



BRAD LITTLE – Governor
DAVE JEPPESEN – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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
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February 3, 2020

Joye Simpson, Director
Minidoka Home Health
1218 9th Street, Suite 4
Rupert, ID 83350-1527

RE: Minidoka Home Health, Provider #137062

Dear Ms. Simpson:

This is to advise you of the findings of the Medicare/Licensure survey, which was concluded at your facility on January 23, 2020.

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.

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

Joye Simpson, Director
February 3, 2020
Page 2 of 2

- acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

After you have completed your Plan of Correction, return the original to this office by **February 13, 2020**, 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

DENNIS KELLY, Supervisor
Non-Long Term Care

DK/ac
Enclosures

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FEB 06 2020



**MINIDOKA MEMORIAL HOSPITAL
MINIDOKA HOME HEALTH & HOSPICE**

FACILITY STANDARDS

February 6, 2020

Dennis Kelly, RN-BC, CHPN, CHPCA, NE-BC
Supervisor
Non-Long Term Care
Bureau of Facility Standards
PO Box 83720-0009
Boise, Idaho 83720-0009

Dear Mr. Kelly,

Attached is our Plan of Correction for our Home Health Survey which concluded on January 23, 2020. We appreciated Molly Lorden, RN, BSN and James Brown, RN visiting our agency for recertification.

If you have any questions regarding the correction, please call me. We appreciate the opportunity to work with your staff.

Sincerely,

Joye Simpson, RN-BC
Director
Minidoka Home Health

Enclosures

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

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FORM APPROVED
OMB NO. 0938-0391

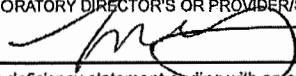
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2020
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NAME OF PROVIDER OR SUPPLIER MINIDOKA HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1218 9TH STREET, SUITE 4 RUPERT, ID 83350
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G 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your agency conducted on 1/21/20 to 1/23/20. Surveyors conducting the recertification survey were:</p> <p>Molly Lorden, RN, BSN, HFS, Team Lead James Brown, RN, HFS</p> <p>Acronyms used in this report include:</p> <p>CHF - Congestive Heart Failure CVA - Cerebrovascular Accident DM - Diabetes Mellitus ER - Emergency Room HTN - Hypertension L - Liters O2 - Oxygen POC - Plan of Care PT - Physical Therapy RN - Registered Nurse RNCM - Registered Nurse Case Manager SN - Skilled Nursing SOC - Start of Care ST - Speech Therapy UTI - Urinary Tract Infection</p>	G 000	<p>The following attachments will be included:</p> <ol style="list-style-type: none"> 1.) February 5, 2020 In-Service Attendance Sheet 2.) February 5, 2020 In-Service Agenda 3.) Updated Home Health policy titled "Plan of Care" <p style="text-align: center;">RECEIVED FEB 06 2020 FACILITY STANDARDS</p>	
G 438	<p>Have a confidential clinical record CFR(s): 484.50(c)(6)</p> <p>Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.</p> <p>This ELEMENT is not met as evidenced by: Based on medical record review and staff interview, it was determined the agency failed to ensure patients were given all information necessary to consent to the release of medical</p>	G 438	<p>G 438 Have a Confidential Clinical Record: Correction Plan:</p> <p>Based on the findings of G 438 the form titled "Medical Record Release Form" will not be included with the new admission paperwork. Blank forms will be stored in the Home Health office to be used as needed. They are to be fully completed and signed by the patient on an as needed basis.</p> <p>Follow Up: Office Coordinator, under direction and supervision of the Clinical Manager/Director has removed this from from new admission paperwork. This form will be available as needed.</p> <p>Education Date: February 5, 2020 - "Medical Record Release Forms" were removed from all new admit paperwork packets, will not be included in future packets. Staff in-serviced on appropriate use of form.</p> <p>Person Responsible for Compliance: Clinical Manager/Director</p>	2/5/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

 CEO 2-6-2020

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 438	Continued From page 1 information from other providers, for 3 of 3 patients (#2, #3, and #4) who were currently on service and whose records were reviewed. This had the potential for personal health information released to the agency without patients' knowledge and consent. Findings include: Patient #2 - #4's medical records included a "Medical Record Release Form." These forms were not completely filled out and included the patients' signatures. The forms did not include who Patient #2 - #4's medical information was being released from, for what purpose, and for what time period. It was unclear what the patients were consenting to. The Clinical Manager was interviewed on 1/23/20, beginning at 10:30 AM, and the Patient #2 - #4's release of medical information forms were reviewed in her presence. She confirmed the release forms were not complete and did not include who the patients' medical information was being released from, for what purpose, and for what time period. The Clinical Manager confirmed the forms were not specific and not filled out completely.	G 438			
G 574	Plan of care must include the following CFR(s): 484.60(a)(2)(i-xvi) The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and	G 574	G 574 Plan of Care Must Include the Following: See page 3		

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G 574	Continued From page 2 cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician may choose to include. This ELEMENT is not met as evidenced by: Based on review of medical records and staff interview, it was determined the agency failed to ensure the POC was accurate and included all pertinent medications, interventions, and goals for 2 of 7 patients (#1 and #4) whose POCs and records were reviewed. This resulted in incomplete POCs and had the potential for unmet patient needs. Findings include: 1. Patient #1 was a 64 year old female admitted to the agency 8/31/19. She had a primary diagnosis of UTI and additional diagnoses including acute kidney failure, sepsis, and HTN.	G 574	G 574 Plan of Care Must include the Following: Correction Plan: Based on the findings of G 574 staff will be in-serviced by the Clinical Manager/Director and review Home Health Policy titled "Plan of Care". This policy outlines what is expected to be included on patient plan of care, including pertinent interventions and goals. Education Date: February 5, 2020 Follow Up: Beginning February 10, 2020 all current patients Plan of Care's will be reviewed by Quality Program Coordinator, under the supervision and direction of Clinical Manager/Director, for accuracy and to ensure pertinent interventions and goals are captured on the patients Plan of Care. Any discrepancies identified will be studied, evaluated, and sent to the Clinical Manager/Director for corrections and reviewed with clinicians. Findings will be reported quarterly to the Minidoka Memorial Hospital Quality Assurance Committee Meeting for review and recommendations. Plan of Care's will be audited and reported until 85% compliant, once goal of 85% compliance is reached need for any further review will be decided upon in Quality Assurance Committee Meeting. Compliance Date: April 17, 2020 Person Responsible for Compliance: Clinical Manager/Director	4/17/2020

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G 574	<p>Continued From page 3</p> <p>She received SN and PT services. Her record, including the POC, for the certification period 8/31/19 to 10/29/19, was reviewed. She was discharged from the agency on 10/24/19.</p> <p>a. Patient #1's medical record included an SN SOC comprehensive assessment, dated 8/31/19, signed by an RN. The document included HTN and acute kidney failure in Patient #1's diagnoses. Patient #1's medical record included a document titled "Home Health Certification and Plan of Care," dated 8/31/19, signed by an RN. The POC did not include goals or interventions related to Patient #1's HTN and acute kidney failure diagnoses.</p> <p>The Clinical Manager was interviewed on 1/23/20 at 11:00 AM. She confirmed there were no goals or interventions related to Patient #1's HTN and acute kidney failure diagnoses on her POC. When asked if she expected staff to include interventions and goals related to these diagnoses, she stated, "We have to."</p> <p>Patient #1's POC did not include all pertinent interventions and goals.</p> <p>b. Patient #1's medical record included a document titled "SN WORK SHEET," dated 8/31/19, signed by an RN. The document stated "O2 DOSE 2L @ HS [bedtime] only." Patient #1's medical record also included a document titled "Patient Medication Sheets," which stated, "OXYGEN 2-3L/MIN [minute] VIA NC [nasal cannula] CONTINUOUSLY." It was unclear when Patient #1 used oxygen.</p> <p>The Clinical Manager was interviewed on 1/23/20 at 11:00 AM. She confirmed there was a</p>	G 574			

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G 574	<p>Continued From page 4</p> <p>discrepancy between when Patient #1 used her oxygen. She stated if Patient #1 only used oxygen at bedtime, the POC should have been updated so other nurses involved in her care knew this.</p> <p>Patient #1's POC did not include correct timing of all medications.</p> <p>2. Patient #4 was a 100 year old female admitted to the agency on 1/02/20 with a primary diagnosis of acute-on-chronic heart failure. Additional diagnoses included history of abnormalities of gait, CHF, and DM type 2. She received SN and PT services. Her record, including the POC, for the certification period 1/02/20 to 3/01/20, was reviewed.</p> <p>a. Patient #4's record included an SN SOC comprehensive assessment, dated 1/02/20, signed by her RNCM. The assessment included a Braden Scale assessment. The Braden Scale is a validated tool used by nurses to evaluate a patient's risk of developing a pressure ulcer. The total score can range from 6 to 23, with a lower score indicating a higher risk. Patients scoring 18 or less are considered to be at risk of developing a pressure ulcer. Patient #4's score was 14, indicating a moderate risk of developing a pressure ulcer. Patient #4's POC did not include interventions or goals related to her risk of developing a pressure ulcer.</p> <p>The Clinical Manager was interviewed on 1/23/20 beginning at 10:15 AM, and Patient #4's record was reviewed in her presence. The Clinical Manager confirmed Patient #4's SOC assessment identified an increased risk of developing a pressure ulcer and her POC did not</p>	G 574			

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G 574	Continued From page 5 include interventions or goals to address that risk. Patient #4's POC did not include interventions or goals to address her risk of developing a pressure ulcer. b. Patient #4's record included an SN SOC comprehensive assessment, dated 1/02/20, signed by her RNCM. The assessment included a diagnosis of CHF, with a severity code of 2, indicating "symptoms controlled with difficulty, affecting daily functioning, patient needs ongoing monitoring." Patient #4's POC did not include goals or interventions to monitor her CHF. The Clinical Manager was interviewed on 1/23/20 beginning at 10:15 AM, and Patient #4's record was reviewed in her presence. The Clinical Manager confirmed Patient #4's POC did not include interventions or goals related to her CHF.	G 574			
G 588	Patient #4's POC did not include goals or interventions to monitor her CHF. Reviewed, revised by physician every 60 days CFR(s): 484.60(c)(1) The individualized plan of care must be reviewed and revised by the physician who is responsible for the home health plan of care and the HHA as frequently as the patient's condition or needs require, but no less frequently than once every 60 days, beginning with the start of care date. This ELEMENT is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure the individualized POC was reviewed and revised by the physician after a hospitalization for 1 of 7 patients (Patient #1) whose records were	G 588	G 588 Plan of Care Reviewed & Revised by Physician No Less Frequently Than Every 60 Days: Correction Plan: Based on the findings of G588 staff in-service will be provided by the Clinical Manager/Director where the Home Health policy titled "Plan of Care" will be reviewed. This policy outlines what is expected to be included on patient Plan of Care, identifying problems and diagnosis for potential problems. Education Date: February 5, 2020 Follow Up: Beginning February 10, 2020 all current patients Plan of Care's will be reviewed by the Quality Program Coordinator, under the supervision and direction of Clinical Manager/Director, for accuracy and to ensure problems/potential problems, and or, new/changed diagnosis, are identified and included on the patients Plan of Care. Any discrepancies identified will be studied, Continue on page 7....	4/17/2020	

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G 588	Continued From page 6 reviewed. This resulted in a POC that was not updated to reflect current patient needs. Findings include: Patient #1 was a 64 year old female admitted to the agency 8/31/19. She had a primary diagnosis of UTI and additional diagnoses including acute kidney failure, sepsis, and HTN. She received SN and PT services. Her record, including the POC, for the certification period 8/31/19 to 10/29/19, was reviewed. She was discharged from the agency on 10/24/19. Patient #1's medical record included a document titled "Home Health Certification and Plan of Care Update," dated 9/30/19, signed by an RN. The document stated, "9/19/2019 SN: ALL HOME HEALTH SERVICES ON HOLD EFFECTIVE 9/16/2019, PT [patient] HAS BEEN HOSPITALIZED AT [regional hospital] FOR HYPOTENSION, ACUTE KIDNEY INJURY, HYPERKALEMIA, CHRONIC DIARRHEA." Patient #1's care was resumed on 9/19/19. The POC was not updated to reflect diagnoses related to Patient #1 being hospitalized. The Clinical Manager was interviewed on 1/23/20 at 11:00 AM. She confirmed the POC was not updated after the patient went to the hospital. She stated the POC needed to be updated to reflect Patient #1's new diagnoses. Patient #1's POC was not revised to reflect her new diagnoses post hospitalization.	G 588	...Continued from page 6 evaluated, and sent to the Clinical Manager/Director for corrections and to be reviewed with skilled clinicians. Findings will be reported to the Minidoka Memorial Hospital Quality Assurance Committee Meeting quarterly for review and recommendations. Plan of Cares will be audited and findings will be reported until goal of 85% compliance is met. Need for further review will be decided upon in Quality Assurance Committee Meeting. Compliance Date: April 17, 2020 Person Responsible for Compliance: Clinical Manager/ Director		
G 590	Promptly alert relevant physician of changes CFR(s): 484.60(c)(1) The HHA must promptly alert the relevant	G 590	See page 8		

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G 590	<p>Continued From page 7</p> <p>physician(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.</p> <p>This ELEMENT is not met as evidenced by: Based on medical record review and staff interview, it was determined the agency failed to ensure physicians were promptly alerted to changes in patients' conditions or needs that suggested a need to alter the POC for 1 of 3 patients (Patient #2) who had ER visits and whose records were reviewed. This had the potential for unaddressed patient conditions or needs. Findings include:</p> <p>Patient #2 was an 88 year old female admitted to the agency 8/21/19. She had a primary diagnosis of CVA and additional diagnoses including aphasia, dysphagia, and CHF. She received SN and ST services. Her record, including the POC, for the certification period 12/18/19 to 2/15/20, was reviewed.</p> <p>Patient #2's record included an SN visit note, dated 1/16/20, signed by an RN. The note stated, "SN NOTIFIED BY [local hospital] PT [patient] HAD VISIT TO ER WITHOUT ADMISSION TO HOSPITAL OVER PAST WKEND[sic], FOR PALPITATIONS." Patient #2's record did not include documentation her physician was notified she went to the ER.</p> <p>The Clinical Manager was interviewed on 1/23/20 at 10:32 AM. When asked if Patient #2's physician was notified she went to the ER, the Clinical Manager said the physicians talk to each other and would know Patient #2 went to the ER. When asked if there was documentation agency staff notified Patient #2's physician she went to</p>	G 590	<p>G 590 Promptly Alert Physician of Changes in the Patients Condition.</p> <p>Correction Plan:</p> <p>Based on the findings of G690 staff will be In-serviced by the Clinical Manager/Director and review Home Health policy titled "Plan of Care". This policy was updated on February 5, 2020 and will be reviewed for approval by the governing board. Updated version will include directions to notify physician of changes, including Hospital or Emergent Care visits.</p> <p>Education Date: February 5, 2020</p> <p>Follow Up: Beginning February 10, 2020 all current patients Plan of Care's will be reviewed by Quality Program Coordinator, under the supervision and direction of Clinical Manager/Director, for accuracy and to ensure any changes in the patient's condition is being reported to the appropriate physician. Any discrepancies identified will be studied, evaluated, and sent to the Clinical Manager/Director for corrections and reviewed with clinicians. Findings will be reported to the Minidoka Memorial Hospital Quality Assurance Committee Meeting quarterly for review and recommendations. Plan of Cares will be audited, and findings will be reported on until goal of 85% compliance is reached. Once met need for further review is to be decided upon in Quality Assurance Committee Meeting.</p> <p>Compliance Date: April 17, 2020</p> <p>Person Responsible for Compliance: Clinical Manager/Director</p>	4/17/2020

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G 590	Continued From page 8 the ER, she was unable to find this documentation. The RN failed to ensure Patient #2's physician was promptly alerted to changes in her condition that suggested a need to alter the POC.	G 590		
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