IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DAVE JEPPESEN– Director

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DIVISION OF LICENSING & CERTIFICATION
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March 6, 2020

Leslie Crane, Administrator
Bear Lake Memorial Hospital Home Health
164 South 5th Street
Montpelier, ID 83254

RE: Bear Lake Memorial Hospital Home Health, Provider #137069

Dear Mr. Crane:

This is to advise you of the findings of the Medicare/Licensure survey, which was concluded at your facility on February 20, 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 into compliance, and that the home health 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.

After you have completed your Plan of Correction, return the original to this office by **March 19, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	137069	A. BUILDING _____ B. WING _____	02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR LAKE MEMORIAL HOSPITAL HOME HEALTH	465 WASHINGTON STREET MONTPELIER, ID 83254

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E 000	Initial Comments The Medicare recertification survey of your agency, including Emergency Preparedness, was conducted on 2/18/20 to 2/20/20 and your agency was found in substantial compliance for the regulations found in 42 CFR 484.102. Surveyors conducting the survey were: Kim Mehlhaff, RN, HFS, Team Lead James Brown, RN, HFS Trish O'Hara, RN, HFS	E 000	RECEIVED MAR 19 2020 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	HH administrator	03/06/2020

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 000	INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your agency conducted on 2/18/20 to 2/20/20. Surveyors conducting the recertification survey were: Kim Mehlhaff RN, HFS, Team Lead Trish O'Hara, RN, HFS James Brown, RN, HFS Acronyms used in this report include: BiPAP - Bilevel Positive Airway Pressure CHF - Congestive Heart Failure CKD - Chronic Kidney Disease DM - Diabetes Mellitus HCL - Hydrogen Chloride HFS - Health Facility Surveyor HTN - Hypertension L/min - Liters per Minute LPN - Licensed Practical Nurse MD - Medical Doctor mg - Milligram OASIS - Outcome and Assessment Information Set OT - Occupational Therapy PCP - Primary Care Practitioner PICC - Peripherally Inserted Central Catheter POC - Plan of Care PRN - As Needed Pt - Patient PT - Physical Therapy QIO - Quality Improvement Organization RN - Registered Nurse RNCM - Registered Nurse Case Manager SN - Skilled Nursing SOC - Start of Care	G 000	RECEIVED MAR 19 2020 FACILITY STANDARDS	
G 374	Accuracy of encoded OASIS data	G 374		

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G 374	Continued From page 1 CFR(s): 484.45(b) Standard: The encoded OASIS data must accurately reflect the patient's status at the time of assessment. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure encoded OASIS data was accurate at the time of the SOC assessment for 1 of 7 patients (Patient #1) whose records were reviewed. This resulted in the reporting of inaccurate OASIS data. Findings include: Patient #2 was an 88 year old male admitted to the agency on 1/30/20, with a primary diagnosis of Malignant neoplasm of sigmoid colon. Additional diagnoses included CHF, DM type 2, CKD stage 4, orthostatic hypotension and gout. He received SN and PT services. His record, including the POC, for the certification period 1/30/20 to 3/29/20 was reviewed. Patient #2's record included an SOC comprehensive assessment, dated 1/30/20, signed by an RN. The assessment included a list of M1023 "other diagnoses" which included "Gout, unspecified." The gout diagnosis had a related symptom control rating of 2 which is defined as, "Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring." However, Patient #2's POC, dated 1/30/2020, signed by SOC RN, did not include monitoring for this diagnosis. The RNCM was interviewed on 2/20/20, beginning at 3:35 PM, and Patient #2's medical record was reviewed in her presence. The RNCM confirmed Patient #2's POC did not	G 374	Education will be provided to all SN's by Supervising RN in documented meeting. Education will encompass diagnoses, Severity code rating and inclusion in plan of care. This will improve patient care by the plan of care being individualized to that patient and addressing concerns. A question item has been added to the Admission Checklist Form. These will be kept in a special binder & reviewed quarterly. See Addendum #1	4/30/2020

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G 374	Continued From page 2 include interventions or goals for gout. She stated Patient #2 "did not have gout anymore." The RNCM stated the diagnosis should not have been on Patient #2's SOC OASIS. Patient #2's encoded OASIS data did not accurately reflect his status at the time of admission.	G 374		
G 446	Contact info Federal/State-funded entities CFR(s): 484.50(c)(10)(i,ii,iii,iv,v) Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides: (i) Agency on Aging (ii) Center for Independent Living (iii) Protection and Advocacy Agency, (iv) Aging and Disability Resource Center; and (v) Quality Improvement Organization. This ELEMENT is not met as evidenced by: Based on agency admission packet review and staff interview, it was determined the agency failed to ensure patients were advised of the contact information for the Quality Improvement Organization. This had the potential to result in a knowledge deficit as to how patients or caregivers can report a complaint, quality of care concern, or appeal their discharge. Findings include: A sample agency admission packet was reviewed. The packet included the name of the Quality Improvement Organization; however, the packet did not include the phone number. Additionally, the agency provided a "Notice of Medicare Non-Coverage" to patients, to inform them on their options for appealing their	G 446	The appropriate forms have been updated by the Home Health Director with the correct contact information for the appropriate state. The updated forms have already replaced the incorrect forms in the admission packet. This will improve pt. care by giving them the correct information to contact the QIO if they have questions, complaints, or want to request an appeal. Each admit packet will be checked for appropriate during preparation for admission. See Addendums 2, 3, & 4.	3/13/2020

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G 446	Continued From page 3 discharge. The form included the name of the QIO but had the incorrect phone number. It could not be determined how the agency was providing the QIO contact information to patients and their representatives. The CEO of the agency was interviewed on 2/20/20, beginning on 10:20 AM, and the agency's admission packet was reviewed in her presence. She confirmed the information was incomplete and incorrect. The agency failed to ensure patients were advised of the correct contact information for the Quality Improvement Organization.	G 446		
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 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	G 574		

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G 574	Continued From page 4 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, staff and caregiver/spouse interview, and observations, it was determined the agency failed to ensure the POC was accurate and included all pertinent diagnoses, medications, allergies, interventions, and goals for 1 of 7 patients (Patient #2) whose records were reviewed. This resulted in incomplete POCs and had the potential for unmet patient needs. Findings include: Patient #2 was an 88 year old male admitted to the agency on 1/30/20, with a primary diagnosis of Malignant neoplasm of sigmoid colon. Additional diagnoses included CHF, DM type 2, CKD stage 4, orthostatic hypotension and gout. He received SN and PT services. His record, including the POC, for the certification period 1/30/20 to 3/29/20 was reviewed. A home visit was made to Patient #2's residence on 2/20/20 beginning at 10:20 AM, to observe an SN visit. Patient #2's agency medication list was reviewed in the spouse's presence. The following discrepancies were noted: - Patient #2's agency medication list included Fluoxetine HCL oral 40mg daily. His spouse reported MD aware patient only taking 20mg	G 574	Education will be provided by the Supervising RN to all SN's regarding Verifying all meds with each patient Visit. Documentation of education will be kept in Staff meeting minutes. This will improve patient care by providers making better decisions for care based on correct information. When changes are Noted, the SN will contact the MD for updated orders and the patients med sheet will be updated. When Client visit Notes are turned in to QA they will Verify SN documentation of med checks	4/30/2020

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G 574	Continued From page 5 daily. - Patient #2's agency medication list did not include Cetirizine HCL. His spouse reported MD was aware patient takes 10mg oral PRN for allergies. - Patient #2's agency medication list listed O2 using a nasal cannula at 2-3 L/min continuous (with Bipap at night). Patient was wearing his nasal cannula and using O2 during the SN visit. His spouse reported MD ordered O2 daytime use PRN to keep oxygen saturation above 93%. The RNCM was interviewed immediately after the home visit was completed and confirmed the discrepancies on Patient #2's agency medication list. The agency failed to ensure Patient #2 had an accurate medication profile.	G 574		
G 580	Only as ordered by a physician CFR(s): 484.60(b)(1) Drugs, services, and treatments are administered only as ordered by a physician. This ELEMENT is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure interventions were administered as ordered for 2 of 7 patients (#2 and #3) whose records were reviewed. This resulted in unauthorized and late treatments and had the potential to negatively impact the safety and quality of patient care. Findings include: a. Patient #2 was an 88 year old male admitted to the agency on 1/30/20, with a primary	G 580		

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G 580	Continued From page 6 diagnosis of Malignant neoplasm of sigmoid colon. Additional diagnoses included CHF, DM type 2, CKD stage 4, orthostatic hypotension and gout. He received SN and PT services. His record, including the POC, for the certification period 1/30/20 to 3/29/20 was reviewed. Patient #2's record included a physician approved POC for weekly PICC line dressing changes. His medical record included 2 SN visits completed in the same week, 1 on 2/4/20 and 1 on 2/6/20 completed by an LPN. The documentation reflects that the PICC dressing change was done on both visits, exceeding the physician ordered frequency for the PICC dressing change. The RNCM was interviewed on 2/20/20, beginning at 3:35 PM, and Patient #2's medical record was reviewed in her presence. The RNCM confirmed the LPN changed the PICC dressing 2 times in 1 week, without an order from the physician. Patient #2's PICC dressing changes exceeded the frequency ordered by his referring physician. b. Patient #1 was an 73 year old male admitted to the agency on 1/07/20, with a primary diagnosis of DM type 2. Additional diagnoses included an ulcer on his left ankle and left buttock, CHF and atrial fibrillation. He received SN, OT, and PT services. His record, including the POC, for the certification period of 1/07/20 to 3/6/20 was reviewed. Patient #1's record included a physicians order dated 1/7/20 to "recheck protime in 1 week." Protime is a test to determine how well the blood-thinning medication Warfarin is working to	G 580	Education will be provided by Supervising RN to all SN's regarding treatment orders. IP circumstances require change to these orders, the SN's will contact the NP & request updated orders. This will improve pt care by treatments being completed in accordance to MD direction. Chart reviews completed every other week to assess for out of parameter treatments. Documentation of education will be placed in the agency staff meeting minutes.	4/30/2020

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G 580	Continued From page 7 prevention blood clots and results out of physician ordered normal limits often dictate changes in Warfarin dosing that needs be communicated to the patient immediately. Patient #1's record included an SN visit note dated 1/15/20, documenting the ordered blood draw. The Protime was completed 1 day late. The RNCM was interviewed on 2/20/20, beginning at 3:35 PM, and Patient #1's medical record was reviewed in her presence. The RNCM confirmed the lab draw was drawn 1 day late. Patient #1's Protime lab was completed outside the physician ordered date.	G 580		