



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

September 28, 2017

Sarah Rushton, Administrator
Horizon Home Health East
527 Memorial Dr Suite B
Pocatello, ID 83201-4063

RE: Horizon Home Health East, Provider #137114

Dear Ms. Rushton:

On September 22, 2017, a follow-up visit of your facility, Horizon Home Health East, was conducted to verify corrections of deficiencies noted during the survey of August 11, 2017.

We were able to determine that the Condition of Participation of **Medical Social Services (42 CFR 484.34)** is now met.

We have determined that Horizon Home Health East is out of compliance with the Medicare Home Health Agency (HHA) Condition of Participation of **Skilled Nursing Services (42 CFR 484.30)**. To participate as a provider of services in the Medicare Program, a HHA must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies, which caused this condition to be unmet, substantially limit the capacity of Horizon Home Health East, to furnish services of an adequate level or quality. 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.

Sarah Rushton, Administrator
September 28, 2017
Page 2 of

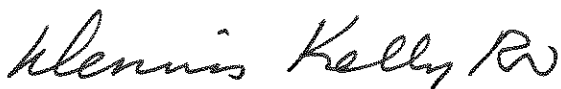
An acceptable plan of correction (PoC) contains the following elements:

- 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.

After you have completed your Plan of Correction, return the original to this office by **October 8, 2017**, 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, RN, Supervisor
Non-Long Term Care

DK/pmt

Enclosures

cc: Patrick Thrift, Survey & Certification Manager Region X
Julius Bunch, Certification & Enforcement Manager Region X



Life Changing Service
527 E. Memorial Dr. Ste B Pocatello, Idaho

RECEIVED
OCT - 4 2017
FACILITY STANDARDS

October 4th, 2017

Bureau of Facility Standards
Attn: Dennis Kelly
3232 Elder Street
PO Box 83720
Boise, ID 83720-0009

Re: Plan of Correction

Dear Mr Kelly,

Pursuant to the survey completed at Horizon Home Health East on September 22nd, 2017, please find attached the completed Statement of Deficiencies/Plan of Correction (CMS2567) along with attachments that give further evidence that Horizon Home Health East complies with the Conditions of Participation.

As evidenced in the Plan of Correction and the enclosures, we have and will continue to conduct staff education in each of the deficiencies cited and will continue to maintain evidence of compliance through chart audits and supervisory visits. The enclosures will speak to our compliance with the Conditions of Participation and include:

- Policies and Procedures Education List:
 - Policy 4-017.1 (Revised) Incident Reporting
 - Policy 4-018.1 Sentinel Events
 - Policy 4-019.1 (Revised) Root Cause Analysis/Action Plan
 - Policy 2-018.1 Care Planning Process
 - Policy 2-025.1 Care Coordination
 - Policy 2-026.1 Orientation of Assigned Personnel
 - Policy 2-029.1 Monitoring Patients Response/ Reporting to Physician
 - Policy 2-032.1 (Revised) On Call / Weekend Staffing
 - Policy 4-008.1 Responsibilities/Supervision of Clinical Services



Life Changing Service

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- Attachments:
 - PowerPoint Presentation of Training for LPN Scope of practice w/post test
 - Root Cause Analysis and Action Plan Template
 - Home Health On-Site Supervisory Visit Note
 - Home Health RN and LPN Initial and Annual Competencies Assessment
 - Training Acknowledgement form for Sentinel Event – Pocatello Staff

In the event that you need additional information, please do not hesitate to contact me at 208.949.7077 or by email at srushton@horizonhh.com

Please express our appreciation for the professionalism and helpfulness demonstrated by Nancy Bax, RN, Brian Osborn, RN, and James Brown, RN, during the conduction of our survey.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Rushton", with a long horizontal line extending to the right.

Sarah Rushton
Administrator
Horizon Home Health East

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

PRINTED: 09/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2017
NAME OF PROVIDER OR SUPPLIER HORIZON HOME HEALTH EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 627 MEMORIAL DR SUITE B POGATELLO, ID 83201	
(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 the follow up survey of your agency conducted on September 22, 2017. Surveyors conducting the follow-up survey were: Nancy Bax, RN, BSN, HFS, Team Lead Brian Osborn, RN, HFS James Brown, RN, HFS Acronyms used in this report include: CHF - Congestive Heart Failure DM - Diabetes Mellitus DON - Director of Nursing LPN - Licensed Practical Nurse MD - Doctor of Medicine MSW - Medical Social Worker POC - Plan of Care Pt - Patient PT - Physical Therapy RN - Registered Nurse SN - Skilled Nursing SOC - Start of Care	{G 000}	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT - 4 2017</p> <p style="text-align: center;">FACILITY STANDARDS</p>	
G 168	484.30 SKILLED NURSING SERVICES This CONDITION is not met as evidenced by: Based on review of medical records, job descriptions, Idaho State administrative rules, and staff interview it was determined the agency failed to ensure a change in a patient's condition was assessed by an RN. This potentially resulted in the death of 1 of 4 patients (Patient #1), whose records were reviewed, and had the potential to result in negative outcomes for all patients experiencing a decline in condition. This resulted	G 168		G 168 484.30 SKILLED NURSING SERVICES The agency will ensure that all Skilled Nursing services are provided by or under the supervision of a Registered Nurse and that a change in a patient's condition is assessed by an RN to avoid potential negative outcomes for all patient's experiencing a decline in condition. <i>Refer to G 169</i> Completion Date: October 9th, 2017 and ongoing Responsible: Director of Nursing or Designee

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X6) DATE: *10/3/17*

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 168	<p>Continued From page 1</p> <p>in immediate jeopardy to the health and safety of one patient and the agency's inability to provide SN services necessary to promote the health and safety of others receiving agency services. Findings include:</p> <p>Refer to G169 as it relates to the failure of the agency to ensure all SN services are provided by or under the supervision of an RN.</p> <p>G 169 484.30 SKILLED NURSING SERVICES</p> <p>The HHA furnishes skilled nursing services by or under the supervision of a registered nurse.</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records, job descriptions, Idaho State administrative rules, and staff interview, it was determined the agency failed to ensure nursing services, including patient assessments, were furnished by an RN. This potentially resulted in the death of 1 of 4 patients (Patient #1), whose records were reviewed, and had the potential to affect all patients by allowing complications and changes in patient condition to go unnoticed and untreated. Findings include:</p> <p>IDAPA 23.01.01401.02(a), 2006, states the RN's duty is to "Assess the health status of individuals..." The rules state LPNs function in dependent roles. A change in a patient's status must be assessed by an RN, to determine necessary interventions.</p> <p>IDAPA 23.01.01401.02(b), 2006, states "Delegating Activities to Others. The nurse shall delegate activities only to persons who are</p>	G 168	<p>Refer to: G169</p> <p>G 169 484.30 SKILLED NURSING SERVICES</p> <p>The agency will ensure skilled nursing services, including patient assessments, are furnished by an RN to avoid complications and changes in a patient's condition to go unnoticed and untreated.</p> <p>Procedure/Process:</p> <ol style="list-style-type: none"> 1. A root cause analysis will be performed with all staff involved in the care and coordination of the patient identified in the survey. An action plan will be created to improve processes and systems that would improve the rendering of skilled care should similar events occur in the future. The action plan will address responsibility for implementation, oversight, time lines, and strategies for measuring the effectiveness of the action. 2. All incidents as defined in agency's policy number 4-017.1 will be reported to Executive Director or designee and documented within 48 hours of the incident. 3. All Sentinel Events will be reported to Executive Director or designee within 48 hours of the event. All Sentinel Events will be intensively analyzed utilizing a root cause analysis and action plan and will be completed within 45 days of the event or of becoming aware of the 	

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G 169	<p>Continued From page 2 competent and qualified to undertake and perform the delegated activities ..."</p> <p>IDAPA 23.01.01101.04(a), states "The nurse shall have knowledge of the statutes and rules governing nursing and shall function within the defined legal scope of nursing practice. The nurse shall not assume any duty or responsibility within the practice of nursing without adequate training or where competency has not been maintained."</p> <p>The agency's job description, titled "Registered Nurse," included "ESSENTIAL JOB FUNCTIONS/RESPONSIBILITIES" as follows: - "Regularly re-evaluates patient nursing needs." - "Initiates the plan of care and makes necessary revisions as patient status and needs change." - "Uses health assessment data to determine nursing diagnosis." - "Initiates appropriate preventive and rehabilitative nursing procedures."</p> <p>The agency's job description, titled "Licensed Practical Nurse," included "ESSENTIAL JOB FUNCTIONS/RESPONSIBILITIES" as follows: - "Provides direct patient care as defined in State's Nurse Practice Act." - "Implements plan of care initiated by the registered nurse." - "Performs other duties as assigned by the registered nurse." The LPN job description did not include patient assessment or re-evaluation as a job function or responsibility.</p> <p>Patient #1 was a 68 year old male admitted to the agency on 9/14/17, after hospital discharge, with a primary diagnosis of Intestinal obstruction.</p>	G 169	<p>event. Follow up education and training will be provided as part of the action plan.</p> <p>4. All agency staff will be educated regarding Incident Reporting, Sentinel Events, and Root Cause Analysis/Action Plan as it is written in the agency policy numbers 4-017.1 through 3 to include addendum (a), 4-018.1 through 5, 4-019.1 to include addendum (a).</p> <p>5. If an LPN identifies any vital signs outside of established parameters during a routine visit, the case manager will be notified after the visit and will contact physician for further action or follow up. LPN and Case Manager will document coordination of care related to any deviation of any vital sign outside of established parameters.</p> <p>6. An education will be completed for all agency RN's and LPN's regarding the LPN's scope of practice in home health by utilizing the LPN job description, and policy numbers 2-018.1 through 3 (Care Planning Process), 2-025.1 through 2 (Care Coordination), 2-026.1 through 2 (Orientation of assigned personnel), 2-029.1 through 3 (Monitoring Patient's Response/Reporting to Physician), 2-032.1 (on-call/weekend staffing), 4-008.1 through 3 (Responsibilities/Supervision of Clinical Services), 2-029.1 All RN's and LPN's will sign an attestation of understanding and compliance.</p> <p>7. All RN and LPN competencies will be reviewed for completion and</p>		

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G 169	<p>Continued From page 3</p> <p>Additional diagnoses included CHF, DM Type II, atrial fibrillation, and morbid obesity. He received SN, PT, and MSW services. Patient #1 expired on 9/16/17. His record, including the POC, for the certification period 9/14/17 to 11/12/17, was reviewed.</p> <p>Patient #1's record included referral information from the hospital, stating he was admitted to the hospital on 9/07/17, and discharged on 9/13/17. A history and physical assessment dated 9/07/17, signed by an MD, stated he was admitted to the hospital for a partial small bowel obstruction. It stated "He has a number of medical issues. They appear to be relatively well controlled. So far, stable. No acute medical complications are currently noted."</p> <p>Patient #1's record included an electronic SOC comprehensive assessment dated 9/14/17, signed by his RN Case Manager. The assessment documented blood pressure of 130/60, weight of 379 pounds, bilateral pitting edema of 2+, and abdominal pain level of 3 out of 10, on a scale of 0 to 10, with 10 being the worst pain. During the assessment, Patient #1 stated he had not required pain medication.</p> <p>Patient #1's record included a coordination note dated 9/15/17, signed by the RN Case Manager. The note stated she received a call from the DON "REGARDING PATIENT CALL TO OFFICE ABOUT HIGH PAIN, CALLED PATIENT TO FIND OUT WHAT WAS HAPPENING. PATIENT STATED THAT DURING THE NIGHT TIME HE HAD TO TAKE 3 TRAMADOLS [pain medication] JUST TOO[sic] ALLEVIATE PAIN. HE STATES THAT HE WOULD LIKE A NURSING VISIT TODAY AND WOULD LIKE THE DOCTOR'S</p>	G 169	<p>accuracy based upon the agency's orientation and competency policy.</p> <ol style="list-style-type: none"> 8. Newly hired LPN's and RN's will receive and complete a comprehensive competencies checklist prior to visiting patients independently. 9. The agency's RN Case Manager and RN job descriptions will be revised to include the definition of an assessment and re-evaluation as it is specified by the Medicare Home Health Conditions of Participation, IDAPA rules, and agency policies. 10. All paper notes will be time and date stamped and signed by the appropriate Agency staff member who received the visit note and will then be uploaded into the Agency's electronic health record. 11. There will be an RN on-call as the primary nurse for all non-business hours. The on-call RN will take the initial call from the on-call service and will assess the situation to determine if an LPN or an RN is most appropriate for the visit, based on both the needs of the patient and the professional scope of duties for LPNs and RNs. If an LPN does go on the visit based on this assessment, the LPN will report the visit details to the RN after the visit. 12. New referrals will be reviewed and documented by an RN prior to scheduling the initial start of care visit. 13. If the agency receives a call regarding a current patient's concerns and requires a visit, the visiting clinician will document and report to an RN 	
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G 169	<p>Continued From page 4</p> <p>OFFICE TO BE INFORMED." The note stated the RN Case Manager called Patient #1's physician's office to report his pain. It stated the office staff member reported the physician did not have an opening for an appointment, and stated Patient #1 could use the urgent care if necessary. It was unclear whether his physician was notified of his elevated pain. Additionally, the note stated the RN Case Manager called Patient #1 to report this information, and also called the LPN to provide an SN visit.</p> <p>Patient #1's record included a hand-written SN visit note dated 9/15/17, signed by the LPN. The note documented a blood pressure of 84/58, decreased from 130/60 the previous day, and weight of 371 pounds, decreased from 379 the previous day. The note did not document an assessment of Patient #1's abdomen, to determine tenderness, rigidity, presence or absence of bowel sounds. The note stated Patient #1 was refusing to eat. The narrative section of the note included documentation of his pain level and bilateral lower extremity edema. The pain level appeared to have been altered from 8 out of 10 to 1 out of 10. It did not specify the location of his pain. The level of edema appeared to have been altered from 4+ to 2+. The last line of the narrative note "Pt verbalized understanding constant communication [with] MD office and RN," appeared to be written in a different handwriting and/or with a different pen. The note did not state when the documentation was altered or who altered it. It could not be determined when the visit note was completed and submitted to the office as it was not stamped with the date received.</p> <p>The agency's Administrative Assistant overseeing</p>	G 169	<p>the interventions that were provided for the initial concerns.</p> <p>Monitor:</p> <ol style="list-style-type: none"> 1. Every effort will be made to review QI Events daily to address concerns that have been documented. The QI events will be part of the quarterly QAPI agenda. 2. On-Call log will be reviewed every weekday to enable the agency to provide patient support and also make sure that any necessary interventions and/or follow up occur and are documented appropriately. 3. All LPN paper visit notes will be reviewed and initialed by the director of nursing or designee to evaluate note for quality of documentation and to evaluate for any potential concerns. If 100% compliance with date and time stamp as well as appropriate documentation by the LPN isn't achieved and maintained for 3 months, an agency and/or clinician-specific Performance Improvement Plan will be developed and audits will continue until 100% compliance is achieved for 3 months. If errors are identified in subsequent reviews, a PIP will be developed and this will be incorporated into the agencies QAPI program. 4. All staff will sign an attestation of understanding and commitment to compliance after each policy education. The attestation will be stored in their electronic worker profile. 	
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G 169	<p>Continued From page 5</p> <p>Intake, Scheduling, and Medical Records was interviewed by phone on 9/22/17 at 2:45 PM. She had the original copy of Patient #1's SN visit note dated 9/15/17. She stated the pain level recorded in the narrative section of the note looked as though the number 8 was written over with the number 1, and the pedal edema level looked as though the number 4 was written over with the number 2. Additionally, she stated the last line of the narrative section appeared to be written with a different pen. The Administrative Assistant stated she did not know when the SN visit note dated 9/15/17, was submitted to the office. She confirmed it did not include a date stamp.</p> <p>Patient #1's record included a coordination note dated 9/16/17, signed by the LPN. The note stated the LPN received a call from on-call services at approximately 3:20 AM, stating Patient #1's daughter called to report he had passed away.</p> <p>During an interview on 9/22/17 at 2:25 PM, the LPN stated she performed Patient #1's SN visit on 9/15/17, after receiving a call from the DON or RN Case Manager regarding his increased pain. She was unable to remember who called her. She stated she assessed his vital signs, lung sounds, edema, and his abdomen. The LPN confirmed she did not document an assessment of his abdomen. She stated he had "quite a bit of edema, it was probably 3+." She stated she did not know how often he was taking his pain medication, but instructed him to take it as prescribed. The LPN stated she instructed Patient #1 to go to the urgent care if necessary, and stated she spoke to the RN Case Manager after the visit. The LPN stated she did not contact Patient #1 after the visit to determine</p>	G 169	<p>5. A vital sign alert report from all LPN visits will be pulled monthly for 3 months to ensure at least 95% compliance with case manager communication. If there is not 95% compliance for 3 months by 01/01/2018, an agency and/or clinician-specific Performance Improvement Plan will be developed and audits will continue until 95% compliance is achieved for 3 months.</p> <p>6. LPN competencies will be conducted by an RN on a bi-annual basis.</p> <p>Completion Date: October 9th, 2017 and ongoing</p> <p>Responsible: Director of Nursing or Designee</p>		

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G 169	<p>Continued From page 6</p> <p>whether he continued to have pain. The LPN stated she received a call from the agency's on-call service and spoke to Patient #1's daughter at approximately 3:20 AM on 9/16/17. Patient #1's daughter told the LPN she went to check on him during the night and he had expired.</p> <p>The agency's Administrator and DON were interviewed together on 9/22/17 at 3:00 PM. The DON stated he received a call from Patient #1 on 9/15/17. He stated Patient #1 reported pain and wanted an SN visit. The DON said he spoke to Patient #1's RN Case Manager on the phone but she was not available to make a visit. He stated she was the only RN Case Manager at the agency's parent location. He stated he was "tied up with other things" and unable to make a visit to Patient #1, so they sent the LPN to him. The DON confirmed the LPN's visit note did not document an assessment of his abdomen. Additionally, he confirmed the documentation of pain and edema levels appeared to have been altered. He stated he did not know when it was changed or who changed it. The DON stated the outcome for Patient #1 might have been different if a more comprehensive assessment was performed. He stated he did not review the LPN's visit note, did not complete an investigation, and no staff training was provided following Patient #1's death.</p> <p>The Administrator confirmed the SN visit note dated 9/16/17, did not include a date stamp to indicate when it was received in the office. She confirmed the last line of the narrative section looked different from the rest of the documentation.</p>	G 169			

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NAME OF PROVIDER OR SUPPLIER HORIZON HOME HEALTH EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 527 MEMORIAL DR SUITE B POCATELLO, ID 83201		
(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 169	<p>Continued From page 7</p> <p>The DON was interviewed again on 9/22/17 at 4:30 PM. He stated the role of the LPN was to assist the RN in following the POC. He stated the RN delegated responsibility to the LPN. He confirmed the agency's LPN job description did not include patient assessment as a job function or responsibility. He provided a copy of the LPN's "INITIAL COMPETENCY ASSESSMENT SKILLS CHECKLIST." It was completed and signed by an RN on 6/30/17. It was signed by the LPN on 7/19/17. The form included a line to indicate "Gastrointestinal assessment" competency was assessed. The line was blank. The DON confirmed there was no documentation stating the LPN's competency to complete a gastrointestinal assessment was assessed or reviewed by the RN.</p> <p>During the interview on 9/22/17 beginning at 4:30 PM, the DON provided the on-call schedule for the branch location that provided Patient #1's care. The LPN who completed Patient #1's SN visit was the on-call nurse scheduled on 9/22/17. The weekend of 9/23/17 to 9/24/17, listed the LPN and an RN as on call. The LPN was the only nurse on call scheduled for the week of 9/25/17 to 9/29/17. The DON stated the LPN was "first call," meaning she received calls from patients and could contact the RN if she felt it was necessary. He stated the RN was on-call on the weekend to complete initial assessments on new patients, and the LPN completed visits as needed to patients who called the agency after hours with concerns. The DON confirmed the LPN was responsible for receiving calls and completing an assessment of patients if necessary.</p> <p>The agency failed to ensure Patient #1's change in condition was assessed by an RN. The agency</p>	G 169			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/22/2017
NAME OF PROVIDER OR SUPPLIER HORIZON HOME HEALTH EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 527 MEMORIAL DR SUITE B POCATELLO, ID 83201		
(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 169	<p>Continued From page 8</p> <p>allowed LPNs to respond to a patient call and determine his needs without an RN assessment or supervision. This resulted in Immediate Jeopardy for all patients.</p> <p>NOTE: The agency DON and Administrator were notified of the Immediate Jeopardy on 9/22/17 at 4:40 PM and provided a Plan of Correction. The Plan of Correction included the following:</p> <ul style="list-style-type: none"> - An RN on-call during non-business hours to complete patient visits. - LPNs to contact an RN for any patient concerns. - RN to perform the visit if the patient needs were outside of the LPN's scope of practice. - Education for all LPNs regarding the LPN scope of practice, to be completed 9/22/17. <p>The agency's Plan of Correction was reviewed and accepted. The Immediate jeopardy was removed and the agency notified on 9/22/17 at 5:15 PM.</p>	G 169			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OAS001315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/22/2017
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NAME OF PROVIDER OR SUPPLIER HORIZON HOME HEALTH EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 527 MEMORIAL DR SUITE B POCATELLO, ID 83201
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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)	(X6) COMPLETE DATE
{N 000}	16.03.07 INITIAL COMMENTS The following deficiencies were cited during the follow up state licensure survey of your agency conducted on September 22, 2017. Surveyors conducting the follow-up survey were: Nancy Bax, RN, BSN, HFS, Team Lead Brian Osborn, RN, HFS James Brown, RN, HFS	{N 000}	<u>N 091 - 03.07024. SK.NSG.SERV.:</u> Refer to G 169.	
{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 G169	{N 091}		

Bureau of Facility Standards

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

TITLE

(X8) DATE

STATE FORM

WH3J12

If continuation sheet 1 of 1

[Handwritten Signature] Administrator 10/3/17