

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/03/2013
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NAME OF PROVIDER OR SUPPLIER BIORX, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13295 ILLINOIS STREET SUITE 111 CARMEL, IN 46032
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N000000	<p>This visit was for an Initial Home Health state licensure survey.</p> <p>Survey Dates: November 26 through December 3, 2013</p> <p>Facility Number: 013142</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 29 Home Health Aide Only: 0 Personal Care Only: 0 Total: 29</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 6, 2013</p>	N000000	This is correct.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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N000451	<p>410 IAC 17-12-1(c)(8) Home health agency administration/management Rule 12 Sec. 1(c)(8) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (8) Ensure that a qualified person is authorized in writing to act in the administrator's absence.</p> <p>Based on document review and interview, the agency failed to include a qualified person was authorized in writing to act in the administrator's absence for 1 of 1 agency reviewed with the potential to effect all patients of this agency.</p> <p>Findings:</p> <p>1. The document titled "BioRx Governing Body Meeting Minutes" dated 12/6/12 evidenced employee A, Administrator, was the Administrator and employee B, Director of Nursing, was the Director of Nursing / Supervisor. The document failed to evidence employee B is the Alternate Administrator and will act in the Administrator's absence.</p> <p>2. During an interview on 11/27/13 at 2:29 PM, employee B, Alternate Administrator, indicated BioRx would need a written statement to identify who is acting in employee A's absence.</p>	N000451	Corrected organizational chart on day of survey to reflect Director of Nursing in charge in absence of Administrator. Revised policy POP 001F Scope of Services-IN to reflect in the absence of Administrator, Director of Nursing will function as Alternate Administrator. Reviewed policy with staff. The Administrator will be responsible for monitoring these corrective actions and information is kept updated on Organizational chart.	01/03/2014			

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N000458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on personnel record review and interview, the agency failed to ensure personnel records included a limited criminal history for 1 of 5 personnel files reviewed (G) with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Personnel file G, date of hire 6/6/13, failed to evidence a limited criminal history. On 12/3/13 at 2:00 PM, employee B, Alternate Administrator, indicated the limited criminal history should have been included in employee G's personnel file. 	N000458	Employee, L.A. , file G, was missing this documentation from her scanned file. This document was rescanned to the electronic HR file and uploaded. All active employee files are retained in the Cincinnati, Ohio location for all employees of BioRx. Recently, the HR files were scanned/ uploaded into a secure imaging system but this document failed to scan. This was corrected and is on file. 100% all active Indiana employee files will be audited quarterly for evidence of required documentation. Hard copy files will be compared to scanned files for accuracy of scanning. The Director of Nursing will be responsible for monitoring these corrective actions and reporting to the Administrator quarterly	01/03/2014			

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			findings of the audits to ensure this deficiency is corrected and will not recur.		

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N000462	<p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on personnel file review and interview, the agency failed to ensure all employees had a physical exam within 180 days of first patient contact and was of sufficient scope to ensure employees would not spread infectious or communicable diseases for 2 of 5 personnel files reviewed (E and F) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file E, date of hire 6/6/13 and first patient contact 6/13/13, failed to evidence a physical examination. 2. Personnel file F, date of hire 6/6/13 and first patient contact 9/26/13, evidenced a untitled document with a completion date of 9/1/10. The document also failed to evidence a 	N000462	<p>Personnel file E, employee D.K. physical was not scanned. As mentioned before, all hard copies of employee files are maintained at the Cincinnati location. This is now scanned and in the secure electronic file. Personnel file F, employee L.L. physical was in the file although it did not mention that employee was free from communicable diseases. The employee's physical was dated 9/1/10 which did not fall into the "180 days of first patient contact" however, this employee has been working with BioRx since 9/8/10 and her physical was in date for that date of hire. BioRx has been in existence since 2004 and although Indiana is a new office for us, many of our nurses have been employed with the company. Based on the requirements for the state of Indiana, all current employees will be required to obtain a physical from their physician demonstrating evidence of inability to spread infectious or</p>	01/10/2014			

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	<p>statement to ensure employee F was free of communicable diseases.</p> <p>3. During an interview on 12/3/13 at 2:45 PM, employee B, Alternate Administrator, indicated they were unable to retrieve employee E's physical exam from the online personnel file software. Employee B further acknowledged employee F did not have a physical exam within 180 days of patient contact and did not have sufficient documentation to show the employee was free of communicable diseases.</p>		<p>communicable diseases. Completion date: 1/10/14 Any new employees to the Indiana office, whether hired as new employees or current employees that move to the Indiana office will obtain physicals within 180 days of first patient contact. Administrator reviewed these requirements with Human Resources Department and all current staff of the Indiana office. 100% all active Indiana employee files will be audited upon hire / first patient contact for compliance with this regulation. We are also implementing quarterly audit of all files for accuracy so this will be monitored quarterly as well. The Director of Nursing will be responsible for auditing/ monitoring compliance and reporting to the Administrator quarterly findings of the audits to ensure this deficiency is corrected and will not recur.</p>		

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N000464	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on</p>						

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	<p>a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel file review and interview, the agency failed to ensure all employees had the second step of the PPD (purified protein derivative) within 1 to 3 weeks after the first PPD skin test was administered or that there was documentation of a negative PPD within the previous 12 months and there was documentation of a PPD for 3 of 5 personnel files reviewed with the potential to affect the agency's 5 current patients. (D, E, and F)</p> <p>Findings include:</p> <p>1. Personnel file D, date of hire 6/6/13 and first patient contact 8/14/13, evidenced TB results read on 6/12/13. The file failed to evidence a second TB test was administered as required or that the individual had a TB test in the previous 12 months.</p>	N000464	<p>Personnel file D, employee B.S., had her PPD on file. Her prior TB tests were not scanned but that has been corrected. Since B.S. was hired by BioRx in 2009, those annual PPD are present. Personnel file E, employee D.K. had a PPD but it was not scanned into the electronic file. This has been corrected. Her TB was completed on 6-12-13 and there are annual PPD on file since date of hire in 2009. Personnel file F, employee L.L. had a PPD on file but her prior TB tests were not scanned and that has been corrected. L.L. has been an employee since 2010 and her results are now on file. 100% all active Indiana employee files will be audited quarterly for evidence of required documentation. Hard copy files will be compared to scanned files for accuracy of scanning. The Director of Nursing will be responsible for monitoring these corrective actions and reporting to the Administrator quarterly findings of</p>	01/03/2014			

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	<p>2. Personnel file E, date of hire 6/6/13 and first patient contact 6/13/13, failed to evidence a PPD.</p> <p>3. Personnel file F, date of hire 6/6/13 and first patient contact 9/26/13, evidenced TB results read on 5/24/13. The file failed to evidence a second TB test was administered as required or that the individual had a TB test in the previous 12 months.</p> <p>4. On 12/3/13 at 3:00 PM, employee B, Alternate Administrator, indicated there was no further documentation.</p>		the audits to ensure this deficiency is corrected and will not recur.				

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N000502	<p>410 IAC 17-12-3(b)(2)(C) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (C) Place a complaint with the department regarding treatment or care furnished by a home health agency.</p> <p>Based on admission packet review, clinical record review, and interview, the agency failed to ensure patients were informed of the Indiana State Department of Health (ISDH) complaint hotline number for 5 of 5 records reviewed (#1-5) with the potential to affect all patients receiving services and all future patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The admission packet provided to patients failed to evidence the ISDH complaint hotline number. 2. Clinical records 1-5 evidenced the patient had received the admission packet. 3. During an interview on 11/26/13 at 2:12 PM, employee B, Alternate Administrator, indicated they were unaware of the ISDH complaint hotline. 	N000502	<p>The department of health hotline was not in the Admission packet. I have revised the current Admission booklet to include this and the Indiana Advance Directive information. I sent out a letter to all active patients with a copy of the Indiana Advance Directives and the Home Health hotline information received from the surveyor. Responsible party: P. Gruenemeier, RN, CRNI, CHC, Administratorsample of letter sent on BioRx letterhead Dear Patient, Our Indiana office was surveyed recently by the State. The following items were missing from your files so I am enclosing the information along with this letter. Indiana Advance Directives Indiana Home Health hotline: this is a toll-free hotline Consumer Hotline: Provides information for consumers on Home Health Agencies or Hospices 800.227.6334 Complaint number: Individuals can call to make complaints about care provided at any licensed or certified Indiana health care providers or suppliers. 800.246.890 Please feel free to</p>	01/02/2014			

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			call me with any questions. Thank you and we look forward to providing services for you. Peg Gruenemeier, RN, CRNI, CHC Director Clinical Services, Adminstrator BioRx		

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N000512	<p>410 IAC 17-12-3(b)(4) Patient Rights Rule 12 Sec. 3(b)(4) (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (4) The patient has the right to be as follows: (A) Free from verbal, physical, and psychological abuse. (B) Treated with dignity.</p> <p>Based on clinical record review, admission packet review, and interview, the agency failed to ensure patients were informed of the right to be free from verbal, physical and psychological abuse for 5 of 5 records reviewed with the potential to affect all patients receiving services from the agency and all future patients. (#1-5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> The admission packet document titled "Client Rights and Responsibilities" indicates the patient has the right to receive professional quality home care services without discrimination and is to be treated with respect and dignity. The admission packet document failed to evidence the patient had the right to be free from verbal, physical, and psychological abuse. Clinical records 1-5 evidenced the 	N000512	<p>Please see below Rights and Responsibilities. This is version 4, updated in 2011 for BioRx and I believe that # 10 meets the standard above. Responsible party: P.Gruenemeier, RN, CRNI, CHC, Adminstrator BioRx CLIENT RIGHT AND RESPONSIBILITES AS A BioRx HOME CARE CLIENT YOU HAVE THE RIGHT TO: 1. Receive information about your rights and responsibilities for receiving home care services and products. 2. Receive a timely response from BioRx regarding your request for home care services. 3. Select your home care providers and be informed of any financial benefits when referred to an organization. 4. Receive information on BioRx policies, procedures, and charges for service and any limitations of our care or services. 5. Receive professional quality home care services in accordance with physician orders without discrimination against race, creed, color, religion, sex, national origin, sexual preference,</p>	12/31/2013			

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	<p>patient had received the "Client Rights and Responsibilities" document.</p> <p>3. During an interview on 11/26/13 at 2:14 PM, Employee B, Alternate Administrator, acknowledged the "Client Rights and Responsibilities" was missing the right to be free from abuse.</p>		<p>disability, or age. 6. Personal privacy and security during home care visits and to have you and your property treated with courtesy, respect and dignity by all who provide home care services to you. 7. Be given proper identification by name and title of everyone who provides you with your home care services. 8. Be informed in advance of the services to be provided so you will be able to give informed consent for your service prior to its start. 9. Be given complete, current information concerning your diagnosis, treatment, alternatives, risks, and prognosis as required by your physician's legal duty to disclose, in terms and language reasonably understandable to you. 10. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/property. 11. Share in the development of and be informed of any changes to your plan of care/ service in advance.12. Be given client record privacy and confidentiality. 13. Review your clinical record at your request. 14. Be given information regarding anticipated transfer of your home care to another health care facility and/or termination of home care service to you. 15. Voice grievances with and/or suggest change in home care services without restraint, interference,</p>				

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			<p>coercion, punitive or discriminatory actions taken against you by calling BioRx at 1-866-44-BioRX (1-866-442-4679) or the Accreditation Commission for Health Care, Inc. (ACHC) at 919-785-1214 and to have those grievances investigated by BioRx. 16. Be notified of the cost of receiving services from BioRx both to you and to your insurance carriers and receive changes in information within 30 days. 17. Accept, refuse or discontinue any and all services within the confines of the law and be given information concerning the consequences of refusing treatment and/or services. 18. Formulate and receive written information on advance directives. 19. Education about managing pain where appropriate. 20. Receive emergency instructions. AS A BioRx HOME CARE CLIENT YOU ARE RESPONSIBLE TO:</p> <ol style="list-style-type: none"> 1. Provide current, complete and correct health information concerning medical history, medications, allergies, and any other information pertinent to services received by BioRx. 2. Assist in developing and maintaining a safe home environment. 3. Inform BioRx when you will not be able for a scheduled visit/delivery. 4. Participate in the development of and adhere to your home care plan of service. 5. Request further 		

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NAME OF PROVIDER OR SUPPLIER BIORX, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 13295 ILLINOIS STREET SUITE 111 CARMEL, IN 46032		
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			<p>information concerning anything you do not fully understand. 6. Contact BioRx concerning any equipment problems or questions. 7. Contact BioRx whenever you receive a change in physician's orders or prescription. 8. Contact BioRx prior to any change or address or phone number.9. Contact BioRx immediately if admitted to hospital or care facility or equipment is no longer needed.10. Notify BioRx immediately of any changes in insurance coverage or enrollment in Medicare and or Medicaid HMO programs. 11.Contact BioRx if you acquire any infectious disease during the time you are receiving services and/or care from BioRx. 12. Take reasonable care to protect rental equipment from loss or damage. 13. Take reasonable care to protect rental equipment only in the manner for which it is intended and not attempt repairs to equipment. A PROFESSIONAL IS AVAILABLE 24 HOURS A DAY BY CALLING 1-866-442-4679. IN THE EVENT OF A MEDICAL EMERGENCY, CALL 911.</p>		

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N000518	<p>410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. The home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on admission packet review and interview, the agency failed to ensure patients were provided the Indiana advance directives, including a description of applicable State law, in 1 of 1 admission packets reviewed with the potential to affect all patients at this agency and all future patients. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The agency's admission packet failed to evidence the Indiana Advanced Directives effective May 2004 document. 2. During an interview on 11/26/13 at 2:15 PM, employee B, Alternate Administrator, indicated the Advanced Directives were written according to Ohio law. 	N000518	<p>The Indiana Advance Directive information was not in the Admission packet. A copy of the Ohio Advance directive information was included in the Admission packet with a statement informing the patient that State specific information was available upon request. I have since revised the current Admission booklet to include the Indiana Advance Directive information and the home health hotline information. I sent out a letter to all active patients with a copy of the Indiana Advance Directives and the Home Health hotline information received from the surveyor. Responsible party: P. Gruenemeier, RN, CRNI, CHC, Administratorsample of letter sent on BioRx letterhead Dear Patient, Our Indiana office was surveyed recently by the State. The following items were missing from your files so I am enclosing the information along with this letter. Indiana Advance DirectivesIndiana Home Health</p>	01/02/2014			

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			<p>hotline: this is a toll-free hotline Consumer Hotline: Provides information for consumers on Home Health Agencies or Hospices 800.227.6334 Complaint number: Individuals can call to make complaints about care provided at any licensed or certified Indiana health care providers or suppliers. 800.246.890 Please feel free to call me with any questions. Thank you and we look forward to providing services for you. Peg Gruenemeier, RN, CRNI, CHC Director Clinical Services, Adminstrator BioRx</p>		

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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on record review and interview, the agency failed to ensure Skilled Nursing (SN) visits were provided as ordered in 1 of 5 records reviewed (#4) with the potential to affect all patients of the agency who receive SN services.</p> <p>Findings include:</p> <p>1. Clinical record #4 contained a POC for the certification period 6/19/13 - 12/18/13 with orders for SN to infuse a medication every week for 6 months.</p> <p>A. The Infusion Visit Note on 11/8/13 and 11/21/13 evidenced the SN administered the infusion.</p> <p>B. The record failed to evidence a SN visit or missed visit note for the week of 11/11/13 to 11/17/13.</p> <p>2. During an interview on 12/2/13 at 4:07 PM, Employee B, Alternate Administrator, indicated the agency could not find a SN visit note or a missed visit note for the week of 11/11/13 to 11/17/13.</p>	N000522	<p>This was discussed during survey, it was not a missed visit. Patient record #4, R. G., nurse B. S. The nurse mailed her paperwork in and it was never received in the office. The nurse completed the paperwork again and it is now scanned and in the file. This was discussed during the survey; it was not a missed visit. Patient record #4, R. G., nurse B. S. The nurse mailed her paperwork in and it was never received in the office. The nurse completed the paperwork again and it is now scanned and in the file. We currently utilize a tracking system in our EMR, CPR +. All nursing schedules are put into the system and a report is run every other week to determine outstanding documentation/ missed visits. This note was recognized as missed, the nurse insisted she mailed it but we never received it. She resubmitted the missing documentation. All visits are logged into the scheduler. Reports are run currently every other week. Administrator instructed staff to increase frequency of reports to weekly, Director of Nursing to compare any discrepancies between visit</p>	12/31/2013			

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			logs/ returned documentation with the expectation that outstanding documentation will be submitted within 5 business days. The Director of Nursing will be responsible for monitoring the weekly reports and submitting a discrepancy report to the Administrator monthly or if an employee does not submit the required documentation within 5 business days.		

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the plan of care (POC) contained the Start of Care (SOC) date, all medications, and a 60 day certification period in 5 of 5 records reviewed with the potential to affect all patients receiving services from the agency. (#1-5)</p> <p>Findings include:</p>	N000524	Current process and policy NUR 001 Physician orders/ Plans of treatments revised to reflect 60 day time frame. New process and format implemented to include start of care and all medications for patients. All active patients had an updated 485 developed and sent to physician for signature. All orders received back and scanned into files. Staff trained on new process/ policies. These documents are now logged and managed in the EMR/ CPR +	01/02/2014			

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	<p>1. The policy titled "Care Planning" policy number PCLIN 011 with a revised date of 8/13 states, "The care plan will be reviewed: a. At a minimum of every 60 days."</p> <p>2. Clinical record #1 contained a POC for the certification period 7/13/13 - 1/12/14. The document titled "Medication Profile" contained Atenolol 25 milligrams (mg), Zetia 10 mg, and Premarin 0.3 mg. The POC failed to evidence a SOC date, a 60 day certification period, and Atenolol 25 mg, Zetia 10 mg, and Premarin 0.3 mg.</p> <p>3. Clinical record #2 contained a POC for the certification period 11/20/13 - 1/19/14. The document titled "Medication Profile" contained Omeprazole 40 mg, Citalopram Hydrobromide 20 mg, and Clonazepam 0.5 mg. The POC failed to evidence a SOC date and Omeprazole 40 mg, Citalopram Hydrobromide 20 mg, and Clonazepam 0.5 mg.</p> <p>4. Clinical record #3 contained a POC for the certification period 6/16/13 - 12/15/13. The document titled "Medication Profile" contained Imuran 50 mg, Zoloft 25 mg, and Azithromycin 1 gram (gm). The POC failed to evidence a SOC date, a 60 day certification period, and Imuran 50 mg, Zoloft 25 mg, and</p>		<p>system. This system tracks date sent, date resent, date due and date received. A weekly report will be run on all Indiana active nursing patients and examined for outstanding physician orders/ plan of treatments. The Director of Nursing will be responsible for monitoring the weekly reports and submitting a discrepancy report to the Administrator to ensure this deficiency is corrected and will not recur.</p>				

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	<p>Azithromycin 1 gm.</p> <p>5. Clinical record #4 contained a POC for the certification period 6/19/13 - 12/18/13. The document titled "Medication Profile" contained Omeprazole 40 mg, Cymbalta 30 mg, and Trazodone Hydrochloride (HCI) 50 mg. The POC failed to evidence a SOC date, a 60 day certification period, and Omeprazole 40 mg, Cymbalta 30 mg, and Trazodone HCI 50 mg.</p> <p>6. Clinical record #5 contained a POC for the certification period 10/10/13 - 4/9/14. The document titled "Medication Profile" contained Gemfibrozil 600 mg, Lisinopril 10 mg, and Omeprazole 20 mg. The POC failed to evidence a SOC date, a 60 day certification period, and Gemfibrozil 600 mg, Lisinopril 10 mg, and Omeprazole 20 mg.</p> <p>7. During an interview on 12/3/13 at 10:00 AM, employee B, Alternate Administrator, indicated each POC needed a SOC date, the medication on the POC needed to match the Medication Profile, and the POC needed a 60 day certification period.</p>						

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N000526	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, optometrist or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months. Based on policy review, clinical record review, and interview, the agency failed to ensure the Plan of Care (POC) was signed by the MD in a timely manner in 1 of 5 clinical records reviewed with the potential to affect all patients at this agency. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> The policy titled "Care Planning" policy number PCLIN 011 with a revised date of 8/13 states, "The care plan will be reviewed: a. At a minimum of every 60 days." Clinical record #1, contained a POC for the certification periods 5/13/13 - 7/12/13 and 7/13/13 - 1/12/14. The clinical record evidenced a physician's signature for both certification periods on 9/26/13. During an interview on 12/2/13 at 4:04 PM, employee B, Alternate Administrator, indicated the Start of Care was 6/10/13 and the physician signature 	N000526	<p>Current process for tracking Plans of treatments revised along with form itself. Forms are now tracked within electronic medical record (EMR) under document tracker. A new progress note template was developed so that additional documentation can be submitted to the EMR with follow up re: tracked documents returned/ not returned and any supporting documents. All outstanding documentation received and scanned to EMR. Staff trained on new process/ policies. Responsible parties: B. Kiessler, RN, Director of Nursing P. Gruenemeier, RN, CRNI, CHC, Administrator</p>	12/31/2013			

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	on the POCs were not completed timely.						

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N000529	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the: (A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months.</p> <p>Based on clinical record review and interview, the agency failed to ensure a written summary was sent to each patient's physician at least every 2 months for 4 of 4 patient records reviewed of patients receiving services over 60 days with the potential to affect all patients receiving services from the agency. (#1, #3, #4, #5)</p> <p>Findings include :</p> <ol style="list-style-type: none"> 1. Clinical record #1 contained a POC for the certification period 7/13/13 - 1/12/14. The record failed to evidence a 60 day summary. 2. Clinical record #3 contained a POC for the certification period 6/16/13 - 12/15/13. The record failed to evidence a 60 day summary. 3. Clinical record #4 contained a POC for the certification period 6/19/13 - 12/18/13. The record failed to evidence a 	N000529	Current process and policy NUR 001 Physician orders/ Plans of treatments revised to reflect 60 day time frame. New process and format implemented to include start of care and all medications for patients. All active patients had an updated 485 developed and sent to physician for signature. This included the written summary report. When the revised plan of treatments were sent out, post survey, they included updated medications along with a current summary of patient status/ response to treatment. All orders received back and scanned into files. Staff trained on new process/ policies. These documents are now logged and managed in the EMR/ CPR + system. This system tracks date sent, date resent, date due and date received. A weekly report will be run on all Indiana active nursing patients and examined for outstanding physician orders/ plan of treatments. The Director of Nursing will be responsible for monitoring the weekly reports and submitting a discrepancy report to	01/02/2014			

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	<p>60 day summary.</p> <p>4. Clinical record #5 contained a POC for the certification period 10/10/13 - 4/9/14. The record failed to evidence a 60 day summary.</p> <p>5. During an interview on 12/3/13 at 10:05 AM, employee B, Alternate Administrator, indicated they were not aware a written summary report needed to be sent to the physician every 60 days.</p>		<p>the Administrator to ensure this deficiency is corrected and will not recur.</p>				

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N000537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows:</p> <p>Based on record review and interview, the agency failed to ensure the Skilled Nurse (SN) provided care as ordered on the plan of care in 1 of 5 records reviewed (#4) with the potential to affect all patients of the agency who receive SN services.</p> <p>Findings include:</p> <p>1. Clinical record #4 contained a POC for the certification period 6/19/13 - 12/18/13 with orders for SN to infuse a medication every week for 6 months.</p> <p>A. The Infusion Visit Note on 11/8/13 and 11/21/13 evidenced the SN administered the infusion.</p> <p>B. The record failed to evidence a SN visit or missed visit note for the week of 11/11/13 to 11/17/13.</p> <p>2. During an interview on 12/2/13 at 4:07 PM, Employee B, Alternate Administrator, indicated the agency could not find a SN visit note or a missed visit note for the week of 11/11/13 to 11/17/13.</p>	N000537	This is a duplicate of N 0522.	12/31/2013			

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NAME OF PROVIDER OR SUPPLIER BIORX, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 13295 ILLINOIS STREET SUITE 111 CARMEL, IN 46032			
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N000608	<p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on clinical record review and interview, the agency failed to ensure clinical notes were signed and dated in 1 of 5 records reviewed (#1) with the potential to affect all the agency's current patients.</p> <p>Findings include:</p> <p>1. Clinical record #1 start of care (SOC) 5/13/13, included an admission consent signed by the patient and dated on 1/18/13. The record failed to evidence a signature and date by the Registered Nurse (RN).</p>	N000608	This visit was completed while the patient was traveling in Florida. The agency nurse in Florida did not co-sign the admission consent while performing the nursing visit. Nursing visit note is on file in the EMR. A scanned copy of the consent was sent to the nurse in Florida for co-signature. The signed document was then scanned with late entry date/ signature into the EMR. This visit was completed while the patient was traveling in Florida; she actually started her care in that state due to her travel schedule (snowbird) and was on service with BioRx prior to her return to her home in Indiana. Upon return to Indiana,	01/07/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/03/2013
NAME OF PROVIDER OR SUPPLIER BIORX, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 13295 ILLINOIS STREET SUITE 111 CARMEL, IN 46032		
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	2. During an interview on 12/2/13 at 4:07 PM, Employee B, Alternate Administrator, indicated the consent should have been signed and dated by the RN.		a new consent was not obtained due to one being on file. The agency nurse in Florida did not co-sign the admission consent while performing the nursing visit. A scanned copy of the consent was sent to the nurse in Florida for co-signature. The signed document was then scanned with late entry date/ signature into the EMR. An updated consent was sent out for signature for the patient to sign. This will be completed by the nurse on 1/7/14. Effective immediately, all new patients, even those already on service prior to start of care in Indiana will be opened as a New patient and all paperwork will be completed at the start of care according to policy. The Director of Nursing will be responsible for monitoring this during her routine quarterly audits of 20% active patient files and 100% all discharged patients. This is part of the current Performance Improvement program. All audits will be submitted to the Administrator for review.		