



Health Facility Licensing and Certification

800 NE Oregon Street, Suite 465

Portland, Oregon 97232

971-673-0540

971-673-0556 (Fax)

To: Oregon In-home care agencies

From: Health Facility Licensing and Certification (HFLC) In-home care agency (IHC) program

RE: In-home care statement of deficiency and plan of correction guidance

The purpose of this memo is to address the state issued statement of deficiency reports and the agency issued plan of correction response.

Oregon Administrative Rule (OAR) 333-536-0117

The IHC agency may indicate disagreement with the report in the Plan of Correction. Regardless of disagreement, the IHC agency must submit a plan to correct the deficiency as identified in the report. As noted in Oregon Administrative Rule (OAR) 333-536-0017(3), the OHA does not treat the signed Plan of Correction as an admission of the violations alleged in the report.

What happens after a survey?

- ⇒ **Statement of Deficiency (SOD) Report is sent by the state surveyor to the agency (see attachment 1)**
 - Sent within 10 business days from the survey exit date, includes a cover letter which gives directions.
- ⇒ **Plan of Correction (POC) response is sent by the agency to address the SOD report (see attachment 2)**
 - Sent within 10 business days from receipt of the SOD, includes the first page of the SOD signed by the administrator.
 - Each deficiency must be addressed and include the following information:
 - ◆ The plan for correcting the specific deficiency;

- ◆ The procedure(s) for implementing the plan for the specific deficiency;
- ◆ The monitoring procedure(s);
- ◆ The title of the person designated as responsible for implementing the plan; and
- ◆ The completion date for correction of each deficiency cited.

Plan of Correction (POC) tips:

- ⇒ The plan of correction information can be put on the actual state of deficiencies or on a separate piece of paper.
- ⇒ Always include the first page of the SOD, signed and dated by the administrator.
- ⇒ Make sure you are addressing all 5 of the required POC elements.
- ⇒ The plan of correction should address the deficiency, not the findings.
- ⇒ If you are having problems completing the POC before the deadline, please contact the surveyor for a possible extension.

What can an agency do to prepare for a relicensure survey?

- ⇒ Practice running the required lists and gathering the required information:
 - A list of all caregivers and nurses who provide any services for the past twelve months, including branches, with the date of hire and position held.
 - A list of all clients who received any services during the past twelve months, including branches, with the start of service date and service level provided.
 - All complaint, incident, accident, and error reports (including medication errors) for the past twelve months, including the follow-up and resolution documentation.
 - Quality improvement program plan and all activity for the past three years.
 - Current, written policies and procedures.
 - Orientation, training curriculums, and competency evaluation materials.
- ⇒ Read the Oregon Administrative Rules:
 - The rules (Chapter 333, Division 536) are available online www.healthoregon.org/hcrqi.
- ⇒ Read the guidance information available online:
 - The information and memos are in the licensure and application information section www.healthoregon.org/hcrqi.

⇒ Use the survey relicensure tools for file audits:

- The tools are available online www.healthoregon.org/hcrqi.

If you have any questions, please email the IHC survey team at mailbox.hclc@state.or.us.



Health Facility Licensing and Certification

800 NE Oregon Street, Suite 465

Portland, Oregon 97232

971-673-0540

971-673-0556 (Fax)

Ms. Jane Example, Administrator
Example In Home Care
800 NE Oregon Street
Portland, Oregon 97232

Dear Ms. Example:

Enclosed is the Statement of Deficiencies for the State relicensing survey completed on April 18, 2016.

The IHC agency may indicate disagreement with the report in the Plan of Correction. Regardless of disagreement, the IHC agency must submit a plan to correct the deficiency as identified in the report. As noted in Oregon Administrative Rule (OAR) 333-536-0017(3), the OHA does not treat the signed Plan of Correction as an admission of the violations alleged in the report.

You must complete and sign the Plan of Correction and return it to our office within ten (10) business days of your receipt of this letter. Please keep a copy for your files. The plan of correction must include the following information for each deficiency cited:

1. The plan for correcting the specific deficiency. The plan should include specific corrective actions and should address the processes that caused or contributed to the deficient practice;
2. The procedure(s) for implementing the plan for the specific deficiency;
3. The monitoring procedure(s) to ensure the plan of correction for the specific deficiency is effective in achieving and maintaining compliance with the regulatory requirements;
4. The title of the person designated as responsible for implementing the plan for the specific deficiency; and

5. The completion date for correction of each deficiency cited. Although each deficiency should be corrected as soon as reasonably possible, the correction date may be up to sixty (60) days from the survey exit date. Permission to take longer than sixty (60) days to correct deficiencies requiring major construction or remodeling may be granted by this office. A request for such an extension must be submitted in writing and accompany the plan of correction.

Please note that the administrator's signature and the date signed must be recorded on page 1 of the Statement of Deficiencies.

If you have any questions, please call our office at (971) 673-0540. Thank you for your cooperation.

Sincerely,

HFLC IHC Surveyor Client Care Surveyor
Oregon Health Authority
Public Health Division
Health Facility Licensing and Certification

Enclosures

*If you need this information in an alternate format, please call our office at (971) 673-0540 or
TTY (971) 673-0372*

Health Facility Licensing and Certification

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 15-0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING | (X3) DATE SURVEY COMPLETED 01/18/2016 |
| NAME OF PROVIDER OR SUPPLIER Example In-Home Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 NE OREGON ST PORTLAND, OR 97232 | |

| (X4) 1D PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | 1D PREFIX TAG | PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (XS) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| A000 | Initial Comments This report reflects the findings of the unannounced on-site survey for relicensure, completed on 04/18/2016. The agency was evaluated for compliance with the applicable Oregon Administrative Rules for "In Home-Care Agencies", Division 333, Chapter 536. This agency is licensed as a Comprehensive Classification agency. The following deficiencies were identified: | | | |
| A190 | OAR 333-536-0093 (1-3) Criminal Records Check Define & Applicability (1) For the purposes of this section, the following definitions apply: (a) "Direct contact with" means to provide in-home care services and includes meeting in person with a potential or current client to discuss services offered by an agency or other matters relating to the business relationship between an agency and client; (b) "Disqualifying condition" means a non-criminal personal history issue that makes an individual unsuitable for employment, contracting or volunteering for an agency, including but not limited to discipline by a licensing or certifying agency, or drug or alcohol dependency; (c) " Subject individual " (SI) means an individual on whom an agency may conduct a criminal records check and from whom an agency may require fingerprints for the purpose of conducting a national criminal records check, including: (A) An employee or prospective employee; (B) A temporary worker, volunteer or owner of an agency who has direct contact with an agency client or potential client; and | A190 | | |

STATE OF OREGON
LABORATORY DIRECTOR'S OR PROVIDER|SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Health Facility Licensing and Certification

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 15-0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING | (X3) DATE SURVEY COMPLETED 01/18/2016 |
| NAME OF PROVIDER OR SUPPLIER Example In-Home Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 NE OREGON ST PORTLAND, OR 97232 | |

| (X4) 1D PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | 1D PREFIX TAG | PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|--|--------------------|
| A 190 | <p>Continued from page 1</p> <p>(C) A prospective temporary worker, or volunteer or owner who may have direct contact with an agency client.</p> <p>(d) " Vendor " means a researcher or company hired to provide a criminal records check on a subject individual.</p> <p>(e) " Weighing test " means a process in which an agency considers available information to make a fitness determination when an SI has potentially disqualifying convictions or conditions.</p> <p>(2) An agency shall conduct a criminal records check before hiring an SI and before allowing an SI to volunteer to provide services on behalf of the agency, if an SI will have direct contact with a client of the agency.</p> <p>(3) An SI who has or will have direct contact with a recipient of in-home care services may not be employed or volunteer with an agency in any capacity if the criminal records check conducted reveals the SI has been convicted of a crime as described in ORS 443.004(3).</p> <p>This Rule is not met as evidenced by: Based on interview and review of documentation of 5 of 5 employee records (Employees 1, 2, 3, 4 and 5), it was determined that the agency failed to ensure that a Criminal Records Check (CRC) was conducted before the employee was hired, as required in Oregon Administrative Rule (OAR) 333-536-0093(2).</p> <p>Findings include:</p> <p>1. Review of the record for Employee 1 revealed a hire date of 10/26/2013. Documentation in the record revealed the CRC from the Department of</p> | A190 | | |

STATE OF OREGON
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Health Facility Licensing and Certification

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 15-0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING | (X3) DATE SURVEY COMPLETED 01/18/2016 |
| NAME OF PROVIDER OR SUPPLIER Example In-Home Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 NE OREGON ST PORTLAND, OR 97232 | |

| (X4) 1D PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | 1D PREFIX TAG | PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| A 190 | <p>Continued from page 2</p> <p>Human Service's Background Check Unit was dated 11/07/2013. The CRC was conducted twelve (12) days after the employee was hired.</p> <p>2. Review of the record for Employee 2 revealed a hire date of 06/07/2014. Documentation in the record revealed the CRC from the Department of Human Service's Background Check Unit dated 06/22/2014. The CRC was conducted fifteen (15) days after the employee was hired.</p> <p>3. Review of the record for Employee 3 revealed a hire date of 02/23/2014. Documentation in the record revealed the CRC from the Department of Human Service's Background Check Unit was dated 03/12/2014. The CRC was conducted seventeen (17) days after the employee was hired.</p> <p>4. Review of the record for Employee 4 revealed a hire date of 03/19/2013. Documentation in the record revealed the CRC from the Department of Human Service's Background Check Unit dated 04/03/2013. The CRC was conducted fifteen (15) days after the employee was hired.</p> <p>5. Review of the record for Employee 5 revealed a hire date of 12/15/2013. Documentation in the record revealed the CRC from the Department of Human Service's Background Check Unit was dated 12/30/2014. The CRC was conducted fifteen (15) days after the employee was hired.</p> <p>6. During an interview with the agency administrator designee on 04/18/2016, he/she verified that the CRC records reviewed were the only documents on file for the employee criminal history checks.</p> | A190 | | |

STATE OF OREGON
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Health Facility Licensing and Certification

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 15-0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING | (X3) DATE SURVEY COMPLETED 01/18/2016 |
| NAME OF PROVIDER OR SUPPLIER Example In-Home Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 NE OREGON ST PORTLAND, OR 97232 | |

| (X4) 1D PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | 1D PREFIX TAG | PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (XS) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| A 190 | Continued from page 3 7. These findings were shared with the agency administrator designee during the exit conference conducted on 04/18/2016 and no additional information was provided. | A190 | | |

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

CONFIDENTIAL

Employee List (example only, not real people) Health Facility Licensing and Certification

Facility/Provider: Example In Home Care

Survey Date: April 18, 2016

| Identifier | Name |
|------------|--------------------|
| 1 | Debra Allegory |
| 2 | Shane Illustration |
| 3 | Henry Likeness |
| 4 | Alice Relation |
| 5 | Edna Correlation |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |

CONFIDENTIAL

Client List (example only, not real people) Health Facility Licensing and Certification

Facility/Provider: Example In Home Care

Survey Date: April 18, 2016

| Identifier | Name |
|------------|----------------|
| 1 | Jane Doe |
| 2 | John Doe |
| 3 | Joe Person |
| 4 | Sally Client |
| 5 | Ellen Lastname |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |

Health Facility Licensing and Certification

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 15-0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING | (X3) DATE SURVEY COMPLETED 01/18/2016 |
| NAME OF PROVIDER OR SUPPLIER Example In-Home Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 NE OREGON ST PORTLAND, OR 97232 | |

| (X4) 1D PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | 1D PREFIX TAG | PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| A000 | Initial Comments This report reflects the findings of the unannounced on-site survey for relicensure, completed on 04/18/2016. The agency was evaluated for compliance with the applicable Oregon Administrative Rules for "In Home-Care Agencies", Division 333, Chapter 536. This agency is licensed as a Comprehensive Classification agency. The following deficiencies were identified: | | | |
| A190 | OAR 333-536-0093 (1-3) Criminal Records Check Define & Applicability (1) For the purposes of this section, the following definitions apply: (a) "Direct contact with" means to provide in-home care services and includes meeting in person with a potential or current client to discuss services offered by an agency or other matters relating to the business relationship between an agency and client; (b) "Disqualifying condition" means a non-criminal personal history issue that makes an individual unsuitable for employment, contracting or volunteering for an agency, including but not limited to discipline by a licensing or certifying agency, or drug or alcohol dependency; (c) " Subject individual " (SI) means an individual on whom an agency may conduct a criminal records check and from whom an agency may require fingerprints for the purpose of conducting a national criminal records check, including: (A) An employee or prospective employee; (B) A temporary worker, volunteer or owner of an agency who has direct contact with an agency client or potential client; and | A190 | Please see attached sheet for Plan of Correction | |

STATE OF OREGON

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

TITLE

{X6} DATE

Signature of Administrator or Designee

STATE FORM

6899

LYOW11

If continuation sheet 1 of 4

Last updated: 10/18

April 18, 2016

Example In-Home Care Plan of Correction

TAG 0190

1. The plan for correcting the specific deficiency. The plan should include specific corrective actions and should address the processes that caused or contributed to the deficient practice:

I did not change the policy regarding criminal history checks when the new rules went into effect on October 01, 2012. Consequently, the human resources director was following the old policy which allows a caregiver to be hired before the criminal history check report is sent to the agency. Caregivers were not allowed to provide history check report is sent to the agency. Caregivers were not allowed to provide services but were allowed to go through training. Examples in home care will ensure that a criminal records check has been conducted and passed before any caregiver is hired.

2. The procedure(s) for implementing the plan for the specific deficiency:

The procedures to correct this error include editing the current criminal history policy and procedure to state that all caregivers must pass a criminal history check, conducted by the agency, before they can be hired. The pre-hire checklist form will be edited to include the criminal history check. The agency is going to conduct an all staff meeting to discuss the change.

3. The monitoring procedure(s) to ensure the plan of correction for the specific deficiency is effective in achieving and maintaining compliance with the regularity requirements:

The administrator must sign off on all criminal history checks before HR continues with the hiring process. The agency is going to audit the pre-hire checklists quarterly and incorporate the finding into the quality improvement program.

4. The title of the person designated as responsible for implementing the plan for the specific deficiency:

The agency administrator

5. The completion date for the correction of each deficiency cited:

05/01/2016