
Division for Community Health Highlights for August 27, 2013 BOH Meeting
Sigrid Larsen Connors, Director of Patient Services

Action items – none

Administration

- The NYS Department of Health conducted an unannounced survey of the Licensed Home Care Services Agency (LHCSA) July 16-17. The surveyor reviewed policies and procedures, personnel files, conducted five home visits and reviewed case records. This is the first review of the program since the program was licensed in November 2012. A Statement of Deficiency received July 23 identified the Plan of Care as an area in need of improvement in 3 out of 5 records. A Plan of Correction was sent August 2 (attached).
- Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) meetings July 3, 18
- Site visit to new County Office for Aging office to scope out for potential immunization clinic site with Community Health Nurse (CHN) Supervisor Karen Bishop, July 12.
- Training – Tick Disease and Transmission, Kendall, July 12.
- Completed 2nd Quarter 2013 NYSDOH state aid report on nursing activity hours in the Community Health and Health Promotion programs. Report also includes Emergency Preparedness and Community Assessment/Improvement activity hours for the DPS, Health Promotion Program Director and the Planner/Evaluator, July 31.

Staffing

- Four interviews held July 22, 23, 30 to fill the CHN vacancy in Community Health Services, with Karen Bishop and Team Leader Melissa Gatch. Position offered and declined.
- TCHD Health & Safety audit with Health & Safety Coordinator, no findings, July 8
- Alison Rice, Community Health Nurse with the Division after 17 years retired August 9. Ms. Rice worked primarily with the Anonymous HIV Counseling & Testing grant program and communicable disease case management including Tuberculosis Direct Observe Therapy home visits and provision of many weekend and holiday rabies post-exposure shots! She will be deeply missed. The Loaves and Fishes of Tompkins County Board of Directors awarded Ms. Rice with a Certificate of Appreciation for her 17 years of advocacy and support of their mission by her weekly presence providing HIV counseling & testing, blood pressure screenings, referrals for medical, dental and social service, as well as advocacy of participant concerns.

Communicable Disease Reports – June 2013 monthly and annual statistics attached.

Other Meetings – Adult Immunization Coalition (2); DCH Management (11); Billing & Support (18);

Division Statistical Highlights – January – June 2013 reports attached.

COMMUNITY HEALTH SERVICES
Karen Bishop, Community Health Nurse Supervisor

Staffing- One half-time (17.5 hours/week) Community Health Nurse (CHN) remained vacant. Duties continue to be reassigned to other staff nurses. Alison Rice is cross training staff to perform HIV testing until her replacement is hired.

Communicable Disease – See attached statistical reports.

Lyme disease cases continued to be the most frequently reported communicable disease.

Communicable disease CHN's continue to stress prevention to reduce exposure risks.

One salmonella case involved a food service worker who was excluded from work until two negative stools.

Lead Poisoning – (5 active cases)

#1 case: Two year old initially identified with blood lead level 65 mcg/dL in April 2013 required immediate hospitalization for chelation. Blood lead level dropped to 35 mcg/dL prior to hospital discharge. This child has a complex psychosocial history, with family custody issues. Child has been moved to a lead safe home. Repeat blood levels every two weeks have shown a steady decrease in blood lead with the most recent level at 26. Developmental evaluation conducted 7/31/13 noted developmental lags in social/behavior with recommendation for weekly visits by MSW for behavioral and social intervention. CHN will monitor case to ensure repeat blood levels are done and that the blood lead levels continue to decrease. Child Protective Services is involved in the case.

#2 & #3 cases: Two siblings under five with slightly elevated blood lead levels of 13 & 11 mcg/dL. Family is remodeling their 1800's home. Lead paint/dust found in multiple areas in the home. Parents educated regarding lead and immediately stopped grinding pain and temporarily moved children to lead safe home. Parents requested to have both children tested once a month. Will keep cases open until meets case closure criteria.

#4 case: One year old with initial blood level 11 mcg/dL on 6/18/13. Multiple lead hazards identified in home. Developmental assessment is within normal limits. Repeat blood lead test due in September. Recommended older sibling gets tested.

#5 case: Three year old with initial blood level 12 mcg/dL on 8/17/12. Child had not accessed medical care prior to the 8/17/12 office visit. Developmental and behavior abnormalities identified. Referred child for developmental services but parent has resisted to date. The lead CHN made multiple attempts to encourage the parent to follow through on repeat blood testing, medical appointments and developmental evaluation. Due to the lack of response by the parent, the case was reported to Child Protective Services.

Plan to keep case open to monitor for completion of repeat blood lead test, regular medical care and developmental evaluation.

Tuberculosis (TB) – 1 active case

TB Disease – Pulmonary – Drug Sensitive

- 17 year old female, born in U.S., spent 10 years in Korea, identified in May 2013. Receiving DOT and tolerating well. Contact investigation ongoing. Plan: Continue DOT five times per week.

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program

- Met with the Director of Rural Youth Services at Cornell Cooperative Extension (CCE) to discuss potential collaboration, provided resource guide about Tobacco Program, will send more information to program managers in August and attend fall staff meeting, June 24. Samantha Hillson, Tobacco Education Coordinator.
- Tobacco Free Outdoors conference call, June 25 and July 23. Samantha Hillson.
- South Central Partners meeting in Johnson City, June 25. Ted Schiele, Planner/Evaluator, Samantha Hillson.
- Tobacco Free Cortland meeting in Homer, June 27. Ted Schiele, Samantha Hillson.
- West Hill Block Party: attended with Dot Survey about smoke-free multi-unit housing, June 29. Ted Schiele
- Met with the Director of Paul Schreurs Memorial Program at Ithaca Youth Bureau to discuss potential collaboration, provided resource guide, June 26. Samantha Hillson
- Conducted initial outreach to notify downtown restaurants/bars about the Clean Indoor Air Act (CIAA) and table tents, June 26. Samantha Hillson
- Assisted with planning for West Hill Block Party, June 27, 28. Samantha Hillson
- Regional Steering Committee (RSC) conference call, July 1. Ted Schiele
- Assisted with County Coalition for Healthy Youth (CCHY) Sticker Shock poster distribution in Trumansburg in preparation for Grassroots festival, July 11. Samantha Hillson
- Community Partnership modality meeting in Albany, 7/17.
- Monthly Point of Sale (POS) conference call, July 9. Samantha Hillson, Ted Schiele
- Clean Indoor Air Act (CIAA), 10th Anniversary, July 24.
 - Met with Ithaca Center management to inform about CIAA posters/table tents, July 12. Samantha Hillson
 - Press release developed and distributed July 22. Samantha Hillson, Ted Schiele
 - CIAA conference call, July 22. Samantha Hillson, Ted Schiele
 - Table tents developed for local and regional display at restaurants and bars. Locally 181 tents were distributed to 28 establishments. Ted Schiele, Samantha Hillson
 - Paid ad ran in Ithaca Times July 24. Ithaca Times paid half of cost.
 - Survey developed and published via QR code on table tents and Ithaca Times ad.
 - Attended press conference at Number 5 Restaurant in Binghamton, July 24. Samantha Hillson, Ted Schiele.
 - Provide talking points and attended Downtown Summer Series Concert by Pete Panek and the Blue Cats, Pete made announcement about CIAA during concert, July 25. Samantha Hillson, Ted Schiele
 - Ted Schiele interviewed on Cayuga Radio Group; ran July 23 p.m. and July 24 a.m., Ted Schiele
 - TCHD monthly WHCU interview, July 31. Theresa Lyczko coordinated.
- Downtown Ithaca Ordinance review process:
 - Meeting with review planning team, July 18. Included council members Murtagh, Dotson; Downtown Ithaca Alliance staff, Ted Schiele, Samantha Hillson
 - Revisions per meeting discussion to letter and survey targeting downtown businesses.
- Followed up on outdoor smoking complaint from an Aurora Street restaurant. Alerted EH of possible CIAA violation. Alerted City Clerk of possible city Ordinance violation. Ted Schiele
- Tobacco Free Pharmacy conference call, July 26. Samantha Hillson

- Email communication with Chair of Planning Committee for Town of Ithaca, in an attempt to get Tobacco Program on agenda for August 26 meeting, July 29. Samantha Hillson
- Interview with Cayuga Radio Group Pete Blanchard about menthol cigarettes for weekly health segment, July 26. Scheduled to air July 29. Ted Schiele
- Distributed T-Free signage to Workforce NY and Country Inn and Suites, July 30. Samantha Hillson
- Webinar: “Not in my backyard: What can Locals Do to Regulate Other Tobacco Products?” July 23. Samantha Hillson
- Email communication with Director of Finger Lakes NYS Parks about no smoking signs in swimming areas July 15, 23. Samantha Hillson

TCHD Participation and Support

- Prepared PDF version of BOH packet for administration, posted to web site, Ted Schiele.
- Attended Immunization Coalition meeting, July 2. Theresa Lyczko
- Interview with Tompkins Weekly reporter on Lyme Disease; published July 8. Follow-up letter to the editor from Dr. Klepack submitted July 29. Theresa Lyczko
- Met with Karen Bishop to plan website postings for CHS programs, July 15. Theresa Lyczko
- Provided educational materials to CSCN nurse for a parent whose child is experiencing difficulty with asthma management, July 16. Best practices reviewed with nurse, July 18. Susan Dunlop, Community Health Nurse

Web site postings

- Multiple updates to Lyme disease pages
- Set up and updates to Hydrilla page for 2013; Endothall testing data will be posted here
- WIC calendars posted

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

- Work continues on the CHA in HPP – reviewing data, strategies, planning and requirement documents. Ted Schiele, Theresa Lyczko
- Research, download, and organize census data for Tompkins County. Ted Schiele
- Bi-weekly updates and progress reports with Director of Patient Services and Public Health Director. Theresa Lyczko
- Two webinars provided by HANYYS and NYSACHO targeted to CHA coordinators, July 5, 16. Theresa Lyczko

Community Outreach

- Creating Healthy Places (CHP) Worksites – three wellness committee meetings with one worksite; one with a different worksite. Ted Schiele
- CHP – State conference call for worksite contractors – July 25. Ted Schiele
- CHP - Meeting with Ignite Health representatives about their on-site biometric screening service products for participating CHP worksites, July 24. Ted Schiele
- CHP – Attended Friends of Stewart Park (FSP) board meeting, July 16. Theresa Lyczko
- Participated in the West Hill block party; 25 people visited the HPP table. Provided information on the Diabetes Self Management Program; 8 people took the “Am I at Risk,” screening questionnaire for pre-diabetes (6 tested at high risk). Diabetes Prevention Program (DPP) was promoted, June 29. Susan Dunlop
- Seven participants are enrolled in the Diabetes Prevention Program at TCHD. Four classes of sixteen – week sessions were held – July 9, 16, 23, and 30. Monthly sessions follow the completion of the weekly meetings. Susan Dunlop

- Conducted two of six- week sessions of the Chronic Disease Self-Management Program at Lifelong – 11 participants, July 22, 29. Susan Dunlop
- Met with CMC staff and committee member to plan for Chronic Obstructive Pulmonary Disease educational series beginning on September 12 at TCHD, July 12, 30. Susan Dunlop
- Met with a local pastor to determine the potential for the Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self Management Program (DSMP) could be offered to the faith community. The CDSMP will begin at one church this fall as a pilot, July 22. Susan Dunlop

Meetings and Trainings

- Completed FEMA course IS-200B, July 5. Samantha Hillson
- CCHY board meeting June 21, Youth Action Committee meeting June 24 and, July 31, attended presentation by Fred Volpe, from SAMSHA, about Affordable Care Act, July 12. Samantha Hillson
- Supervisor trainings, June 25, July 9. Theresa Lyczko
- Lyme Disease presentation at Kendal – CMC’s Silver Service Series – Dr. McQueen, infection control specialist, July 12. Theresa Lyczko

WIC

WIC Clinic Appointment Participant Survey

- 83 participants were surveyed since June regarding their preference for appointment times. Of the 83 respondents, 63 preferred the standard business hours of 8:30 to 4:30, 11 preferred times prior to 8:30, and 27 between the hours of 5 and 6:30 pm. WIC currently offers 12 alternate clinic hours. Several late night clinics were scheduled until 7:30 pm at the request of the state WIC Regional office. However, based on the survey the vast majority of ppts. favor appointments in the 8 to 6 time frame. In addition, appointments on Saturdays were noted. These results will be considered as clinics are scheduled in the coming months.

WIC Dashboard – see attached for June statistics

ATTACHMENTS

- LHCSA July 2013 SOD and POC and POC acceptance letter from NYS DOH
- July 2013 Division Statistical Highlights
- June 2013 Summary of DC103s by Disease
- July 2013 Summary of DC103s by Disease
- 2013 Communicable Diseases Summary Report
- WIC Dashboard for August BOH Meeting

NEW YORK
state department of
HEALTHNirav R. Shah, M.D., M.P.H.
CommissionerSue Kelly
Executive Deputy Commissioner

07/23/2013

Frank Krupa, Public Health Director
Tompkins County Health Department
55 Brown Road
Ithaca, New York 14850

Agency: Tompkins County Health Department
License #: 2108L001
Type of Survey: Re-Licensure
Event ID #: FQVD11
Survey Exit Date: 07/18/2013
Plan of Correction Due Date: August 2, 2013

Dear Mr. Krupa:

Enclosed is a copy of the Statement of Deficiency (SOD) report resulting from the Article 36 survey of your agency by staff from this office. This is being sent to you in your capacity as the Operator of this agency. You are responsible for the agency's compliance with all applicable rules and regulations. The original SOD report is being forwarded to the agency's Administrator.

A detailed Plan of Correction (POC) must be completed and returned to this office by the above referenced date. The POC should be documented on the right side of the original SOD report sent to the administrator and must be signed and dated. A copy should be retained for the records of the agency.

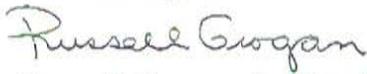
Your POC must contain the following for each deficiency cited:

- What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;

- What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and
- The date for the correction and the title of the person responsible for correction of each deficiency.

This office will review your POC, if your POC is unacceptable, staff from our office will contact you to discuss the items involved.

Russell Grogan



Home & Community Care Based Services
Program Manager

cc: Frank Krupa, Public Health Director
Brenda Crosby, Public Health Administrator
Sigrid Connors, DPS

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: LC3908A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2013
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NAME OF PROVIDER OR SUPPLIER TOMPKINS COUNTY HEALTH DEPARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 55 BROWN ROAD ITHACA, NY 14850
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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)	(X5) COMPLETE DATE
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H 000	<p>Initial Comments</p> <p>This statement of deficiencies report is the result of an Article 36 full survey and operational survey of this Licensed Home Care Services Agency (LHCSA) on 07/18/13. The following survey activities were completed: reviews of 6 patient records along with 2 observational home visits; policies and procedures; 2 personnel records, quality improvement meeting minutes; emergency disaster plan, and complaint log.</p> <p>Each record was reviewed with the Supervising Nurse and team leader during the survey.</p> <p>Deficient practices were identified in the following area: H404 - Plan of Care</p>	H 000		
H 404	<p>766.3(b) Plan of care</p> <p>766.3 Plan of care.</p> <p>The governing authority or operator shall ensure that:</p> <p>.....</p> <p>(b) a plan of care is established for each patient based on a professional assessment of the patient's needs and includes pertinent diagnosis, prognosis, mental status, frequency of each service to be provided, medications, treatments, diet regimens, functional limitations and rehabilitation potential.</p> <p>This Regulation is not met as evidenced by: Based on reviews of patient records, policies and procedures, and interviews with the Supervising Nurse and Team Leader, it was determined in 3 out of 6 patient records (patients 1, 5, and 6), that</p>	H 404		

Office of Health Systems Management

TITLE

(X6) DATE

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

New York State Department of Health

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H 404	Continued From page 1 plans of care were incomplete and/or inaccurate. This is evidenced by: 1. Patient # 1 was admitted to the agency on 11/17/12 with a primary diagnosis of preterm infant and a secondary diagnosis of other apnea of newborn. The plans of care dated 11/07/12 to 01/05/13, 01/06/13 to 03/06/13, and 03/07/13 to 05/05/13, included skilled nurse (SN) visits every other week. The plans of care were incomplete and/or inaccurate as follows: - no plan for the use of an oxygen monitor as identified during a skilled nursing visit conducted on 11/21/12. During a SN visit, the nurse documented that the patient is now wearing an oxygen monitor along with the apnea monitor. The plan of care did not include use of this monitor or parameters to report abnormal findings. During subsequent SN visits conducted every other week, there was no assessment of the patient's oxygen level or use of the oxygen monitor. - the plans of care included weekly weight assessments. The plans of care failed to include weekly SN visits. On 07/17/13, the above plan of care issues were discussed with the Supervising Nurse and Team Leader. Both stated that they did not realize that the plan of care included weekly weights and had no explanation for the incomplete plan for oxygen monitoring. 2. Patient # 5 was admitted to the agency on 06/19/12 with a diagnosis of toxic effects of lead	H 404		

New York State Department of Health

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H 404	Continued From page 2 compound exposure. Based on review of plans of care developed every 2 months from 06/19/12 to 04/14/13, the plans of care were incomplete and/or inaccurate as follows: The plans of care indicated that 1 SN visit would be conducted every 60 days, there was no plan to assess the patient, only "coordinate with Environmental Health and assess the home for lead hazards". Additionally, there was no evidence that the plan of care was developed based on an assessment of the patient because there was no assessment of the patient in the home. On 07/17/13, the record was reviewed with the Supervising Nurse and the Team Leader. No further information was provided. 3. Patient # 6 was admitted to the agency on 08/28/12 with a diagnosis of toxic effects of lead compound exposure. The plan of care included 1 to 4 SN visits every 60 days to coordinate with Environmental Health and assess the home for lead hazards. Based on review of plans of care developed every 2 months from 08/19/12 to 09/21/13, the plans of care were incomplete and/or inaccurate as follows: On 08/28/12, the SN visited the patient at home and developed a plan of care based on this assessment. Between 08/28/12 and 07/17/13, there were no subsequent home visits documented in the patient record. On 07/17/13, the record was reviewed with the Supervising Nurse and the Team Leader. The Supervising Nurse stated that the mother refused visit attempts by the SN but had no explanation	H 404	

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H 404	Continued From page 3 for why the plan of care was incomplete for nursing assessments of the patient. Failure to ensure that the plan of care accurately reflects the needs of the patient has the potential for unmet patient needs.	H 404		
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Office of Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sigrid Jensen Connors, RN

TITLE
Director of Patient Services (X6) DATE
8/1/13

New York State Department of Health

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NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

217 S. Salina St., Syracuse, NY 13202
315-477-8583 (fax)

FAX TRANSMISSION

TO: Sigrid Connors

FROM: Russell Grogan

DATE: 08/12/2013

SUBJECT: POC – Event ID: FQVD11

pages to follow (not including this cover sheet):

PLEASE NOTE: DUE TO RECENT CHANGES IN OUR BUSINESS PRACTICE, THE ORIGINAL COPIES OF THIS DOCUMENT WILL NOT BE SENT VIA U.S. POSTAL SERVICE. PLEASE PRINT A COPY OF THE ATTACHED _____ AS YOUR OFFICIAL DOCUMENTATION.

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Nirav R. Shah, M.D., M.P.H.
Commissioner

NEW YORK
state department of
HEALTH

Sue Kelly
Executive Deputy Commissioner

08/12/2013

Frank Krupa, Public Health Director
Tompkins County Health Department
55 Brown Road
Ithaca, New York 14850

Agency: Tompkins County Health Department
License #: 2108L001
Type of Survey: Re-Licensure
Event ID #: FQVD11
Survey Exit Date: 07/18/2013

Dear Mr. Krupa:

This office has reviewed the Plan of Correction (POC) from the above referenced survey and determined that the POC is acceptable. It is expected that the plan will be implemented within the time frames indicated.

Upon completion of your corrective actions, a post certification visit will be conducted to ensure that the agency has implemented the corrections required.

Russell Grogan



Home & Community Care Based Services
Program Manager

cc: Brenda Crosby, Public Health Administrator
Sigrid Connors, DPS

Division for Community Health
Clinic Statistical Highlights 2013

Community Health Services	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2013	YTD 2012	Total 2012
Clinics															
# of Immunization Clients	25	20	21	13	15	4	25						123	220	411
# of Immunizations Given	29	37	27	21	20	4	33						171	284	574
Children 0 - 19 yrs.	14	34	12	15	10	0	19						104	136	295
Adults 20 yrs. & over	15	3	15	6	10	4	14						67	148	279
# of Flu Immunizations	2	0	0	0	0	0	0						2	19	916
Rabies Vaccination Program															
Post-Exposure Clients	1	1	1	2	9	11	16						41	54	103
Post-Exposure Vaccinations	3	2	4	6	19	37	47						118	126	282
Tuberculosis Program															
Cumulative Active TB clients	2	2	2	2	3	3	3						3	4	5
Active TB Admissions	0	0	0	0	1	0	0						1	4	5
Active TB Discharges	1	0	0	0	0	0	1						2	2	3
Cumulative Latent TB Infection Clients	33	33	34	37	37	39	40						40	68	93
Latent TB Infection Admissions	3	0	1	3	0	2	1						10	26	51
Latent TB Infection Discharges	1	2	2	4	5	3	3						20	30	54
TB Direct Observe Therapy Visits	21	16	13	13	52	34	27						176	181	415
# of PPDs	25	40	58	20	16	39	64						262	220	474
Anonymous HIV Clinics															
# of HIV Clinics - including Walk-Ins	7	5	5	5	6	4	8						40	47	74
# of Counseled & Tested	10	6	7	7	8	3	7						48	84	120
HIV+ Eliza & Western Bloc	0	0	0	0	0	0	0						0	0	1
Final Prelim															
WIC															
Total Enrolled (average)	1806	1799	1793	1758	1778	1821	1842						1800	1771	1781
Total # Served (average)	1545	1555	1546	1533	1517	1498	1493						1527	1509	1519
% Caseload Target (avg) *2000 FY12	79.50%	77.75%	#####	#####	#####	#####	#####						76.66%	75.43%	75.97%
Monthly Clinic No-Show Rate (% avg.)	11.96%	13.56%	#####	#####	#####	#####	#####						14.78%	15.59%	15.20%
# of Clinics	21	23	21	22	22	20	19						148	164	267

All statistics are considered primary as data is continually collected and updated
UA = Unavailable at this Time

**Division for Community Health
Program Visit Statistical Highlights**

Maternal Child Services/MOMS program	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2013	YTD 2012	Total 2012
Cumulative Unduplicated Client Count	186	216	238	269	307	344	UA						344	213	346
# of Admissions	37	30	22	31	38	37	UA						195	208	341
# of Discharges	37	18	35	22	34	17	UA						163	214	375
Total # of Office Visits	31	31	30	34	36	37	UA						199	188	332
# of Antepartum Home Visits	46	40	42	50	37	40	52						307	248	493
# of Postpartum Home Visits	31	17	34	22	37	22	27						190	169	306
# of Pediatric Home Visits	14	16	11	8	9	12	21						91	27	56
Total # of Home Visits	91	73	87	80	83	74	100						588	444	855
Total # of Home & Office Visits	112	104	117	114	119	111	UA						677	632	1187
# of RN Home Visit Hours	89	66	83	78	81	72	93						562	469	865
# of Childbirth Education Classes	2	1	0	3	0	3	0						9	0	6
# of Childbirth Education Moms	8	5	0	12	0	0	0						25	0	20
On Call Visits															
Maternal Child On Call Visits	0	0	0	0	1	2	0						3	3	3
Rabies On Call Vaccinations	0	1	0	1	2	4	9						17	15	39
TB Direct Observe Therapy On Call Visits	0	0	0	0	3	0	0						3	0	7

2013 Log of Public Contacts* (Via Telephone or Email) For Community Health Services													2013 Total	2012 Total	2011 Total
Communicable Disease (including Flu/Pneumonia disease related, HIV, Rabies and TB)	160	266	82	142	189	139	178						1156	2182	2004
Immunization (including Flu)	119	57	73	109	95	72	114						639	1460	1921
Maternal Child/Family/MOMS	112	57	286	405	383	340	371						1954	4127	3906
Miscellaneous	27	29	34	63	61	42	44						300	472	535
Total	418	409	475	719	728	593	707	0	0	0	0	0	4049	8241	8366

*2012 and prior Public Contacts include Home Care Program calls. Home care program closed in May 2012.

All statistics are considered preliminary as data is continually collected and updated.

UA = Unavailable at this time

June 2013 Summary of DC103s by Disease without Name

CAMPYLOBACTERIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/8/2013	F	1	1	
6/15/2013	M	2	60	

CHLAMYDIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/4/2013	M	1	21	
6/4/2013	F	2	21	
6/5/2013	M	3	24	
6/5/2013	F	4	22	
6/7/2013	M	5	22	
6/10/2013	M	6	24	
6/11/2013	F	7	18	
6/14/2013	F	8	23	
6/17/2013	F	9	19	
6/17/2013	M	10	28	
6/15/2013	M	11	47	
6/19/2013	F	12	35	
6/18/2013	F	13	17	
6/18/2013	M	14	19	
6/20/2013	M	15	22	
6/24/2013	M	16	28	
6/21/2013	F	17	20	
6/27/2013	M	18	31	
6/29/2013	F	19	39	

CRYPTOSPORIDIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/2/2013	M	1	19	
6/17/2013	F	2	1	

ECOLI

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/2/2013	M	1	51	

ENCEPH, OTHER VIRAL

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/4/2013	F	1	20	

GONORRHEA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/20/2013	M	1	27	
6/24/2013	M	2	28	
6/21/2013	F	3	20	

HEPATITIS C, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/6/2013	F	1	22	
6/12/2013	F	2	21	
6/13/2013	M	3	54	

LYME DISEASE

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/11/2013	F	1	59	
6/17/2013	M	2	3	
6/21/2013	F	3	26	
6/19/2013	F	4	14	
6/18/2013	M	5	86	
6/18/2013	M	6	86	
6/24/2013	M	7	28	
6/25/2013	M	8	52	
6/25/2013	F	9	48	
6/28/2013	F	10	35	

MENINGITIS, ASEPTIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/26/2013	M	1	51	

PERTUSSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/29/2013	M	1	2	

SALMONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/23/2013	F	1	83	

STREP GROUP B, INVAS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/4/2013	F	1	80	

STREP PNEUMO, INVAS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/7/2013	F	1	83	

TOTAL DISEASE COUNT

46 *

**Total disease count does not include individuals who received rabies post-exposure vaccine.*

July 2013 Summary of DC103s by Disease without Name

CHLAMYDIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/3/2013	M	1	22	
7/1/2013	M	2	38	
7/9/2013	M	3	49	
7/10/2013	F	4	18	
7/11/2013	F	5	28	
7/10/2013	M	6	40	
7/10/2013	F	7	29	
7/15/2013	F	8	23	
7/18/2013	F	9	20	
7/18/2013	M	10	30	
7/18/2013	M	11	25	
7/24/2013	F	12	19	
7/23/2013	F	13	19	
7/25/2013	F	14	21	
7/28/2013	F	15	35	
7/27/2013	F	16	14	
7/26/2013	F	17	24	
7/29/2013	F	18	23	
7/31/2013	M	19	23	
7/31/2013	F	20	20	

ECOLI

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/9/2013	M	1	13	
7/13/2013	M	2	6	

GIARDIASIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/11/2013	F	1	24	

HEPATITIS B, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/15/2013	F	1	55	

HEPATITIS C, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/10/2013	M	1	39	
7/13/2013	F	2	40	
7/22/2013	F	3	28	

LEGIONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/2/2013	M	1	51	

LISTERIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/6/2013	M	1	73	

LYME DISEASE

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/3/2013	M	1	50	
7/3/2013	F	2	59	
7/3/2013	F	3	69	
7/9/2013	M	4	36	
7/12/2013	M	5	68	
7/16/2013	F	6	4	
7/22/2013	F	7	64	
7/22/2013	F	8	80	
7/24/2013	F	9	60	

PERTUSSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/2/2013	F	1	16	

SALMONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/13/2013	F	1	58	
7/24/2013	F	2	10	
7/23/2013	F	3	0	
7/30/2013	F	4	84	

TOTAL DISEASE COUNT 43 *

**Total disease count does not include individuals who received rabies post-exposure vaccine.*

2013 Communicable Disease Report

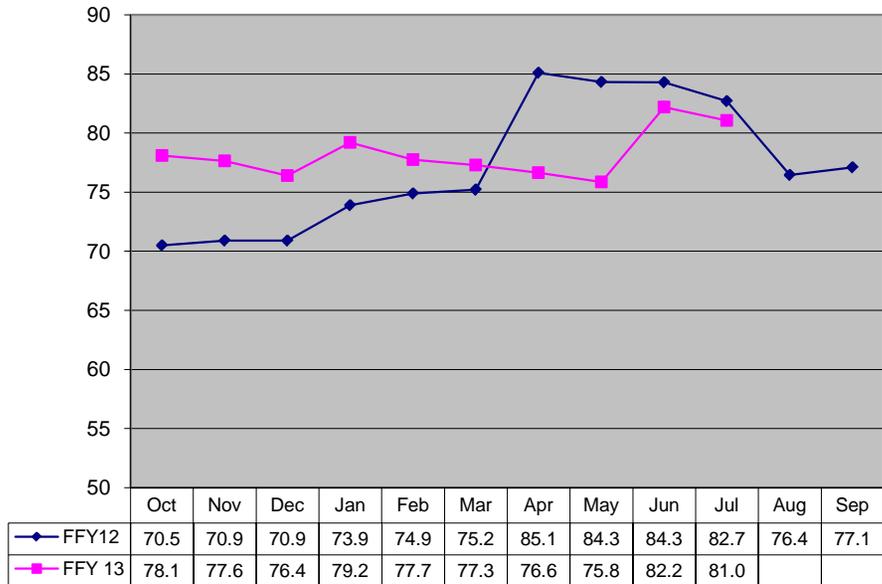
DISEASE	2012													2013
	TOTALS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
AIR-BORNE ENVIRONMENTAL DISEASE	2	0	0	0	0	0	0	1	0	0	0	0	0	1
LEGIONELLOSIS	2	0	0	0	0	0	0	1	0	0	0	0	0	1
ARTHROPODA-BORNE DISEASES	21	0	0	1	1	2	10	9	0	0	0	0	0	23
ANAPLASMOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BABESIOSIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
*LYME DISEASE	20	0	0	1	0	2	10	9	0	0	0	0	0	22
MALARIA	0	0	0	0	1	0	0	0	0	0	0	0	0	1
BLOODBORNE DISEASES	82	6	6	9	7	8	3	3	0	0	0	0	0	42
HEPATITIS C, ACUTE	5	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS C, CHRONIC	77	6	6	9	7	8	3	3	0	0	0	0	0	42
CENTRAL NERVOUS SYSTEM DISEASES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGITIS, BACTERIAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GASTROINTESTINAL ILLNESSES	74	4	2	5	8	5	6	8	0	0	0	0	0	38
BACTERIAL	42	1	1	4	7	3	4	7	0	0	0	0	0	27
CAMPYLOBACTERIOSIS	21	0	1	2	4	1	2	0	0	0	0	0	0	10
E. COLI 0157:H7	2	0	0	0	0	0	1	2	0	0	0	0	0	3
LISTERIOSIS	1	0	0	0	0	0	0	1	0	0	0	0	0	1
SALMONELLOSIS	14	1	0	2	3	0	1	4	0	0	0	0	0	11
SHIGELLOSIS	3	0	0	0	0	1	0	0	0	0	0	0	0	1
YERSINIOSIS	1	0	0	0	0	1	0	0	0	0	0	0	0	1
PARASITIC	32	3	1	1	1	2	2	1	0	0	0	0	0	11
AMEBIASIS	1	1	0	0	0	0	0	0	0	0	0	0	0	1
CRYPTOSPORIDIOSIS	12	1	1	0	1	2	2	0	0	0	0	0	0	7
CYCLOSPORIASIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
GIARDIASIS	18	1	0	1	0	0	0	1	0	0	0	0	0	3
MYCOBACTERIUM AGENTS	4	0	0	0	0	1	0	0	0	0	0	0	0	1
TUBERCULOSIS	4	0	0	0	0	1	0	0	0	0	0	0	0	1
RABIES EXPOSURE	108	2	2	3	2	9	12	16	0	0	0	0	0	46
ADMINISTERED @ TCHD	96	1	1	3	2	9	11	16	0	0	0	0	0	43
ADMINISTERED @ GANNETT	12	1	1	0	0	0	1	0	0	0	0	0	0	3
SEXUALLY TRANSMITTED DISEASES	319	29	21	31	26	20	23	20	0	0	0	0	0	170
CHLAMYDIAL INFECTIONS	283	26	19	27	22	18	20	20	0	0	0	0	0	152
GONORRHEA	31	3	2	4	4	1	3	0	0	0	0	0	0	17
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SYPHILIS, INFECTIOUS	5	0	0	0	0	1	0	0	0	0	0	0	0	1
INVASIVE DISEASES, NOT VACCINE PREV.	14	1	1	0	0	0	1	0	0	0	0	0	0	3
STREPT GROUP A	7	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT GROUP B	7	1	1	0	0	0	1	0	0	0	0	0	0	3
VACCINE PREVENTABLE DISEASES	149	2	4	1	3	0	4	2	0	0	0	0	0	16
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAEMOPHILUS INFLUENZAE, INVASIVE	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS A	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, ACUTE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, CHRONIC	16	0	0	1	1	0	0	1	0	0	0	0	0	3
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MUMPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
**PERTUSSIS	122	1	2	0	0	0	1	1	0	0	0	0	0	5
RUBELLA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT PNEUMO, INVASIVE	4	1	2	0	2	0	1	0	0	0	0	0	0	6
TETANUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	5	0	0	0	0	0	2	0	0	0	0	0	0	2
GRAND TOTAL OF REPORTS	773	44	36	50	47	45	61	59	0	0	0	0	0	340

*Due to high incidence, Tompkins Co. designated "sentinel county" by NYSDOH, only 20% of reported lab confirmed cases are investigated.

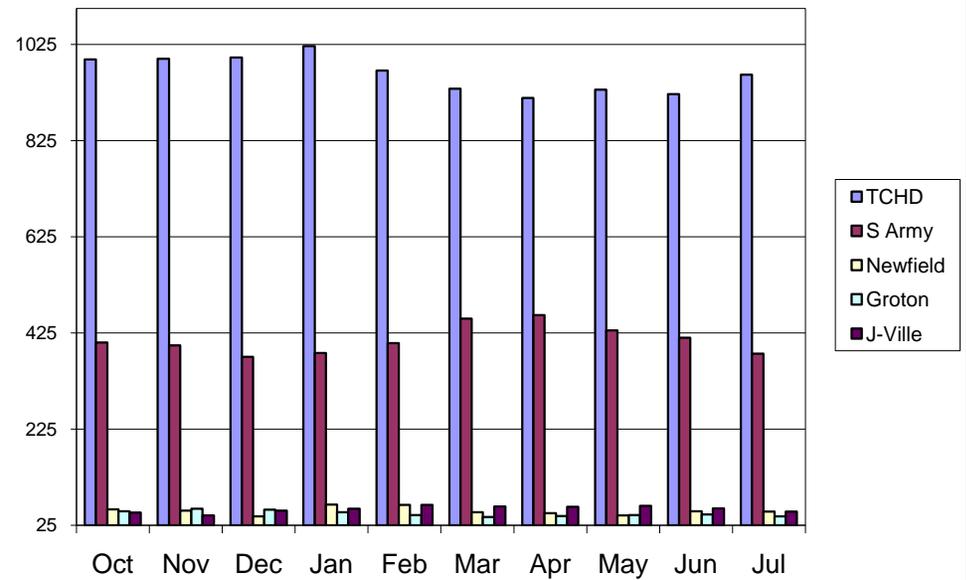
**6/2013 Miscellaneous = 1 Meningitis, Aseptic and 1 Herpes Simplex II Encephalitis

Tompkins County WIC Dashboard for August BOH Meeting - Report of official NYS WIC statistics

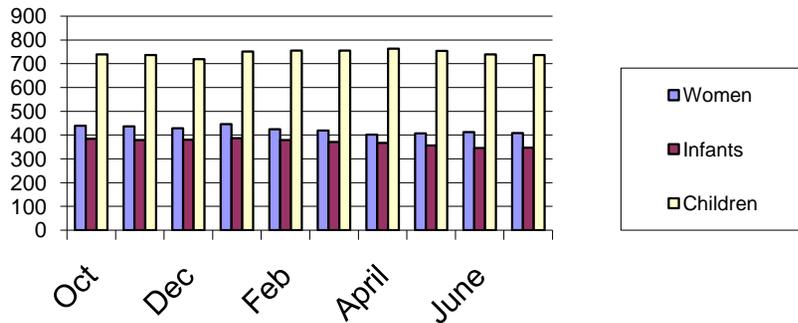
Percentage of Caseload Target



WIC Participants Receiving Benefits at each Site



Total Number of Women, Infants & Children Receiving Benefits



Total WIC Participation	July 12	July 2013
	1516	1493

WIC Participant Target Caseload	FFY 2012	FFY 2013
	2000	2000

Participant No Show Rate

