

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157081	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/08/2011
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NAME OF PROVIDER OR SUPPLIER  ACME HEALTH SERVICE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6302 N RUCKER RD STE J INDIANAPOLIS, IN46220
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G0000	<p>This visit was a Home Health federal recertification survey. This was a partially extended survey.</p> <p>Survey Dates: December 6-8, 2011 Partially extended Dates: December 6-8, 2011</p> <p>Facility Number: IN005287</p> <p>Medicaid Number: 100263330A</p> <p>Surveyor: Kelly Ennis, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type:</p> <p>Skilled: 94 Home Health Aide Only: 32 Personal Care Only: 21 Total: 147</p> <p>Sample:</p> <p>RR w/HV: 5 RR w/o HV: 5 Total: 10</p>	G0000		

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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G0337	<p>Quality Review: Joyce Elder, MSN, BSN, RN December 9, 2011</p> <p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the drug regimen review was updated when there were medication changes in 2 of 10 clinical records reviewed. (#3 and 6)</p> <p>Findings include:</p> <p>1. The policy titled "Medication Profile," policy number 4.61, states, "A drug regimen review/reconciliation will be performed at the time of admission, when updated comprehensive assessments are completed, and when care is resumed after client has been on hold or transferred. Medications ordered during the course of care are documented in the clinical visit note or case conference and reviewed against all existing medications to identify potential interactions, etc. These medications are added to the medication profile as soon</p>	G0337	<p>Medication Profiles for medical records 3 &amp; 6 have been reviewed and updated reflecting all medication changes. The Clinical Services Director has given all skilled nursing staff remedial training regarding managment of medication profiles, including additions/deletions/changes/and review of all medications for each patient served. Agency Clinical Supervisor will randomly audit 10% of active records weekly to ensure compliance with regulation. Medication Profile management will continue to be evaluated during agency's Quarterly Record Review of at least 10% of records to ensure compliance. Clinical Services Director will be responsible overall for monitoring corrective activities to ensure correction and deficiency does not recur.</p>	12/12/2011

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	<p>as possible, but no later than when the 30 day review takes place. The review will identify drug interactions, potential adverse effects and drug reactions, ineffective drug therapy, duplicate therapy, and noncompliance with drug therapy."</p> <p>2. Clinical record #3, start of care 10/27/11, included a Home Health Certification and Plan of Care for the Certification Period from 10/27/11 to 12/25/11. Review of the clinical record evidenced the following:</p> <p>A. On 11/8/11, employee D, Registered Nurse (RN), documented in the "Skilled Nursing Progress and Clinical Note" that the patient was now taking "Sorbitol 70% Solution."</p> <p>B. On 11/10/11, employee D, RN, documented in the "Skilled Nursing Progress and Clinical Note" that the patient was now taking "Sorbitol 70% Soln [solution] 30 mL PO q HS [30 milliliters by mouth every night at bedtime]."</p> <p>C. Review of the medication profile failed to evidence the new medication was added. The date of the last</p>				

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	<p>medication review was 10/27/11 by employee D, RN.</p> <p>3. Clinical record #6, start of care 10/18/11, included a Home Health Certification and Plan of Care for the Certification Period from 10/18/11 to 12/16/11. Review of the clinical record evidenced the following:</p> <p>A. On 11/4/11 employee D, RN, documented in the "Skilled Nursing Progress and Clinical Note" that the patient was now taking "Cipro 250 mg PO BID x 10 days started 11/2/11 [Cipro 250 milligrams by mouth two times per day for 10 days]."</p> <p>B. Review of the medication profile failed to evidence the new medication was added. The date of the last medication review was 10/18/11 by employee D, RN.</p> <p>4. On 12/8/11 at 11:00 AM, employee A, Director of Nursing, indicated the medication profile should have been updated for patient #3 and #6 when the new medications were identified by the RN.</p>				

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

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FORM APPROVED

OMB NO. 0938-0391

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