



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

January 29, 2015

Julie Hendren, Administrator  
Family Home Health  
1020 N Hickory Ln, Suite 100  
Meridian, ID 83642-6246

Provider #137079

Dear Ms. Hendren:

An unannounced on-site complaint investigation was conducted on November 20, 2014 at Family Home Health. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00006527**

**Allegation #1:** The agency did not provide admission paperwork that included an explanation of out of pocket expenses.

**Finding #1:** During the investigation 8 of 8 records reviewed included completed admission consents. Additionally, financial responsibility sections were completed with amount of coverage, and patients' estimated out of pocket charges.

The complaint/grievance log was reviewed. There were no complaints/grievances filed regarding patients' financial responsibility.

One patient's medical record included admission documents dated 5/28/13. The financial responsibility section stated "private insurance/self pay" and included the following information:

- Patient was covered by private medical insurance.
- Insurance Company was Blue Cross of Idaho and policy number.
- Amount of Coverage was 85% coinsurance.
- Policy covered home care services requested.
- Policy was a managed care plan.

Julie Hendren, Administrator  
January 29, 2015  
Page 2 of 3

- Patient's out-of-pocket charges were hand written (\$20/visit) \*estimated costs\* per visit.
- Patient signed the admission document on 5/28/13, and there was a witness signature dated 5/28/13.

The Director was interviewed on 11/20/14 at 1:45 PM. She confirmed when patients are admitted to the agency, admission consents are completed with the patient/caregiver, which included financial responsibilities of the patient. She stated her billing office staff are available to address questions or concerns by patients and family members. If there are questions regarding estimated copayments, that do not match the bill, the office staff explained to patients and family members copay sums are not final until the patient's insurance company verified coverage.

It could not be verified through the investigation process that staff did not inform patients of out-of-pocket expenses.

**Conclusion #1:** Unsubstantiated. Lack of sufficient evidence.

**Allegation #2:** The agency failed to inform patients of their progress and planned discharge from physical therapy services.

**Finding #2:** During the investigation 2 of 8 records reviewed were patients discharged from physical therapy services. Both records had documented the following: patient was informed of discharge, reason for discharge, and a summary of progress made to reach their maximum potential.

One medical record documented admission to the agency on 2/28/13 to 5/16/14, for nursing and physical therapy services.

A physical therapy visit note, dated 1/08/14, stated the patient was educated on the progression of her home exercise program, and the patient would be discharged at the next visit.

A physical therapy discharge summary note, dated 1/10/14, included the following:

- A review with patient and caregiver of her home exercise program performance.
- Reason and condition for discharge, the patient had reached maximum potential.
- Progress made with good improvement in her rehabilitation, but the patient had likely achieved her maximum potential and level of independence. She had improved in balance, strength, gait, and mobility.
- Clinician signature; (signed electronically by physical therapist), dated 1/10/14
- Physician signature; (signed by physician), dated 2/25/14.

Julie Hendren, Administrator  
January 29, 2015  
Page 3 of 3

It could not be verified through the investigation process that staff did not inform patients of their progress and plans for discharge from physical therapy services.

**Conclusion #2:** Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



DON SYLVESTER  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

DS/pmt