



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  
Bolsa, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

October 01, 2013

COPY

Tami Slatter, Administrator  
Hospice Visions, Inc.  
1770 Park View Drive  
Twin Falls, ID 83301-3252

RE: Hospice Visions, Provider #131524

Dear Ms. Slatter:

This is to advise you of the findings of the Medicare survey of Hospice Visions, which was conducted on September 26, 2013.

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. It is important that your Plan of Correction address each deficiency in the following manner:

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 Hospice into compliance, and that the Hospice 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.

Tami Slatter, Administrator  
October 01, 2013  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 13, 2013**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



SUSAN COSTA  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

SC/pt  
Enclosures

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

PRINTED: 09/30/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/26/2013
NAME OF PROVIDER OR SUPPLIER  HOSPICE VISIONS			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 PARK VIEW DRIVE TWIN FALLS, ID 83301	
(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
L 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your hospice agency on 9/23/13 through 9/26/13. Surveyors conducting the recertification were:</p> <p>Susan Costa, RN, HFS, Team Leader Libby Doane, RN, BSN, HFS</p> <p>Acronyms used in this report include:</p> <p>ALF - Assisted Living Facility COPD - Chronic Obstructive Pulmonary Disease CNA - Certified Nurses Aide DON - Director of Nursing IDG - Interdisciplinary Group MAR - Medication Administration Record mcg - microgram mg - milligram ml - milliliter PEG - Percutaneous endoscopic gastrostomy PPOC - Physician's Plan of Care RN - Registered Nurse SNF - Skilled Nursing Facility SW - Social Work</p>	L 000		
L 530	<p>418.54(c)(6) CONTENT OF COMPREHENSIVE ASSESSMENT</p> <p>[The comprehensive assessment must take into consideration the following factors:] (6) Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:</p> <p>(i) Effectiveness of drug therapy (ii) Drug side effects</p>	L 530	<p>see typed plan of correction at the end of the original document.</p> <p>Thank you</p>	

RECEIVED  
OCT 10 2013

FACILITY STANDARDS

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

*[Signature]*  
RUBEN CHAN

TITLE

Director

(X6) DATE

10-9-13

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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L 530	<p>Continued From page 1</p> <p>(iii) Actual or potential drug interactions (iv) Duplicate drug therapy (v) Drug therapy currently associated with laboratory monitoring.</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records, observation, and interview, it was determined the hospice failed to ensure a review of all medications and treatments was performed for 5 of 5 patients (#3, #4, #7, #8, and #9) who lived in assisted living and nursing home environments whose records were reviewed. This failure resulted in medication discrepancies. Findings include:</p> <p>1. Patient #9 was an 81 year old female admitted to the hospice on 2/08/13 with a terminal diagnosis of pulmonary fibrosis. Her medical record for the certification period beginning 8/07/13 was reviewed.</p> <p>On 9/25/13, beginning approximately 3:00 PM and ending at 4:00 PM, a CNA visit was observed in the ALF where Patient #9 resided. During this time, the surveyor performed a review of Patient #9's medications. The following discrepancies were noted:</p> <p>a. The following medications were included on the ALF MAR but were not included on the hospice's medication profile:</p> <ul style="list-style-type: none"> <li>- Potassium Chloride</li> <li>- Vitamin D</li> <li>- Alprazolam</li> <li>- Milk of Magnesia</li> <li>- Furosemide</li> </ul>	L 530			

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L 530	Continued From page 2  b. The following medications were included on the hospice medication profile but had the incorrect dose:  -The ALF MAR documented Metformin 500 mg, 4 tablets each morning. The hospice medication profile documented Metformin 500 mg, 1 tab daily.  - The ALF MAR documented Prednisone 10 mg daily. The hospice medication profile documented Prednisone 20 mg daily.  - The ALF MAR documented Senna/Docusate 8.6/50 mg tablets, two tablets twice a day. The hospice medication profile documented Senna/Docusate 8.6/50 mg one tab in the morning and two at night.  - The ALF MAR documented Pulmicort 0.25/2 ml, two vials every 12 hours. The hospice medication profile documented Pulmicort "as directed as directed."  - The ALF MAR documented Brovana 15 mcg/2 ml twice daily. The hospice medication profile documented Brovana "as directed as directed."  - The ALF MAR documented Acetaminophen 500 mg, two pills every 4 hours as needed. The hospice medication profile documented Acetaminophen, one pill every 4 hours as needed.  - The ALF MAR documented Hydrocodone/APAP 7.5/325 mg, 1/2 a tablet every 4-6 hours as needed. The hospice medication profile documented Hydrocodone/APAP 7.5/325 mg 2	L 530			

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L 530	<p>Continued From page 3 tablets every 4 hours as needed.</p> <p>c. The following medications were listed on the hospice medication profile but not on the ALF MAR:</p> <ul style="list-style-type: none"> <li>- Ketoconazole Cream</li> <li>- Doxycycline</li> <li>- Aluminum Hydroxide/Magnesium Trisol</li> <li>- Calmoseptine Ointment</li> </ul> <p>The DON reviewed the record and was interviewed on 9/26/13 at 9:00 AM. She confirmed Patient #9's medication profile contained the discrepancies listed above. She confirmed a review of all Patient #9's medications had not been performed.</p> <p>The hospice did not review Patient #9's medications.</p> <p>2. Patient #7 was a 100 year old female admitted to the hospice on 9/24/12 with a terminal diagnosis of malnutrition. Her medical record for the certification period 9/19/13 through 11/17/13 was reviewed. The medication profile documented Patient #7 was taking Lisinopril 2.5 mg twice a day, in addition to other medications.</p> <p>On 9/24/13, beginning at approximately 11:00 AM, a SW visit was observed at the nursing home where Patient #7 resided. During that time, the surveyor performed a review of Patient #7's medications. Lisinopril was not included on the MAR for the nursing home. In addition, Patient #7's medical record at the facility contained an order to discontinue the Lisinopril, noted by a facility RN on 10/15/12.</p>	L 530		

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L 530	<p>Continued From page 4</p> <p>The DON reviewed the record and was interviewed on 9/25/13 at 12:30 PM. She confirmed the hospice medication profile included Lisinopril that had been discontinued almost 11 months ago. She confirmed a review of Patient #9's medications had not been performed.</p> <p>The hospice did not review Patient #7's medications.</p> <p>3. Patient #8 was an 89 year old female admitted to the hospice on 9/25/12 with a terminal diagnosis of COPD. She lived in an assisted living environment and 24 hour care was provided by the hospice agency. Her medical record for the certification period of 7/22/13 through 9/19/13 was reviewed, in addition to the certification period beginning 9/20/13.</p> <p>On 9/24/13, beginning at approximately 10:10 AM, an RN visit was observed where Patient #8 resided. During this time, the RN was asked to show where Patient #8's medications were kept. The RN directed the surveyor to a locked kitchen cabinet. The CNA that was working at the hospice house produced a key to the cabinet. The RN had difficulty opening the cabinet, and stated "I hardly ever get in here." The CNA had to open the cabinet for the RN. The RN explained that Patient #8's medications were in bubble packs except for the bottles of medications that were brought by Patient #8's family. The bottled medications were Ditropan, Meclizine, Benadryl, and Hydrochlorothiazide. When asked how the hospice reviewed medications brought by the family, the RN stated the medications were discussed in IDG meetings. However, Ditropan, Meclizine, Benadryl and Hydrochlorothiazide were not included in Patient</p>	L 530			

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L 530	<p>Continued From page 5 #8's medication profile.</p> <p>The DON reviewed Patient #8's medical record and was interviewed on 9/25/13 at 1:30 PM. She confirmed the medication provided by Patient #8's family had not been reviewed and was not included on Patient #8's medication profile.</p> <p>The hospice did not review Patient #8's medications.</p> <p>4. Patient #4 was a 94 year old female admitted to the hospice on 3/24/12 with a terminal diagnosis of dementia. Her medical record for the certification period of 9/15/13 through 11/13/13 was reviewed, in addition to medical record documentation from the ALF where she resided. The following discrepancies were noted:</p> <ul style="list-style-type: none"> <li>- The hospice medication profile documented Children's Tylenol Elixir with strength of 160 mg/5 ml. The dose was 20 ml every 4 hours as needed for fever or 640 mg every 4 hours.</li> <li>- The MAR from the ALF documented Tylenol 325 mg, with a dose of 20 ml by mouth every 4 hours as needed for a fever. It was unclear what the strength of the Tylenol was and how many milligrams of Tylenol Patient #4 would be receiving.</li> </ul> <p>The DON reviewed the record and was interviewed on 9/25/13 at 12:30 PM. She confirmed the medication listed on the ALF MAR was unclear and could not confirm it matched the dosage documented on the hospice medication profile. The DON confirmed the medication had not been reviewed and clarified with the ALF.</p>	L 530			

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L 530	<p>Continued From page 6</p> <p>The hospice did not review Patient #4's medications.</p> <p>5. Patient #3 was a 68 year old male admitted to the hospice on 11/05/11 with a terminal diagnosis of Huntington's chorea. His medical record for the certification period of 8/26/13 through 10/24/13 was reviewed, in addition to medical record documentation from the SNF where he resided. The medical records documented Patient #3 had a PEG tube and was receiving tube feedings of Jevity, but contained the following discrepancies:</p> <ul style="list-style-type: none"> <li>- A SNF "Physician's Orders" form, signed by the physician on 7/25/13 documented Jevity 1.5 at 60 ml/hour and 900 ml of free water to run for 20 hours. The rate of the free water was unclear.</li> <li>- The hospice PPOC dated 8/16/13 contained an order for Jevity 1.5 to be infused at 60 ml/hour and an order for Jevity 1.5 at 54 ml/hour over 20 hours and 750 ml of free water flushes divided over every 4 hours. It was unclear which order was to be used.</li> <li>- The hospice medication profile documented Jevity 1.5 at 54 ml/hour over 20 hours and 750 ml of free water flushes divided over every 4 hours.</li> </ul> <p>The DON reviewed the medical record documentation and was interviewed on 9/25/13 at 12:30 PM. She stated the hospice RN was unaware of Patient #3's current tube feeding order. She confirmed the hospice had not clarified the rate of the free water to be given to Patient #3 with the SNF. She confirmed the tube feeding orders had not been reviewed and reconciled with the hospice orders.</p>	L 530		

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L 530	Continued From page 7  Tube feedings were not reviewed by the hospice.	L 530			

Hospice Visions, Inc.  
 1770 Park View Dr.  
 Twin Falls, Idaho 83301

ID tag	Summary Statement of Deficiencies	ID tag	Provider's Plan of Correction	Completion Date
L000	<p><b>Initial Comments</b>            The following deficiencies were cited during the Medicare recertification survey of your hospice agency on 9/23/13 through 9/26/13.</p>	L000		
L530	<p><b>418.54(c)(6)Content of Comprehensive Assessment</b>  <b>(6) Drug profile.</b> A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:            (i)Effectiveness of drug therapy            (ii)Drug side effects            (iii)Actual or potential drug interactions            (iv)Duplicate drug therapy            (v)Drug therapy currently associated with laboratory monitoring.</p> <p>This <b>Standard</b> is not met as evidenced by:            Based on review of medical records, observation, and interview, it was determined the hospice failed to ensure a review of all medications and treatments was performed for 5 of 5 patients who lived in assisted living and nursing home environments whose records were reviewed. This failure resulted in medication discrepancies.</p>	L530	<p><b>(1)Hospice will conduct an audit of all patient Medication Records to identify and reconcile all discrepancies.</b>            (a) The RN Case Manager will compare the Hospice MAR (medication record) with the Facility MAR on all assigned patients in ALFs/SNFs. Each MAR will be clarified and any discrepancy reconciled.            (b) The RN Case Manager will compare the Hospice MAR with medications in the home on all assigned patients living at home. Each Hospice MAR will be clarified and any discrepancy reconciled.            (c) Supervisory staff will then audit all ALF/SNF patients by directly comparing Facility MARs with the Hospice MARs on patients in ALFs/SNFs to ensure 100 percent compliance with COP 418.54.            (d) Supervisory staff will also perform home visits to audit all home patients by comparing the Hospice MAR with medications in the home to ensure 100 percent compliance with the COP 418.54.            (e) The hospice Director is responsible for implementation of the audit and all additional follow-up. The audit will bring the hospice into 100 percent compliance with the COP 418.54 by the completion date.</p> <p><b>(2)A PIP will be created and implemented by the QAPI/Compliance Officer.</b>            (a) The QAPI/Compliance Officer will monitor, track, and audit 20 percent of all patient MARs monthly until the hospice reaches 100 percent compliance.            (b)The Director will provide monthly education sessions with Clinical staff over the next 12 months focusing on COP 418.54, 418.56, and 418.112. Improved understanding and attention to these COPs will improve the processes that led to the cited deficiency.</p>	<p>12/01/13</p> <p>01/15/2014</p>

			<p>(c) The Director is responsible for implementing the education plan. This performance improvement plan will ensure that the plan of correction is effective at bringing the Hospice into compliance with COP 418.54 and that it remains in compliance with regulatory requirements.</p>	
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