

COPY



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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  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

July 31, 2020

Donald Duffy, Administrator  
Panhandle Health District  
8500 N Atlas Road  
Hayden, ID 83835-8332

RE: Panhandle Health District, Provider #137002

Dear Mr. Duffy:

This is to notify you that we are recommending to the Centers for Medicare/Medicaid Services (CMS) that it terminate its Medicare provider agreement with your agency based on the findings of the focused infection control survey completed on July 23, 2020.

We have notified CMS that the following Condition of Participation is not met:

**Infection prevention and control (42 CFR 484.70).**

In addition, we have informed CMS that substantial noncompliance representing an immediate and serious threat to patient health and safety has been identified. The deficiency that represents an immediate and serious threat to patients is:

**Standard: Infection control (42 CFR 484.70(b)(1)(2)).**

This deficiency was discussed with you and/or your staff. The Statement of Deficiencies is enclosed for your reference.

If this recommendation is accepted by CMS, they will send you a formal notice of

Donald Duffy, Administrator  
July 31, 2020  
Page 2 of 2

termination. This notice will include information about appeal rights, the time schedule for termination and the steps you can take to halt the termination action.

We urge you to begin correction immediately. CMS's time frame for termination is very short when deficiencies pose immediate jeopardy to patient health and safety. CMS can give as little as fifteen days notice before the effective date of termination of the provider agreement.

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/nw

cc: Debra Ransom, R.N., R.H.I.T., Bureau Chief  
Julius Bunch, Certification & Enforcement Manager

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

PRINTED: 08/25/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  137002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/23/2020
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NAME OF PROVIDER OR SUPPLIER  PANHANDLE HEALTH DISTRICT	STREET ADDRESS, CITY, STATE, ZIP CODE 8500 N ATLAS ROAD HAYDEN, ID 83835
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G 000	INITIAL COMMENTS  A focused infection control survey was conducted at your agency from 7/20/20 to 7/23/20. During the survey, Immediate Jeopardy was identified at G684. The agency was notified of the Immediate Jeopardy on 7/23/20 at 5:30 PM. A plan of correction was not submitted by the agency prior to the surveyors' exit on 7/27/20 at 2:00 PM.  The surveyors conducting the survey were:  Nancy Bax, RN, BSN, HFS, Team Lead Teresa Hamblin, RN, MS, HFS  Acronyms used in this report include:  CDC - Centers for Disease Control and Prevention CEU - Continuing Education Unit CHF - Congestive Heart Failure COPD - Chronic Obstructive Pulmonary Disease DM - Diabetes Mellitus ED - Emergency Department GERD - Gastro Esophageal Reflux Disease LPN - Licensed Practical Nurse MSW - Medical Social Worker OT - Occupational Therapy PCP - Primary Care Physician POC - Plan of Care PPE - Personal Protective Equipment PT - Physical Therapy PTA - Physical Therapy Assistant RNCM - Registered Nurse Case Manager ROC - Resumption of Care SN - Skilled Nursing ST - Speech Therapy	G 000		
G 680	Infection prevention and control CFR(s): 484.70	G 680		8/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		08/13/2020

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 680	Continued From page 1	G 680		
	<p>Condition of Participation: Infection prevention and control.</p> <p>The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.</p> <p>This CONDITION is not met as evidenced by: Based on patient record review, observation, agency document review, policy review, and staff interview it was determined the agency failed to employ adequate infection control measures to prevent the spread of COVID-19. This had the potential to result in the unknown spread of COVID-19 between agency patients, staff, visitors, and the community. Finding include:</p> <p>Refer to G682 as it relates to the agency's failure to ensure agency policy and accepted infection control standards of practice were followed.</p> <p>Refer to G684 as it relates to the agency's failure to ensure adequate surveillance screening for COVID-19 was completed on all patients, clinicians, and visitors.</p> <p>Refer to G686 as it relates to the agency's failure to ensure all agency staff, including contracted staff, received infection control education related to COVID-19.</p> <p>The cumulative effects of these negative practices seriously impeded the ability of the agency to prevent the spread of COVID-19.</p>			
G 682	<p>Infection Prevention CFR(s): 484.70(a)</p> <p>Standard: Infection Prevention.</p>	G 682		8/20/20

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G 682	<p>Continued From page 2</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. This STANDARD is not met as evidenced by: Based on observation, policy review, and staff interview, it was determined the agency failed to ensure agency policy and accepted infection control standards of practice were followed for 1 of 1 patient (Patient #1) whose SN care was observed. This had the potential for an increased risk of infection transmission. Findings include:</p> <p>Patient #1 was a 52 year old male, admitted to the agency on 5/26/20, with a primary diagnosis of stage 4 pressure ulcer to his right buttock. Additional diagnoses included nicotine dependence, bipolar disorder, depression, and paraplegia. He received SN services. His record, including the POC, for the certification period 5/26/20 to 7/24/20, was reviewed.</p> <p>The agency's policy, "Home Health Protocol for COVID-19" revised 3/27/20, stated, "When you leave the home, clean your non-disposable supplies, including iPad, with Lysol wipes, Sani-wipes, or alcohol pads."</p> <p>A visit was made to Patient #1's home on 7/21/20 at 10:00 AM, to observe an SN visit completed by the LPN. At the end of her visit, she handed her iPad to Patient #1 and asked for his signature on her visit note. Patient #1 completed his signature and handed the iPad back to the LPN. The LPN put the iPad in her bag, that contained her patient care supplies. The LPN did not disinfect the iPad before putting it in her bag.</p> <p>During an interview on 7/21/20 at 10:50 AM, the</p>	G 682		

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G 682	Continued From page 3 LPN confirmed she failed to disinfect her iPad after it was handled by Patient #1, prior to putting it in her bag.	G 682		
G 684	<p>The LPN failed to disinfect her iPad prior to putting it in her bag.</p> <p>Infection control CFR(s): 484.70(b)(1)(2)</p> <p>Standard: Control. The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include:</p> <p>(1) A method for identifying infectious and communicable disease problems; and</p> <p>(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.</p> <p>This STANDARD is not met as evidenced by: Based on patient record review, policy review, and staff interview, it was determined the agency failed to ensure their surveillance screening for COVID-19 was completed on all patient visits for 7 of 10 patients (#1, #2, #3, #4, #5, #8, and #9) whose records were reviewed and failed to ensure agency clinicians and agency visitors were fully screened for COVID-19. This resulted in a finding of Immediate Jeopardy for the agency's failure to identify possible COVID-19 positive patients, staff, and visitors, and potentially result in the spread of COVID-19 to</p>	G 684		9/9/20

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G 684	<p>Continued From page 4 staff, patients, visitors, and the community. Findings include:</p> <p>1. The agency's policy, "Home Health Protocol for COVID-19," revised 7/20/20, stated:</p> <p>"4. Before you visit, open your visit as described in EMR procedure and call the patient. Screen the patient for COVID-19 over the phone using the questions. If the patient does not answer the phone call, you may screen before you enter the home. Remember to also screen family members."</p> <p>"5. If the patient is asymptomatic and does not respond to the screening questions positively, you may perform your visit. Ask family members to leave the area and take the patient's temperature before you start your visit. If the temperature is normal, see number 6-7. If not, see number 8-9."</p> <p>"8. If the patient reports symptoms, answers the screening questions positively, if you know they are positive or presume they are positive: A) Introduce yourself at the door and explain that you are going to put on your PPE and enter the home. Ask if they want you to use a different entrance when you enter the home. Carry on visit as described above, placing a barrier down for your supplies and practicing hand hygiene. B) When leaving, doff PPE and dispose of it at the home, putting it in a paper or plastic sack. Wash hands, put on a new pair of gloves, remove mask and goggles and place them in a paper sack. C) Place the sack in the trunk of the car. Clean them with gloves on using alcohol or Sani-wipes before the next use."</p>	G 684		
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G 684	<p>Continued From page 5</p> <p>"9. If the patient has a temperature above 100.4 degrees Fahrenheit and you are in the home already:</p> <p>A) Leave all items and return to your car to don PPE.</p> <p>B) Call the PCP to report this and follow any instructions they give.</p> <p>C) Report to the nurse manager."</p> <p>This policy was not followed. Examples include:</p> <p>a. Patient #1 was a 52 year old male, admitted to the agency on 5/26/20, with a primary diagnosis of stage 4 pressure ulcer to his right buttock. Additional diagnoses included nicotine dependence, bipolar disorder, depression, and paraplegia. He received SN services. His record, including the POC, for the certification period 5/26/20 to 7/24/20, was reviewed.</p> <p>i. Patient #1's record included an SN visit note dated 5/27/20, signed by the LPN. The note documented his temperature of 102 degrees Fahrenheit. The note stated Patient #1's increased temperature was reported to his physician's office staff. There was no documentation of communication with the Nurse Manager. The note did not state the LPN returned to her car to don PPE as required by agency policy.</p> <p>ii. Patient #1's record included an SN visit note dated 5/29/20, signed by the RNCM/Nurse Manager. The note did not include the COVID-19 screening questions and answers as required by agency policy. The note documented his temperature of 101.6 degrees Fahrenheit. The note stated, "Reported temp [temperature] to MD, instructed patient to visit ED if temp continues</p>	G 684			



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G 684	<p>Continued From page 6</p> <p>tomorrow." The note did not state the RNCM/Nurse Manager returned to her car to don PPE as required by agency policy.</p> <p>During an interview on 7/23/20 at 1:50 PM, the RNCM/Nurse Manager reviewed the record and confirmed agency policy was not followed when Patient #1's temperature was over 100.4 on 2 SN visits. The RNCM/Nurse Manager stated Patient #1 had run fevers in the past related to UTIs, and she and the LPN failed to identify his fever as being consistent with COVID-19 symptoms.</p> <p>iii. Patient #1's record included 20 SN visit notes. The following SN visit notes did not include the COVID-19 screening questions and answers as required by agency policy.</p> <ul style="list-style-type: none"> <li>-6/03/20, signed by the LPN</li> <li>-6/08/20, signed by the LPN</li> <li>-6/10/20, signed by the LPN</li> <li>-6/15/20, signed by the LPN</li> <li>-6/17/20, signed by the LPN</li> <li>-6/19/20, signed by the RNCM/Nurse Manager</li> <li>-6/22/20, signed by the LPN</li> <li>-6/24/20, signed by the LPN</li> <li>-6/29/20, signed by the LPN</li> <li>-7/10/20, ROC signed by the RNCM/Nurse Manager</li> <li>-7/17/20, ROC signed by the RNCM/Nurse Manager</li> </ul> <p>During an interview on 7/23/20 at 1:50 PM, the RNCM/Nurse Manager reviewed Patient #1's record and confirmed agency policy was not followed for COVID-19 screening on 11 of 20 SN visits.</p> <p>The agency failed to ensure COVID-19 screening</p>	G 684			

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G 684	<p>Continued From page 7 policy was followed for Patient #1.</p> <p>b. Patient #9 was a 40 year old female, admitted to the agency on 5/02/20, with a primary diagnosis of CHF. Additional diagnoses included cardiogenic shock and acute kidney failure. She received SN services. Her record, including the POC, for the certification period 5/02/20 to 6/30/20, was reviewed.</p> <p>Patient #9's record included 9 SN visit notes signed by the RNCM, and 5 SN visit notes signed by the LPN. The 14 SN visit notes did not include COVID-19 screening questions and answers as required by agency policy.</p> <p>During an interview on 7/23/20 at 10:30 AM, the Nurse Manager reviewed Patient #9's record and confirmed agency policy was not followed for COVID-19 screening on 14 of 14 SN visits.</p> <p>The agency failed to ensure COVID-19 screening policy was followed for Patient #9.</p> <p>c. Patient #4 was a 66 year old female, admitted to the agency on 5/30/20, with a primary diagnosis of CHF. Additional diagnoses included atrial flutter, DM type 2, obesity, and COPD. She received SN and PT services. Her record, including the POC, for the certification period 5/30/20 to 7/28/20, was reviewed.</p> <p>Patient #4's record included 9 PT visit notes, signed by the Physical Therapist. The 9 PT visit notes did not document Patient #4's temperature as required by agency policy for COVID-19 screening.</p> <p>During an interview on 7/23/20 at 2:30 PM, the</p>	G 684		

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G 684	<p>Continued From page 8</p> <p>Nurse Manager reviewed Patient #4's record and confirmed agency policy was not followed for COVID-19 screening on 9 of 9 PT visits.</p> <p>The agency failed to ensure the COVID-19 screening policy was followed for Patient #4.</p> <p>d. Patient #2 was an 83 year old male, admitted to the agency on 7/04/20, with a primary diagnosis of surgical aftercare for a leg bone fracture. Additional diagnoses included, but not limited to, DM type 2, Parkinson's disease, atrial fibrillation, CHF, and major depression. He received SN, PT, OT, and home health aide services. His record, including the POC, for certification period 7/04/20 to 9/01/20, was reviewed.</p> <p>i. Patient #2's home was visited to observe PTA care on 7/22/20 at 2:30 PM. The PTA was observed to ask COVID-19 screening questions after entering the home, opening his bag and removing and sanitizing his equipment and supplies, verifying his identity, and asking Patient #2 regarding medication changes. The PTA took Patient #2's temperature after COVID-19 screening questions, offering social services consult, and after checking Patient #2's oxygen saturation level and heart rate using a pulse oximeter. Patient #2's son was present upon arrival. He was not observed to be screened.</p> <p>The order of screening questions and assessment of temperature was not consistent with agency policy, which required screening prior to entering a patient's home, and temperature right away upon entering a patient home. Family members are required to be screened in accordance with agency policy.</p>	G 684		

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G 684	<p>Continued From page 9</p> <p>The PTA was interviewed on 7/23/20 at 2:25 PM. When asked about his usual procedure for screening, he stated he screened patients after entering the home. When asked about when he would screen family members, he stated he would screen a family member if the family member looked sick, otherwise he would not do so.</p> <p>The PTA did not perform COVID-19 screening in accordance with agency policy.</p> <p>ii. Patient #2's POC included providing aide service 2 times per week for 4 weeks, with assigned tasks to take vital signs and assist with tub/shower bath. Aide visit notes for 7/07/20, 7/09/20, and 7/14/20 were reviewed. None of the visit notes documented COVID-19 screening.</p> <p>The Nurse Manager was interviewed on 7/22/20 at 3:50 PM. She confirmed it was not part of the aide's work flow to do COVID-19 screening.</p> <p>Patient #2's aide was interviewed by telephone on 7/23/20 at 9:30 AM. She stated she asked COVID-19 questions but did not document the answers.</p> <p>The agency did not have an expectation and process for aides to ask COVID-19 screening questions and document answers.</p> <p>e. Patient #8 was an 87 year old female, admitted to the agency on 6/02/20, with a primary diagnosis of severe protein calorie malnutrition. Additional diagnoses included GERD. She received SN, PT, OT, and ST services. Her record, including the POC, for the certification</p>	G 684		

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G 684	<p>Continued From page 10 period 6/02/20 to 7/31/20, was reviewed.</p> <p>i. Patient #8's record included a PT visit note, dated 6/10/20, signed by the PTA. The note did not document Patient #8's temperature as required by agency policy for COVID-19 screening.</p> <p>ii. Patient #8's record included an SN visit note dated 6/11/20, signed by RNCM. The note did not include COVID-19 screening questions and answers as required by agency policy.</p> <p>During an interview on 7/23/20 at 9:40 AM, the Nurse Manager reviewed Patient #8's record and confirmed she was not screened for COVID-19 on every visit as required by agency policy.</p> <p>The agency failed to ensure the COVID-19 screening policy was followed for Patient #8.</p> <p>f. Patient #3 was a 35 year old female, admitted to the agency on 3/19/20, with diagnoses that included alcohol dependence withdrawal, polyneuropathy, muscle weakness, and morbid obesity. She received SN, PT, and OT services. Her record, including the POC, for certification period 3/09/20 to 5/07/20, was reviewed.</p> <p>A PT visit on 3/10/20 at 9:44 AM did not include documentation of Patient #3's temperature.</p> <p>The Nurse Manager was interviewed on 7/22/20 at 3:50 PM. When asked about the expectations for therapy staff to take patient temperatures and complete COVID-19 screening, she stated they would not necessarily do COVID-19 screening every time, and she did not know whether therapists took temperatures every visit. She</p>	G 684		

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

PRINTED: 08/25/2020  
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OMB NO. 0938-0391

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G 684	<p>Continued From page 11 reviewed Patient #3's record and confirmed there was no documentation of her temperature.</p> <p>The agency failed to ensure the COVID-19 screening policy was followed for Patient #3.</p> <p>g. Patient #5 was a 50 year old male, admitted to the agency on 5/16/20, with a primary diagnosis of COPD. Additional diagnoses included acute and chronic respiratory failure, iron-deficiency anemia, DM type 2, peripheral neuropathy, hypertension, hypoxemia, and paranoid schizophrenia. He received SN, PT, OT, and MSW services. His record, including the POC, for certification period 5/16/20 to 7/14/20, was reviewed.</p> <p>i. An MSW visit note, dated 5/29/20, did not include documentation of Patient #5's temperature as part of a COVID-19 screening.</p> <p>ii. An OT visit note, dated 5/18/20 at 3:30 PM, did not include documentation of Patient #5's temperature as part of a COVID-19 screening.</p> <p>The Nurse Manager was interviewed on 7/22/20 at 11:15 AM. She confirmed the missing temperature in the MSW visit and stated it was not part of a social worker's work flow. She confirmed there was no temperature documented during the OT visit on 5/18/20 and stated the visit was back to back with a PT visit. However, the PT visit occurred at 4:22 PM, after the OT visit.</p> <p>The agency failed to ensure the COVID-19 screening policy was followed for Patient #5.</p> <p>2. Agency clinicians and agency visitors were not fully screened for COVID-19. Examples include:</p>	G 684		

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

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G 684	<p>Continued From page 12</p> <p>a. The CMS memo QSO-20-18-HHA, "Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies," dated 3/10/20, stated, "Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work."</p> <p>The agency's policy, "Home Health Protocol for COVID-19," revised 7/20/20, stated: "To provide guidance to clinical staff for screening and response to COVID-19... Take your temperature before work and report to nurse manager. If you have a temperature above 100 degrees Fahrenheit, do not report to work. Call your nurse manager." The policy did not include screening for symptoms of COVID-19 other than elevated temperature.</p> <p>The Nurse Manager provided an email dated 4/10/20. It stated, "When you email me in the morning to let me know you have started your day, please report your temperature. If you come in to the office, take your temperature and let me know what it is so I can keep a daily log." The email did not include screening for symptoms of COVID-19 other than elevated temperature.</p> <p>During an interview on 7/23/20 at 3:30 PM, the Nurse Manager stated the policy and the email were sent to agency staff, but were not sent to contracted clinicians. She stated contracted staff that did not receive the policy or email included 3 Physical Therapists, 1 PTA, 1 Occupational Therapist, 2 Speech Therapists, 1 MSW, and 1 aide. The Nurse Manager stated clinicians were reporting temperatures to her prior to July, but she did not implement a log until 7/01/20.</p>	G 684		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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G 684	<p>Continued From page 13</p> <p>The agency's policy and guidance to staff did not include screening of clinicians for signs and symptoms of COVID-19 other than an elevated temperature.</p> <p>b. Patient #8 was an 87 year old female, admitted to the agency on 6/02/20, with a primary diagnosis of severe protein calorie malnutrition. Additional diagnoses included GERD. She received SN, PT, OT, and ST services. Her record, including the POC, for the certification period 6/02/20 to 7/31/20, was reviewed.</p> <p>Patient #8's record included an ST evaluation completed on 7/17/20, signed by the contracted Speech Therapist. The Nurse Manager provided a log of clinicians' temperatures for the month of July 2020. There was no temperature logged for the contracted Speech Therapist for 7/17/20.</p> <p>The Nurse Manager was interviewed by phone on 7/27/20 at 10:00 AM. She confirmed there was no temperature logged for the contracted Speech Therapist who completed the evaluation on 7/17/20. She stated she would review her emails to see if the Speech Therapist sent an email on 7/17/20, that was not logged. The Nurse Manager forwarded an email from the Speech Therapist that stated her temperature was 97.3 on 7/17/20. However, the email from the Speech Therapist to the Nurse Manager was dated 7/27/20. The Speech Therapist did not report her temperature to the Nurse Manager prior to doing the evaluation, as required by agency policy.</p> <p>The agency failed to ensure all clinicians were screened for COVID-19 prior to seeing patients.</p>	G 684		



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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G 684	<p>Continued From page 14</p> <p>c. Two state surveyors arrived at the Panhandle Health District office on 7/20/20 at 3:30 PM. The office lobby was unattended and there was no signage on the door regarding screening for COVID-19. The surveyors took the elevator to the second floor home health agency entrance and rang the doorbell. An agency staff member opened the door and invited the surveyors into the office. The agency's Nurse Manager greeted the surveyors. No COVID-19 screening was performed at the time of the surveyors' arrival to the office.</p> <p>Two home visits were completed by surveyors, on 7/21/20 and 7/22/20. No COVID-19 screening of surveyors was performed prior to visiting patient homes with agency staff.</p> <p>The Administrator and Nurse Manager were interviewed on 7/23/20 at 11:09 AM. They stated the agency did not have a policy for screening of visitors to the agency's office. The confirmed the surveyors were not screened for COVID-19 prior to entering the office or prior to visiting patient homes.</p>	G 684		
G 686	<p>Infection control education CFR(s): 484.70(c)</p> <p>Standard: Education. The HHA must provide infection control education to staff, patients, and caregiver(s). This STANDARD is not met as evidenced by: Based on agency document review, policy review, and staff interview, it was determined the agency failed to ensure all agency staff, including</p>	G 686		8/19/20

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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G 686	<p>Continued From page 15</p> <p>contracted staff, received infection control education related to COVID-19. This had the potential to result in transmission of COVID-19 among staff and patients. Findings include:</p> <p>The Nurse Manager provided the agency's policy, "Home Health Protocol for COVID-19," dated 3/27/20 and revised 7/20/20. The policy included direction to agency staff regarding masks, patient screening, PPE, hand hygiene, and protocol for visits. The Nurse Manager provided an email dated 4/10/20. The email included links to trainings on the CDC website and requested they be reviewed. The email included an attachment and stated, "Please also read the attached education related to Corona Virus. This is a print out of a class that offers 2 CEU's. When you are ready to test, please let me know and we will set up an account so that you can earn the CEU's."</p> <p>The Nurse Manager was interviewed on 7/23/20 at 3:30 PM. She stated the COVID-19 policy and the email dated 4/20/20, were sent by email to the agency's SN and therapy staff. The Nurse Manager stated the policy and the email were not sent to contracted clinicians. She stated contracted staff that did not receive the policy or email included 3 Physical Therapists, 1 PTA, 1 Occupational Therapist, 2 Speech Therapists, 1 MSW, and 1 aide.</p> <p>During the same interview, the Nurse Manager stated only 1 clinician contacted her to confirm she completed the training attached to the email and was ready to take the test for CEUs. She was unable to determine if other staff completed the training.</p> <p>The agency failed to ensure education regarding</p>	G 686		
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G 686	Continued From page 16 COVID-19 and agency policies was provided to all clinicians providing care to agency patients.	G 686		

## Plan of Correction for Infection Prevention and Control August 2020

G680 COVID-19 Specific Infection Prevention Strategies have been improved and implemented and we are now in compliance. Please see attached procedures.

G682-On 8/19/2020 our agency staff will participate in a review of bag and equipment technique. This will include the process of cleaning the staff member's iPad before replacing it in the bag. The staff member will sign off that they have successfully completed the check off. It is the responsibility of the Nurse Manager to administer the training and report the completion thereof to the Program Director by 8/20/2020.

G684 Ai-Education presented to staff on 8/19/2020 regarding documentation quality will help reduce documentation errors. Nurse reviews of visits on a weekly basis will ensure identification of missing information. Daily workflow reminders will prompt nurses to remember to document calls to providers and RNCM. It is the responsibility of the Nurse Manager to provide this education to staff. It is the responsibility of the RNCM to review visit notes from the LPN and document that this has occurred. It is the responsibility of the Nurse Manager to audit 20% of charts monthly for documentation of adverse events and response, and present to Director Lora Whalen RN. The agency will comply by 9/9/2020.

Aii -iii Please see updated COVID Screening Process for Patients. The agency complies now with this process.

B-C-Please see updated COVID Screening Process for Patients. The agency complies now with this process.

Di.-Review of home visit procedures for Non-COVID-19 Patients will take place on 8/19/2020 and the Visit Workflow Reminder will also prompt clinicians to follow the protocol. This training will be provided to staff by the Nurse Manager and staff will check off on the process of entering the patient's home at the meeting. The Nurse Manager will report to the Program Director about completion of check offs by 8/20/2020.

Dii-New EMR Software to be implemented on 9/1/2020 includes a feature to mandate screening questions be asked in the visit for the visit to be closed. This software allows screening questions to be presented to patients before the visit begins. Education will be provided to the Nurse's Aide to document the answers to the screening questions, as well as the temperature of the patient, prior to 9/1/2020. Compliance will be in place by 9/9/2020.

Ei-ii- Please see updated COVID Screening Process for Patients. The agency complies now with this process.

F-Currently daily visits are being reviewed to ensure temperatures are listed in the visit note. Additionally, we are going to be using a Daily Visit Workflow document to remind clinicians to document temperatures. This will be presented 8/19/2020 and compliance will be achieved by 9/9/2020.

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2A.-The procedure for employee screening has been updated and attached to this document and we are currently in compliance.

2b- The procedure for employee screening has been updated and attached to this document and we are currently in compliance.

2c-The procedure for visitor screening has been updated and attached to this document and we are currently in compliance.

G686-Educational resources for updated COVID-19 information have been and will continue to be provided to employees. The CDC website for COVID-19 education for Health Care Workers continues to be a useful resource. At the 8/19/2020 meeting, the following article will be shared:

CDC (June 28, 2020) *Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>