



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
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PHONE: (208) 334-6626
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July 6, 2016

Randy Schellhaus, Administrator
Encompass Home Health Of Idaho
6688 N Central Expressway Suite 1300
Dallas, TX 75206

RE: Encompass Home Health Of Idaho, Provider #137105

Dear Mr. Schellhaus:

On June 21, 2016, a follow-up visit of your facility, Encompass Home Health Of Idaho, was conducted to verify corrections of deficiencies noted during the survey of May 2, 2016.

We were able to determine that the Condition of Participation of **Skilled Nursing Services (42 CFR 484.30)** is now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Also 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;

Randy Schellhous, Administrator
July 6, 2016
Page 2 of 2

- Monitoring and tracking procedures to ensure the PoC is effective in bringing the HHA into compliance, and that the HHA 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 **July 19, 2016**, and keep a copy for your records.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,

Dennis Kelly
on behalf of

TERESA HAMBLIN
Health Facility Surveyor
Non-Long Term Care

Dennis Kelly RN

DENNIS KELLY, RN
Co-Supervisor
Non-Long Term Care

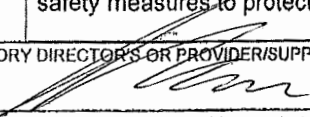
TH/pmt
Enclosures
ec: Manuel Bravo, CMS Region X Office

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

PRINTED: 07/05/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/21/2016
NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY IDAHO FALLS, ID 83404	
(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 deficiencies were cited during a Medicare follow-up survey of your home health agency conducted from 6/20/16 to 6/21/16. The surveyors conducting the follow-up survey include: Teresa Hamblin, RN, MS, Team Lead Susan Costa, RN, HFS Kristin Inglis, RN, HFS Acronyms used in this report include: ADA = American Diabetic Association CKD = Chronic Kidney Disease COPD = Chronic Obstructive Pulmonary Disease DM = Diabetes Mellitus DME = Durable Medical Equipment HTN = Hypertension LPN = Licensed Practical Nurse LVN = Licensed Vocational Nurse POC = Plan of Care PRN = As Needed OT = Occupational Therapy PT = Physical Therapy RN - Registered Nurse SN = Skilled Nursing ST = Speech Therapy	{G 000}	Please see the attached Plan of Correction	7/17/2016
{G 159}	484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury,	{G 159}	Please see the attached Plan of Correction	7/17/2016

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JUL 20 2016
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE *Regional Administrator* (X6) DATE *7-19-16*

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 159)	<p>Continued From page 1</p> <p>Instructions for timely discharge or referral, and any other appropriate items.</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 POCs covered all pertinent information for 2 of 10 patients (#3 and #5) whose records were reviewed. This resulted in a lack of clarity as to the actual plan of care. It had the potential to interfere with coordination and completeness of patient care. Findings include:</p> <p>1. Patient #3 was a 72 year old female who was admitted to the agency on 4/10/14 for SN and home health aide services related to insulin dependent Type II DM. Additional diagnoses included HTN, CKD, and chronic blood clots to her right leg. Patient #3's record, including her POC for the certification period 5/29/16 to 7/27/16, was reviewed.</p> <p>a. Patient #3's POC included orders for SN to perform finger stick/blood sugar each visit, to administer insulin as ordered each visit, and to reinforce diabetic education each visit.</p> <p>An LPN visit note, dated 6/14/16, documented Patient #3 had an insulin pump and was able to independently track her blood sugar results and carbohydrates, and subsequently enter the results into the pump for dosing.</p> <p>It was unclear, why Patient #3's POC included orders for diabetic instruction and insulin administration by SN each visit.</p> <p>b. An LPN visit note, dated 6/14/16, documented</p>	(G 159)	Please see the attached Plan of Correction	7/17/2016	

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(G 159)	<p>Continued From page 2</p> <p>Patient #3 had an insulln pump and was wearing compression stockings. Patient #3's POC did not include these DME and supplies.</p> <p>During an interview on 6/21/16 at 9:40 AM, the Regional Assistant Administrator reviewed Patient #3's record. She stated she was unable to find the above listed DME on the POC. Additionally, she stated the POC should have been updated to reflect Patient #3's independent use of the insulin pump. The Regional Assistant Administrator stated the administration of insulin by SN was no longer appropriate to be included on the POC.</p> <p>Patient #3's POC did not reflect her current nursing needs.</p> <p>2. Patient #5 was a 77 year old female who was admitted to the agency on 5/24/16 for SN, PT and OT services related to COPD. Additional diagnoses included dementia, psychosis, HTN and metabolic syndrome. Her record, including the POC for the certification period 5/24/16 to 7/22/16, was reviewed.</p> <p>There was no documentation on her POC to indicate Patient #5 had a diagnosis of diabetes. This was in contrast to SN visits notes, dated 6/15/16, 6/16/16, and 6/18/16. The assessment section posed a question "Does the patient have diabetes mellitus?" The LPN who provided care for Patient #5 for those visits documented "Yes." It was unclear why the LPNs documented yes.</p> <p>Patient #5's POC included interventions and goals related to management of diabetes, although she was not a diabetic, as follows:</p> <p>a. Patient #5's POC included dlabetic</p>	(G 159)	Please see the attached Plan of Correction	7/17/2016	

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{G 159}	Continued From page 3 precautions in the section locator #15 (Safety Measures). b. Patient #5's POC included orders related to diabetes, "identification of complications of diabetes, skilled nurse to assess skin integrity for signs and symptoms of diabetic ulcers and reinforce adequate monitoring of skin integrity/foot care. Skilled nurse to perform finger stick blood sugar each visit. Skilled nurse to reinforce diabetic education as needed. Skilled nurse may obtain FBS [fasting blood sugar] prn for signs and/or symptoms of hyper/hypoglycemia." c. Patient #5's POC included patient teaching in the section locator #22 (Goals). It stated "Patient/caregiver will verbalize/demonstrate tolerance to blood sugar testing and insulin administration." Patient #5's record did not include insulin or oral anti-diabetic medications. During an interview on 6/21/16 beginning at 10:00 AM, the Regional Assistant Administrator confirmed Patient #5 was not on insulin, and stated she did not know why diabetic interventions and goals were included on Patient #5's POC. The Regional Assistant Administrator stated after she reviewed Patient #5's record, the POC did not include a diagnosis of diabetes, and the medication list did not include medications related to a diagnosis of diabetes. Patient #5's POC included diabetic interventions and goals without a diagnosis of diabetes.	{G 159}	Please see the attached Plan of Correction	7/17/2016	
{G 166}	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS	{G 166}	Please see the attached Plan of Correction	7/17/2016	

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{G 166}	<p>Continued From page 4</p> <p>Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services.</p> <p>This STANDARD is not met as evidenced by: Based on record review, policy review, and interview, it was determined the agency failed to ensure verbal orders were received by a registered nurse or qualified therapist for 3 of 10 patients (#5, #6, and #8) whose records were reviewed. This resulted in LPN staff accepting verbal orders and RN staff validating orders that had not been personally received. This had the potential to increase the risk of error. Findings include:</p> <p>The undated policy, "SCOPE OF SERVICES," was provided for review. It included a section related to LPNs. It stated "The Agency provides services by licensed vocational nurses (LVN)/Licensed Practical Nurses (LPN) in accordance with the plan of care and established policies and procedures." It did not specifically address whether an LPN/LVN could take verbal orders.</p> <p>The policy for verbal orders was requested. None was available for review.</p> <p>Verbal orders were received by LPN staff. Examples include:</p> <p>1. Patient #6 was an 82 year old female who was admitted to the agency on 6/15/16 for SN, PT, OT, and ST. Her diagnoses included heart</p>	{G 166}	Please see the attached Plan of Correction	7/17/2016	

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{G 166}	<p>Continued From page 5</p> <p>failure, transient ischemic attack, and generalized muscle weakness. Her record, including the POC, for the certification period 6/15/16 to 8/13/16, was reviewed.</p> <p>A "PHYSICIAN VERBAL ORDER," dated 6/16/16, was documented as taken by an LPN, for the following medications for Patient #6: acetaminophen oral 500 mg 1 PRN, biotin oral 5000 mcg 1 daily, Docusate sodium oral 8.6-50 mg 1 daily, and Probiotic oral 10 billion cell 1 Tab daily.</p> <p>2. Patient #8 was a 55 year old female who was admitted to the agency on 8/14/15, for SN services. Her diagnoses included pressure ulcers, Type II DM, COPD, kidney disease, depression, anxiety, and a history of falling. Her record, including the POC, for the certification period of 6/09/16 to 8/07/16, was reviewed.</p> <p>A "PHYSICIAN VERBAL ORDER," dated 6/11/16, was documented as taken by an LPN, for wound care for Patient #8.</p> <p>3. Patient #5 was a 77 year old female who was admitted to the agency on 5/24/16 for SN, PT and OT services related to COPD. Additional diagnoses included dementia, psychosis, HTN and metabolic syndrome. Her record, including the POC for the certification period 5/24/16 to 7/22/16, was reviewed.</p> <p>A "PHYSICIAN VERBAL ORDER," dated 6/16/16, was documented as received by an LPN, to change the SN visit frequency and collect a urine sample.</p> <p>A "PHYSICIAN VERBAL ORDER," dated 6/18/16,</p>	{G 166}	Please see the attached Plan of Correction	7/17/2016	

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{G 166}	Continued From page 6 was documented as received by an LPN, to change the SN visit frequency and collect a urine sample. During an interview on 6/21/16 at 9:10 AM, the Regional Assistant Administrator stated the agency allowed LPNs to accept verbal orders when co-signed by an RN. She stated it was their understanding this met State and Federal regulatory requirements. She requested and was provided a copy of the CMS (The Centers for Medicare and Medicare Services) regulation 484.18(c) which addressed verbal orders. She then stated "We need to revise our policy."	{G 166}	Please see the attached Plan of Correction	7/17/2016	
{G 170}	Verbal orders were accepted by personnel other than an RN or qualified therapist. 484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. This STANDARD Is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure SN services were furnished in accordance with the POC for 1 of 10 patients (Patient #6) whose records were reviewed. This resulted in a physician not being alerted to findings that could have impacted the plan of care. Findings include: Patient #6 was an 82 year old female who was admitted to the agency on 6/15/16 for SN, PT, OT, and ST. Her diagnoses included heart failure, transient ischemic attack, and generalized muscle weakness. Her record, including the POC, for the certification period 6/15/16 to	{G 170}	Please see the attached Plan of Correction	7/17/2016	

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{G 170}	Continued From page 7 8/13/16, was reviewed. The POC included orders to report to the physician a weight less than 110 pounds. An SN visit note, dated 6/19/16, documented Patient #6's weight as 109, one pound below the acceptable range. There was no documentation Patient #6's weight had been reported to the physician in accordance with the POC. This SN visit note also included a statement "No care coordination provided at this visit." During an interview on 6/21/16 at 9:30 AM, the Regional Assistant Administrator reviewed Patient #6's record. She stated there would have been an auto-alert to the RN Field Staff Coordinator, and a subsequent fax from the RN to the physician. She stated she did not see evidence the fax had been sent to the physician. The physician was not alerted to Patient #6's out-of-range weight in accordance with the plan of care.	{G 170}	Please see the attached Plan of Correction	7/17/2016
{G 173}	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure patients' POCs were revised to ensure their medical and nursing needs were met for 1 of 6 patients (Patient #3) who received care for more than 1 certification period, and whose records were reviewed. This resulted in a lack of	{G 173}		

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{G 173}	<p>Continued From page 8 assessment and patient/caregiver education relevant to Patient #3's needs. Findings include:</p> <p>Patient #3 was a 72 year old female who was admitted to the agency on 4/10/14 for SN and home health aide services related to insulin dependent Type II DM. Additional diagnoses included HTN, CKD, and chronic blood clots to her right leg. Patient #3's record, including her POC for the certification period 5/29/16 to 7/27/16, was reviewed.</p> <p>Patient #3's POC included orders for SN to perform finger stick/blood sugar each visit, to administer insulin as ordered each visit, and to reinforce diabetic education each visit.</p> <p>An LPN visit note, dated 6/14/16, documented Patient #3 had an insulin pump and was able to independently track her blood sugar results and carbohydrates, and subsequently enter the results into the pump for dosing.</p> <p>Patient #3's POC included orders for diabetic instruction and insulin administration by SN each visit. However, she was independent with monitoring and managing her insulin pump.</p> <p>During an interview on 6/21/16 at 9:40 AM, the Regional Assistant Administrator reviewed Patient #3's record. She stated the POC should have been updated to reflect Patient #3's independent use of the insulin pump. The Regional Assistant Administrator stated the administration of insulin by a skilled nurse was no longer appropriate to be included on the POC.</p> <p>Patient #3's POC was not updated to reflect her current nursing needs.</p>	{G 173}	Please see the attached Plan of Correction	7/17/2016	

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{G 180}	<p>484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE</p> <p>The licensed practical nurse prepares clinical and progress notes.</p> <p>This STANDARD is not met as evidenced by: Based on record review, occurrence report review, and staff interview, it was determined the agency failed to ensure LPN visit notes included complete and consistent information regarding the patient care for 1 of 10 patients (Patient #5) who received nursing care from an LPN and whose records were reviewed. This had the potential to compromise continuity of care and assessment of patients' progress. Findings include:</p> <p>Patient #5 was a 77 year old female who was admitted to the agency on 5/24/16 for SN, PT and OT services related to COPD. Additional diagnoses included dementia, psychosis, HTN and metabolic syndrome. Her record, including the POC for the certification period 5/24/16 to 7/22/16, was reviewed.</p> <p>Patient #5's visit notes by the LPNs were incomplete and inconsistent, as follows:</p> <p>1. An LPN visit note, dated 6/15/16, documented Patient #5's family reported she fell that morning. According to the family, they found her on her knees with her arms resting on the bed. The family reported to the LPN that Patient #5 told them she was getting back into bed and her legs gave out. The LPN documented she performed an assessment and Patient #5 reported right knee pain but had full range of motion.</p>	{G 180}	Please see the attached Plan of Correction	7/17/2016	

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{G 180}	<p>Continued From page 10</p> <p>LPN visit notes, dated 6/16/16 and 6/18/16, did not document a follow-up assessment of Patient #5's reported right knee pain.</p> <p>The status of Patient #5's knee pain could not be determined by the clinical progress notes. It was unclear whether the assessments to her knee were not done, or whether they were not documented.</p> <p>2. An LPN visit note, dated 6/15/16, documented Patient #5's oxygen flow rate at 4 liters per minute. The POC ordered the flow rate at 3 liters per minute. The LPN documented in her notes that she would request an order for Patient #5's oxygen to be titrated down.</p> <p>Patient #5's record did not include order for oxygen titration.</p> <p>3. LPN visit notes, dated 6/16/16 and 6/18/16, documented Patient #5 was on oxygen. The flow rate was not documented.</p> <p>The documentation was incomplete.</p> <p>During an interview on 6/21/16 beginning at 10:00 AM, the Regional Assistant Administrator reviewed Patient #5's record. She provided a "Client Occurrence Report," dated 6/16/16, and completed by the LPN who provided care to Patient #5. The Regional Assistant Administrator stated she did not see documentation that the pain in Patient #5's right knee was reassessed in the subsequent nursing visits. Additionally, the Regional Assistant Administrator stated there was no documentation the LPN contacted Patient #5's physician for orders to titrate down the oxygen</p>	{G 180}	Please see the attached Plan of Correction	7/17/2016	

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

PRINTED: 07/05/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/21/2016
NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY IDAHO FALLS, ID 83404		
(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 180}	Continued From page 11 liter flow as she documented in her notes that she would do. The LPN visit notes were inconsistent or incomplete.	{G 180}	Please see the attached Plan of Correction	7/17/2016	

Bureau of Facility Standards

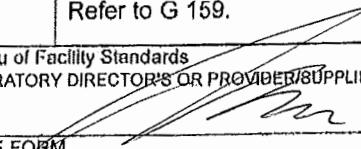
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/21/2016
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO	STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY IDAHO FALLS, ID 83404
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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) COMPLETE DATE
{N 091}	03.07024. SK.NSG.SERV. N091. The HHA furnishes nursing services by or under the supervision of a registered nurse in accordance with the plan of care. This Rule is not met as evidenced by: Refer to G 170.	{N 091}	Please see the attached Plan of Correction	7/17/2016
{N 094}	03.07024. SK. NSG. SERV. N094 01. Registered Nurse. A registered nurse assures that care is coordinated between services and that all of the patients needs identified by the assessments are addressed. A registered nurse performs the following: b. Initiates the plan of care and makes necessary revisions; This Rule is not met as evidenced by: Refer to G 173.	{N 094}	Please see the attached Plan of Correction	7/17/2016
N 153	03.07030.PLAN OF CARE N153 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: a. All pertinent diagnoses; This Rule is not met as evidenced by: Refer to G 159.	N 153	Please see the attached Plan of Correction	7/17/2016

RECEIVED
JUL 20 2016
FACILITY STANDARDS

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



TITLE
Regional Administrator

(X6) DATE
7-19-16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/21/2016
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HOME HEALTH OF IDAHO	STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY IDAHO FALLS, ID 83404
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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) COMPLETE DATE
(N 173)	<p>03.07030.07.PLAN OF CARE</p> <p>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.</p> <p>This Rule is not met as evidenced by: Refer to G 166.</p>	(N 173)	Please see the attached Plan of Correction	7/17/2016

RECEIVED

JUL 20 2016

FACILITY STANDARDS

G 159 Plan of Care

PLAN

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 2.0: Admissions/Client Assessment

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-1, S-2)

IMPLEMENTATION OF PLAN:

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

- The Home Health Plan of Care's interventions accurately reflect the care to be provided to the patient and be consistent with the documented diagnosis associated with the patient.
- Updates/corrections to the Plan of Care will be completed in coordination with the patient's physician via a verbal or written order.
- DME, medications, and treatments will be accurately included in the Plan of Care and updates to these items will be clarified with the patient's physician via a verbal or signed order.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

G 166 Conformance with Physicians Orders:

PLAN

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services

(See Attachment S-1)

A revision to the policy to include the ability of and the limitations of a Licensed Practical Nurse to accept verbal orders will be completed and approved by the governing body by 7/28/2016. The revision will be dependent upon clarification from CMS related to the limitation of a LPN and the receipt of verbal orders.

A review of policy/ies

- Service Delivery 9.0: Coordination of Services

were completed to confirm compliance to federal and state regulations.

The policy was found to support all federal and state requirements in relationship to the "Conformance with Physicians Orders". No changes were made to the policy at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-9)

IMPLEMENTATION OF PLAN:

Staff notification of plan to be completed by 7/19/2016

All LPN's and their associated supervisors will be notified to not accept physician verbal orders until clarification of the allowed practices of the LPN in relationship to receipt of orders is clarified by CMS. Upon receipt of the clarification, the policy will be reviewed for appropriateness and information forwarded to all staff about the appropriate practices going forward.

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

- The limitations of a Licensed Practical nurse in the receipt of verbal orders, the required coordination of care for any orders received and the appropriate follow up for any orders received.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

G 170 Skilled Nursing Services

PLAN

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 2.0: Admissions/Client Assessment
- Service Delivery 9.0: Coordination of Services

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-1, S-2, S-9)

IMPLEMENTATION OF PLAN:

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

- Any patient specific finding that falls outside of the parameters indicated on the patient's plan of care will be appropriately reported and followed up with as designated on the plan of care. Documentation of the follow up performed will be maintained within the patient's clinical record.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this

G 173 Duties of the Registered Nurse

PLAN:

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 2.0: Admissions/Client Assessment
- Service Delivery 9.0: Coordination of Services

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-1, S-2, S-9)

IMPLEMENTATION OF PLAN:

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

- Any patient specific finding that falls outside of the parameters indicated on the patient's plan of care will be appropriately reported and followed up with as designated on the plan of care. Documentation of the follow up performed will be maintained within the patient's clinical record.
- The development of the plan of care will accurately reflect the needs of the patient
- Any revisions needed for the plan of care to reflect the needs of the patient will be completed with a verbal or written order and signed by the physician.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

G180 Duties of the Licensed Practical Nurse.

PLAN:

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 9.0: Coordination of Services

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-1, S-9)

IMPLEMENTATION OF PLAN:

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

- All documentation will be complete and accurately reflect the assessment of the patient, interventions and education provided, follow up planned and completed and appropriate coordination of services.
- All staff will assure that all new or pertinent information related to a patient or the patient's care will be coordinated with the patient's case manager and/or the supervising clinician associated with delegated tasks.
- The patient's case manager will assure the appropriate follow up will be completed with the patient for any pertinent reported items.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

N 091 Skilled Nursing Services

PLAN:

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 2.0: Admissions/Client Assessment
- Service Delivery 9.0: Coordination of Services

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-1, S-2, S-9)

IMPLEMENTATION OF PLAN:

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

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FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this

information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

N 094 Skilled Nursing Services

PLAN

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 2.0: Admissions/Client Assessment

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-1, S-2)

IMPLEMENTATION OF PLAN:

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

- The Home Health Plan of Care's interventions accurately reflect the care to be provided to the patient and be consistent with the documented diagnosis associated with the patient.
- Updates/corrections to the Plan of Care will be completed in coordination with the patient's physician via a verbal or written order.
- DME, medications, and treatments will be accurately included in the Plan of Care and updates to these items will be clarified with the patient's physician via a verbal or signed order.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

N 153 Plan of Care

PLAN:

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services
- Service Delivery 2.0: Admissions/Client Assessment

were completed to confirm compliance to federal and state regulations.

The policies were found to support all federal and state requirements in relationship to the "Plan of Care". No changes were made to the policies at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-1, S-2)

IMPLEMENTATION OF PLAN:

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

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- Updates/corrections to the Plan of Care will be completed in coordination with the patient's physician via a verbal or written order.
- DME, medications, and treatments will be accurately included in the Plan of Care and updates to these items will be clarified with the patient's physician via a verbal or signed order.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.

N 173 Plan of Care

PLAN

07/11/2016

A meeting of the management met to determine a plan to address the cited deficiencies received on the Post-Certification Revisit Report. In order to assure compliance with all identified survey deficiencies, a plan was developed to assure the proper training, inservicing, implementation and follow up at the parent office and all branches within the Medicare Provider number.

Policy Review 07/11/2016

A review of policy/ies

- Service Delivery 1.0: Scope Of Services

(See Attachment S-1)

A revision to the policy to include the ability of and the limitations of a Licensed Practical Nurse to accept verbal orders will be completed and approved by the governing body by 7/28/2016. The revision will be dependent upon clarification from CMS related to the limitation of a LPN and the receipt of verbal orders.

A review of policy/ies

- Service Delivery 9.0: Coordination of Services

were completed to confirm compliance to federal and state regulations.

The policy was found to support all federal and state requirements in relationship to the "Conformance with Physicians Orders". No changes were made to the policy at this time. All policies are available for staff review to assure they appropriately followed. The requirement to adhere to all company policies will be reinforced with all staff on an ongoing basis.

(See Attachment S-9)

IMPLEMENTATION OF PLAN:

Staff notification of plan to be completed by 7/19/2016

All LPN's and their associated supervisors will be notified to not accept physician verbal orders until clarification of the allowed practices of the LPN in relationship to receipt of orders is clarified by CMS. Upon receipt of the clarification, the policy will be reviewed for appropriateness and information forwarded to all staff about the appropriate practices going forward.

Planned Inservice to be completed at all locations within the provider number by 7/29/2016.

The Regional Assistant Administrator will conduct inservicing with the staff related to items identified on the recent follow survey. The inservice will contain, but not limited to the items listed below as well as a reinforcement of the expectations of the agencies policies.

All policies are available to the staff for review and the expectation, as part of the staff's job descriptions, that all company policies are followed appropriately.

- The limitations of a Licensed Practical nurse in the receipt of verbal orders, the required coordination of care for any orders received and the appropriate follow up for any orders received.

FOLLOW UP:

Compliance to this requirement will be monitored by the Agency Branch Director, or designee, with the weekly chart audits that are completed. The Branch Director will also assure that this information is included as part of the orientation process of any new employees to assure ongoing understanding and implementation of this requirement. Assurance that these items are addressed during orientation and with the weekly audits will be reviewed by the Regional Administrator or Assistant Administrator, including but not limited to onsite agency review and oversight, weekly Branch Director conference calls, regularly scheduled Quality Improvement and Strategic Planning meetings, and coordination via face to face, email and phone communication.