindicated medication and promptly report any problems to the physician. This Rule is not met as evidenced by: Refer to G337 as it refers to the lack of investigation of contraindicated medications and medication interactions.	N 173		7/8/14 Plan 9/1/14 Training