

AGENCY REVIEW

**POLK COUNTY
HEALTH DEPARTMENT**

March 3-31, 2015

**Prepared by
Oregon Health Authority
Public Health Division**

**Marti Baird, MSN, NP
Public Health Nursing Consultant**

POLK COUNTY PUBLIC HEALTH	
COMPLIANCE FINDINGS	TIMELINE FOR CHANGE
<p>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR</p> <p>COMMUNITY LIAISON</p> <p>ADMINISTRATION</p> <p>FINDINGS: Signage indicating emergency exits must be posted by the door of each room. The sign should contain a floor plan, a mark stating “you are here” or something similar, and indicate an escape route in case of emergency.</p> <p>For more detailed information, please see the completed program review tool in section 2.</p>	<p>6/15/2015</p>
REVIEWER: Marti Baird MSN, NP	RESPONDENT: Katrina Rothenberger

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

BABIES FIRST! PROGRAM

Inconsistent documentation of oral health screening, assessment of parent/child interactions, assessment of environmental learning opportunities and safety, and assessment of immunization status for Babies First clients.

By 10/31/15, all home visitors will have been given education about the requirements and system for documenting will be developed.

For more detailed information, please see the completed program review tool in section 3.

REVIEWER: Anna Stiefvater

RESPONDENT: Arielle LeVeaux

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

COMMUNITY LIAISON

CIVIL RIGHTS

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 4.

REVIEWER: Marti Baird MSN, NP

RESPONDENT: Matt Hawkins

POLK COUNTY HEALTH DEPARTMENT	
COMPLIANCE FINDINGS	TIMELINE FOR CHANGE
<p>CENTER FOR PUBLIC HEALTH PRACTICE</p> <p>ACUTE AND COMMUNICABLE DISEASE PROGRAM</p> <p>The LPHA is in compliance with all program requirements.</p> <p>For more detailed information, please see the completed program review tool in section 5.</p>	
REVIEWER: June Bancroft	RESPONDENT: Arielle LeVeaux

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR HEALTH PROTECTION

DRINKING WATER

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 6.

REVIEWER: Tia Skerbeck

RESPONDENT: Jim Solvedt

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

FISCAL - OFFICE OF FINANCIAL SERVICES

The LPHA must base Family Planning/Title X charges and fees consistent with Guidelines: 42 CFR 59.5 Section 8. This includes at a minimum:

- Submit an updated Cost Analysis study for Family Planning Title X fees and charges for 2015. The last one was completed in 2008.

89/31/2015

For more detailed information, please see the completed program review tool in section 7.

REVIEWER: David Coleman

RESPONDENT: Noelle Carroll

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR HEALTH PROTECTION

FOOD, POOL, AND LODGING HEALTH & SAFETY

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 8.

REVIEWERS: Cindy Robinson and
Erica Van Ess

RESPONDENT: Jim Solvedt

POLK COUNTY HEALTH DEPARTMENT	
COMPLIANCE FINDINGS	TIMELINE FOR CHANGE
<p>CENTER FOR PREVENTION AND HEALTH PROMOTION</p> <p>HEALTHY COMMUNITIES</p> <p>The LPHA is in compliance with all program requirements.</p> <p>For more detailed information, please see the completed program review tool in section 11.</p>	
REVIEWER: Sabrina Freewynn	RESPONDENT: Katrina Rothenberger

POLK COUNTY HEALTH DEPARTMENT	
COMPLIANCE FINDINGS	TIMELINE FOR CHANGE
<p>CENTER FOR PUBLIC HEALTH PRACTICE</p> <p>HUMAN IMMUNODEFICIENCY VIRUS (HIV) CARE & TREATMENT PROGRAM</p> <p>The LPHA is not in compliance with program requirements, as specified in the Program Element #08 (PE#08): Ryan White Program, Part B HIV/AIDS Services.</p> <p>A Corrective Action Plan is due within 30 days of receiving the triennial review findings and must include the following:</p> <ol style="list-style-type: none"> 1) A staffing plan to ensure consistent services are delivered per the approved budget, as referenced in the Program Element 08: 3 (f) (ii) and 08: 3 (g) (ii). 2) The LPHA will have a written tracking process documented to ensure all current and future activities and services occur within the definitions and timelines as stated in the HIV Case Management Standards of Services, the HIV Support Services Policies, Definitions and Guidance, and the CAREWare User Guide as referenced in PE#08. 3) For all active clients, the LPHA will complete and document in the client record and in the CAREWare database the following activities: <ol style="list-style-type: none"> a) Client eligibility must be determined and documented every 6 months by completing the Intake/Eligibility Review form. b) Client files must contain eligibility information and documentation, per the program guidance, "HIV Community Services, Services Definitions and Guidance." CAREWare 	<p>Compliance Plan is due within 30 days identifying steps for resolution of non-compliant items within 90 days.</p> <p>Reviewers will schedule a second site visit after resolution has been completed.</p>

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

data will match client files/forms.

- c) Face-to-face evaluation to assess the client’s biopsychosocial needs by completing a nurse assessment and psychosocial screening every 12 months, and documented on the appropriate forms and in case notes using the CAREWare template.
- d) Nurse assessment and psychosocial screening findings, recommendations/interventions/referrals, and care planning goals documented in the client’s case notes.
- e) Nurse Care Plan and goals will be developed based on findings outlined in the assessment and psychosocial screening and will be reviewed at a minimum of every 6 months. At least one (1) client self-management goal will be documented in the Care Plan.
- f) The nurse assessment and psychosocial screening, to include acuity points, score, and level, and adherence acuity stage, will be evaluated and the acuity form completed and documented in CAREWare every 12 months or sooner if there is a change in the client’s acuity.

4) LPHA will ensure:

- a) Each client receiving HIV Case Management services will receive referral to services critical to achieving optimal health and well-being, including advocacy assistance to help problem solve when barriers impede access. Referral and advocacy activities must be documented in the CAREWare Case Notes. Specific referrals must also be documented in the CAREWare Referral Tab with a final status entered within

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS	TIMELINE FOR CHANGE
<p>6 months of the original referral date.</p> <p>b) Service entries in CAREWare database must match the client file case note (date, service, and units) and the appropriate service code should be used. Non-RN service codes are not to be used for RN services. Each service provided must have a separate service code documented.</p> <p>c) Supportive services are provided to help clients achieve their medical outcomes and must have a direct relationship to an individual’s HIV clinical outcomes. Support service documentation in case notes showing this linkage is required.</p> <p>d) No expenditures will be incurred with Ryan White Program funds for any item or service which can reasonably be paid through other state, federal or private benefits programs. Ryan White Program funds must be used as dollars of last resort and appropriate documentation must be included in the client file.</p> <p>e) When applicable, need for employment services and referral will be assessed and provided.</p> <p>f) Services are delivered in accordance with key principles of chronic disease management, client self-management and stages of change behavioral interventions.</p> <p>5) The LPHA must assure the following required data elements are accurately entered and/or updated into CAREWare after completing the required activities above:</p> <ul style="list-style-type: none">• Primary Insurance Provider• Primary Medical Provider• Household living arrangement	

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

- Annual household income
- Household size
- Acuity level
- Acuity points
- Adherence acuity stage
- Acuity Date entered in CAREWare and matches the Acuity form in the client file

For more detailed information, please see the completed program review tool in section 12.

REVIEWER: Annick Benson-Scott,
DeAnna Avery and Christy Hudson

RESPONDENT:
Arielle Le Veaux, RN, BSN, Clinical
Services Supervisor;
Cindy Rettler, RN, HIV Medical Case
Manager

POLK COUNTY HEALTH DEPARTMENT

TRIENNIAL REVIEW

**TIMELINE
FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

HEALTH SECURITY PREPAREDNESS AND RESPONSE PROGRAM

FINDINGS:

1. Show documentation for changes and updates made in the PHEP program (including, but not limited to, future work plans, drills, exercises, response and recovery plans, procedures and/or policies) that are identified in after action reports/improvement plans.
2. Public Health All-Hazards Response and Recovery Plan needs to be reviewed and approved by county commissioners and emergency manager every five years.
3. Ensure public health personnel receive appropriate Incident Command System (ICS) training to successfully fulfill response positions.

For more detailed information, please see the completed program review tool in section 10.

1. By July 1, 2016, documentation is shown for program improvements and changes.
2. By November 1, 2015, Public Health All-Hazards Plan is signed by Emergency Manager and County Commissioners **Resolved 7/15 (Danna removed from letter per conversation with Katrina R. because she had submitted plan with 4/2014 signature.**
3. By November 1, 2015, identified personnel have completed the NIMS-200, NRF-800, IS-100, and IS-200.

REVIEWER: Kris Hansen, Akiko Saito

RESPONDENT: Katrina Rothenberger

Date of Review: 3-30-2015

Date of Report: 04-09-2015

POLK COUNTY HEALTH DEPARTMENT	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 04/14/15</p> <p>CENTER FOR PUBLIC HEALTH PRACTICE</p> <p>IMMUNIZATION PROGRAM</p> <p>LPHA must resolve the outstanding compliance issue from the most recent VFC site visit. Influenza doses borrowed from the Vaccines for Children Program last flu season must be replaced with influenza vaccine purchased with LPHA funds. Replacement doses must be logged in accordance with VFC borrowing guidelines.</p> <p>For more detailed information, please see the completed program review tool in section 13.</p>	<p>October 1, 2015</p>
<p>REVIEWER: Amanda Timmons and Tuesday Graham</p>	<p>RESPONDENTS: Cindy Rettler, Arielle Le Veaux, Katrina Rothenberger</p>

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

PERINATAL PROGRAM

Inconsistent documentation of the name of the recipient and the date that the Initial Assessment and CSP were forwarded to the prenatal care provider for Maternity Case Management clients

By 10/31/15, all home visitors will have been given education about the rule and system for documenting will be developed.

For more detailed information, please see the completed program review tool in section 15.

REVIEWER: Anna Stiefvater

RESPONDENT: Arielle
LeVeaux

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

FAMILY PLANNING

- Written clinical protocols must follow nationally recognized standards of care and be approved by the grantee for
 - a) Scope of Services: add level 1 infertility services
 - b) Contraceptive injection: update the US MEC risk conditions
 - c) Breast exam: cite a national standard
 - d) Pap Smear: update the ASCCP citation to 2014
 - e) Oral contraceptives: change wording to indicate that RNs may provide up to the maximum amount of refills under the current documented prescription
 - f) Create a protocol for the progestin-only pill
 - g) Birth control refills: change wording to indicate that RNs may provide up to the maximum amount of refills under the current documented prescription
 - h) Diaphragm: add US MEC risk conditions
 - i) Contraceptive patch: change wording to indicate that RNs may provide up to the maximum amount of refills under the current documented prescription
 - j) Post Colpo Pap Follow-up: Cite a national standard
 - k) Contraceptive ring: cite the US MEC for medication interactions
 - l) Fee collection: remove the statement that clients with private insurance will pay the balance after insurance has been billed—the sliding fee scale must be applied to any balance prior to billing the client
 - m) Financial information form: Remove the statement that clients with private insurance will be billed in full at the time of service
 - n) GC/CT Testing: Remove the statement that clients over age 24 receiving a gc/ct test will be charged for

6/18/2015

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

the test—the sliding fee scale must be applied

o) Improve the EMR capture of health history responses to ensure staff are able to follow protocols

- Sub recipient must have a quality assurance system in place
- The I & E Committee must approve all educational material provided to clients and document its approval

6/18/2015

6/18/2015

For more detailed information, please see the completed program review tool in section 16.

REVIEWER: Connie Clark

RESPONDENT: Arielle Le Veaux

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

SEXUALLY TRANSMITTED INFECTIONS (STI)

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 17.

REVIEWER: Josh Ferrer

RESPONDENTS: Arielle Le Veaux,
Kirk Hillebrand

POLK COUNTY HEALTH DEPARTMENT	
COMPLIANCE FINDINGS	TIMELINE FOR CHANGE
<p>CENTER FOR PREVENTION AND HEALTH PROMOTION</p> <p>TOBACCO PREVENTION AND EDUCATION PROGRAM</p> <p>The LPHA is in compliance with all program requirements.</p> <p>For more detailed information, please see the completed program review tool in section 18.</p>	
REVIEWER: Sabrina Freewynn	RESPONDENT: Katrina Rothenberger

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

TUBERCULOSIS

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 19.

REVIEWER: Heidi Behm

RESPONDENTS:

Arielle Le Veaux, Kirk Hillebrand

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

VITAL RECORDS

The Vital Records department is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 20.

REVIEWER: Judy A. Shioishi

RESPONDENTS: Lisa Shepard,
Katrina Rothenberger

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS – 2014

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR
WOMEN, INFANTS AND CHILDREN (WIC)**

- Assure that hemoglobin tests for children are consistently conducted within required timelines. (Policy 625) Resolved April 2014
- Assure assignment of all applicable risks during each certification. (Policy 625 and 670) *This is a repeat finding from 2010 and 2012.* Resolved May 2014
- Assure that required documentation is completed for all assigned risks. (Policy 625, 640 and 670) Resolved May 2014

For more detailed information, please see the completed program review tool in section 21.

REVIEWER: Vernita Reyna

RESPONDENT: Patty Perez

POLK COUNTY HEALTH DEPARTMENT

COMPLIANCE FINDINGS – 2014

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

WIC FARM DIRECT NUTRITION PROGRAM (FDNP)

- All program areas are in compliance.

For more detailed information, please see the completed program review tool in section 21.

REVIEWER: Vernita Reyna and
Maria Menor

RESPONDENT: Patty Perez

PUBLIC HEALTH DIVISION
Office of the State Public Health Director, Community Liaison
Kate Brown, Governor



800 NE Oregon Street, Suite 930
Portland, OR 97232
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August 14, 2015

The Honorable Mike Ainsworth, Chair
Polk County Board of Commissioners
Courthouse
850 Main Street, Room 104
Dallas, OR 97338

Dear Commissioner Ainsworth:

The triennial onsite agency review of Polk County Health Department was conducted between March 3 and 31, 2015. The Oregon Health Authority Public Health Division evaluated county public health programs for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement. The review included the appraisal of approximately 538 separate items in 19 program areas. While there are some areas that need attention, keep in mind the vast majority of findings were positive.

A full report, including the specific timelines for correction, has been sent to Katrina Rothenberger, Public Health Administrator. Staff in the Community Engagement and Performance Management office are working with her to document resolution of the findings.

We think the report will also be of assistance to your public health staff in their continuing efforts to provide quality public health services to your community. Please send a written response within ten days affirming that you will meet the timelines for correcting the compliance findings. Once all the required elements are successfully completed, we will send you a confirmation letter and close the file for this review.

Our office will contact Katrina and your office to arrange an exit interview to go over the findings and answer any questions. We leave it to the local Board to

decide if this meeting of the Local Public Health Authority (LPHA) and the Health Administrator is attended by one or more of the commissioners.

Programs included in the compliance review

Administration	HIV Care and Treatment
Babies First!	Immunizations
Civil Rights	Laboratory
Communicable Disease	Perinatal
Drinking Water	Reproductive Health
Fiscal	Sexually Transmitted Infection
Food, Pool and Lodging Health and Safety	Tobacco Prevention and Education
Health Security, Preparedness and Response	Tuberculosis
Health Officer	Vital Records
Healthy Communities	

COMMENDATIONS

Several program reviewers submitted commendations to Community Liaison. They are listed below.

Drinking Water

- The program completed all of the required 2012, 2013 and 2014 water system survey work, with 100% of the surveys completed prior to the December 31 deadline in all three years.
- The program has been consistent and timely in responding to water quality alerts over the past three years with a typical response time of two days of notification.
- Several water system files were reviewed and found to demonstrate superb documentation of work performed.
- Under the 2013-2015 Program Element 50, Safe Drinking Water, the LPHA submitted expenditures and received payments for \$8,919 of the \$8,919 budgeted for FY 2014.
- Polk County's Drinking Water Program is in the hands of very competent and professional environmental health specialists. It is well organized and operated and works cooperatively with state Drinking Water Program staff to assure safe drinking water for the 21 water systems it supervises.

Food, Pool and Lodging Health & Safety

- Polk County is doing an excellent job of providing environmental health services to the community. The overall inspection rate for licensed facilities is excellent with all program areas at 100% compliance.
- Inspection staff has been state standardized and recently completed the recertification process. Staff exhibited good communication skills with operators and employees of the food service facilities during standardization and is focusing on critical risk factors that are most associated with foodborne illness.

Health Security Preparedness and Response

- Katrina Rothenberger and current public health staff are fostering positive partnerships with the emergency manager and community stakeholders.
- Public health emergency response plans are well written and extensive.
- All documents and tools were appropriately submitted to Health Alert Network (HAN) folder and work plan developed for triennial review.

Healthy Communities

- Worksite Wellness Committee is established and developing an operational plan supporting self-management programs that meet the needs of staff.
- Healthy meetings and events and vending machine policies have been developed, presented to staff and leadership and are expected to be finalized and implemented in the near future.
- Polk County has a breastfeeding policy and a room for lactation and breastfeeding is available at the Academy building.
- Health promotion and chronic disease prevention work has expanded into the community as demonstrated by partnerships with WVP Health Authority and West Valley Hospital, school districts, school based health center, and senior centers. West Valley Hospital improved their vending machine policy and is making changes to their menu to serve more healthy food and to reduce serving sizes. Central High School is making policy changes to reduce availability of sugar sweetened beverages on campus. The Healthy Communities coordinator is working with the YMCA to expand the programs and services to three more cities in Polk County.
- The Healthy Communities coordinator is involved in developing policies and referral procedures that will be implemented at the school based health and wellness center scheduled to open in June that will serve community members as well as students.

Immunization

- Immunization coordinator, Cindy Rettler, has shown commitment to meeting all requirements of a quality immunization program including Vaccine for Children (VFC) requirements. She has resolved several finding from a VFC compliance site visit in March including separating state-supplied vaccine and locally purchased vaccine.

MCH Programs Strengths

- Linkages and communications with other community organizations are evidenced by development and implementation of a Universal Referral form.
- Consistent documentation of Targeted Case Management (TCM) assessment and activities is demonstrated.
- An experienced bi-lingual community health worker was recently hired.

Tobacco Prevention and Education Program (TPEP)

- The TPEP coordinator works with schools and colleges to educate faculty, staff and students about the harms of tobacco and provides technical assistance on policy development and enforcement issues.
- The TPEP coordinator engaged in activities to counter the tobacco industry's advertising and promotion of tobacco and reduce youth access to tobacco products.
- Work with Western Oregon University around smoke-free/tobacco-free campus is especially commendable because it involved raising awareness about harms of tobacco and educating faculty, staff and students about policy options and policy development.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- Access to WIC participation in Polk County is supported through provision of full services at three clinic sites. Expansion to a new location in Grand Ronde in fall 2013 is evidence of collaboration with tribal and community partners.
- The organization of program operations and delivery of bilingual services are program strengths.

Fiscal

- Polk County Health Services received Federal funds for several programs totaling over \$500,000 in fiscal year 2014.
- It appears that Polk County Health Services has sufficient internal controls to adequately safeguard assets and to detect and prevent errors in a timely manner.

- The review indicated a well-run fiscal operation with satisfactory accounting controls, purchasing procedures and attention to detail. The operation is well organized and efficient with a commitment to quality, fairness and accuracy.

Health Officer

- Jeff Humphrey, DO, is the Health Officer, and is employed through a personal services contract with Polk County. Dr. Humphrey has been a physician for the past 28 years.
- He is dedicated to his job as the Health Officer of Polk County and maintains weekly informal or formal meetings at the health department. Dr. Humphrey is always available by phone and responds quickly and appropriately when needed for a public health consultation.

COMPLIANCE FINDINGS SUMMARY

Administration

- Signage indicating emergency exits must be posted by the door of each room. The sign should contain a floor plan, a mark stating "you are here" (or something similar), and indicate an escape route in case of emergency.

Babies First!

- Inconsistent documentation of oral health screening, assessment of parent/child interactions, assessment of environmental learning opportunities and safety, and assessment of immunization status for Babies First! clients was found.
- All home visitors must be given education about the requirements and a system for documenting must be developed.

Civil Rights

- The LPHA is in compliance with all program requirements.

Communicable Disease

- The LPHA is in compliance with all program requirements.

Drinking Water

- The LPHA is in compliance with all program requirements.

Fiscal

- The LPHA must base Family Planning/Title X charges and fees consistent with Guidelines: 42 CFR 59.5 Section 8. This includes at a minimum:
 - Submission of an updated cost analysis study for Family Planning Title X fees and charges for 2015. The last one was completed in 2008.

Food, Pool and Lodging Health & Safety

- The LPHA is in compliance with all program requirements.

Health Security, Preparedness and Response

- Documentation for changes and updates made in Public Health Emergency Preparedness (PHEP) program as a result of after action reports/improvement plans. This change/update documentation includes, but is not limited to, future work plans, drills, exercises, response and recovery plans, procedures and/or policies.
- Public health personnel must receive appropriate Incident Command System (ICS) training to successfully fulfill response positions.

Healthy Communities

- The LPHA is in compliance with all program requirements.

HIV Care & Treatment

- The LPHA is not in compliance with program requirements as specified in the Program Element 08 (PE08): Ryan White Program, Part B/HIV/AIDS Services. A corrective action plan is due within 30 days of receiving the triennial review findings and must include the following:
 1. A staffing plan to ensure consistent services are delivered per the approved budget as referenced in PE 08 3(f) (ii) and 3(g) (ii).
 2. The LPHA will have a written tracking process documented to ensure all current and future activities and services occur within the definition and timelines as stated in the HIV Case Management Standards of Services, the HIV Support Services Policies, Definitions and Guidance, and the CAREWare User Guide as referenced in PE 08.
 3. For all active clients, the LPHA will complete and document in the client record and in the CAREWare database the following activities:
 - a) Client eligibility must be determined and documented every 6 months by completing the Intake/Eligibility Review form.

- b) Client files must contain eligibility information and documentation per the program guidance, "HIV Community Services, Services Definitions and Guidance". CAREWare data will match client files/forms.
 - c) Face-to face evaluation to assess the client's biopsychosocial needs by completing a nurse assessment and psychosocial screening every 12 months, and documented on the appropriate forms and in case notes using the CAREWare template.
 - d) Nurse assessment and psychosocial screening findings, recommendations/interventions/referrals, and care planning goals documented in the client's case notes.
 - e) Nurse Care Plan and goals will be developed based on findings outlined in the assessment and psychosocial screening and will be reviewed at a minimum of every 6 months. At least one (1) client self-management goal will be documented in the Care Plan.
 - f) The nurse assessment and psychosocial screening, to include acuity points, score, and level, and adherence acuity stage, will be documented in CAREWare every 12 months or sooner if there is a change in the client's acuity.
4. LPHA will ensure:
- a) Each client receiving HIV Case Management services will receive referral to services critical to achieving optimal health and well-being, including advocacy assistance to help problem solve when barriers impede access. Referral and advocacy activities must be documented in CAREWare Case Notes. Specific referrals must also be documented in the CAREWare Referral Tab with a final status entered within 6 months of the original referral date,
 - b) Service entries in CAREWare database must match the client file case note (date, service, and units) and the appropriate service code should be used. Non-RN service codes are not to be used for RN services. Each service provided must have a separate service code documented.
 - c) Supportive services are provided to help clients achieve their medical outcomes and must have a direct relationship to an individual's HIV clinical outcomes. Support service documentation in case notes showing the linkage is required.
 - d) No expenditures will be incurred with Ryan White Program funds for any item or service which can reasonably be paid through other state, federal or private benefits programs. Ryan White Program funds must be used as dollars of last resort and appropriate documentation must be included in the client file.

- e) When applicable, need for employment services and referral will be assessed and provided.
 - f) Services are delivered in accordance with key principles of chronic disease management, client self-management and stages of change behavioral interventions.
5. The LPHA must assure the following required data elements are accurately entered and/or updated into CAREWare after completing the required activities above:
- Primary Insurance Provider
 - Primary Medical Provider
 - Household living arrangement
 - Annual household income
 - Household size
 - Acuity level
 - Acuity points
 - Adherence acuity stage
 - Acuity Date entered in CAREWare and matched the Acuity form in the client file.
- The Public Health Department is currently addressing all of these issues in consultation with the Public Health Division per an approved work plan.

Immunizations

- LPHA must resolve the outstanding compliance issue from the most recent VFC site visit. Influenza doses borrowed from the VFC Program last flu season must be replaced with influenza vaccine purchased with LPHA funds. Replacement doses must be logged in accordance with VFC borrowing guidelines.

Laboratory

- The LPHA is in compliance with all program requirements.

Perinatal

- There was inconsistent documentation of the name of the recipient and the date that the Initial Assessment and CSP were forwarded to the prenatal care provider for Maternity Case Management clients.
- By October 31, 2015, all home visitors will have been given education about the rule, and system for documenting will be developed.

Reproductive Health

- Written clinical protocols must follow nationally recognized standards of care and be approved by the grantee for:
 - a) Scope of Services: add level 1 infertility services
 - b) Contraceptive injection: update the US MEC risk conditions
 - c) Breast exam: cite a national standard
 - d) Pap Smear: update the ASCCP citation to 2014
 - e) Oral contraceptives: change wording to include that RNs may provide up to the maximum amount of refills under the current documented prescription
 - f) Create a protocol for the progestin only pill
 - g) Birth control refills: change wording to indicate that RNs may provide up to the maximum amount of refills under the current documented prescription
 - h) Diaphragm: add US MEC risk conditions
 - i) Contraceptive patch: change wording to indicate that RNs may provide up to the maximum amount of refills under the current documented prescription
 - j) Post Colpo Pap Follow-up: Cite a national standard
 - k) Contraceptive ring: cite the US MEC for medication interactions
 - l) Fee collection: remove the statement that clients with private insurance will pay the balance after insurance had been billed – the sliding fee scale must be applied to any balance prior to billing the client
 - m) Financial information form: remove the statement that clients with private insurance will be billed in full at the time of service
 - n) GC/CT Testing: remove the statement that clients over age 24 receiving a gc/ct test will be charged for the test – the sliding fee scale must be applied
 - o) Improve the EMR capture of health history responses to ensure staff are able to follow protocols
- Sub-recipient must have a quality assurance system in place
- The I&E Committee must approve all educational material provided to clients and document its approval

Sexually Transmitted Infections

- The LPHA is in compliance with all program requirements.

Tobacco Prevention & Education Program

- The LPHA is in compliance with all program requirements.

Tuberculosis

- The LPHA is in compliance with all program requirements.

Vital Records

- The LPHA is in compliance with all program requirements.

OTHER

Laboratory

Polk County Public Health Laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as a Provider Performed Microscopy Laboratory, CLIA #38D0667972, and is certified until December 31, 2015. The CLIA certificate is a single site CLIA certificate to cover multiple testing locations. The main laboratory is located at 182 SW Academy Street, Suite 302, Dallas, Oregon 97338. The Laboratory Director is Jeff Humphrey, DO. The following tests being performed on-site at the main location are: Wet prep, KOH prep, urine Preg (HCG Urine Cassette) Test, Hgb (Hemocue), UA Dipstick (60B), urine microscopic exam, HIV (Clearview Complete HIV 1&2). Only the nurse practitioner performs the microscopic exams for the UA, Wet prep and KOH prep. The Hgb (Hemocue) test is being performed at two locations: Polk County Public Health WIC Independence Clinic, 535 G Street, Independence, OR 97351 and Polk County Public Health WIC Grand Ronde Clinic, 9615 Grand Ronde Road, Grand Ronde, OR 97347. There have been no complaints or issues raised to the CLIA program about this laboratory during the past two years.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

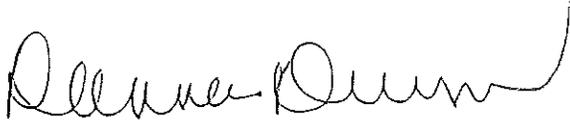
- This biennial review was conducted in April 2014. Program reports are included for your information.
- All compliance findings have been resolved.

SUMMARY

Overall, agency reviewers believe Polk County Health Department is composed of a committed team of health care professionals who deliver quality public health services to

the community. Thank you very much for your attention to correcting these few compliance findings and for the strong public health work you do for the community.

Sincerely,

A handwritten signature in black ink, appearing to read "Danna Drum". The signature is fluid and cursive, with a large loop at the end.

Danna Drum MDiv
Manager, Community Engagement and Performance Management

cc: Noelle Carroll, Health Services Director
Arielle LeVeaux, Nursing Director
Craig Pope, Polk County Commissioner
Katrina Rothenberger, Public Health Administrator
Jennifer Wheeler, Polk County Commissioner