

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 11/16/2012
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NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4101 E 3RD STREET BLOOMINGTON, IN 47401
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G0000	<p>This visit was for an initial Medicaid certification survey.</p> <p>Facility: # 12972</p> <p>Survey Date: 11/14-16/12</p> <p>Medicaid #: N/A</p> <p>Surveyor: Marty Coons, RN, PHNS</p> <p>Census-11 Home Visits-3 Clinical Records Reviewed-10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 21, 2012</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><b>484.55(c)</b> <b>DRUG REGIMEN REVIEW</b> 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 clinical record and policy review and interview, the agency failed ensure all the patient's medications were reviewed to determine 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 and the drug was entered on the medication profile in accordance with agency policy for 10 of (#1, 2, 3, 4, 5, 6, 7, 8, 9, and 10) of 10 records reviewed creating the potential to affect all patients of the agency.</p> <p>The findings include:</p> <p>1. The agency policy titled "Medication Profile" stated, "The medication profile shall include all prescriptions and nonprescription drugs.... The profile will be reviewed and updated as needed to reflect current medications the client is taking. At time of admission, the</p>	G0337	<p>G337The medication Profile sheet being used at Elder's Journey, ordered by MED-Pass, has a section for Purpose &amp; Potential side effects. These sections are now being filled out and a copy left in the client's home along with the medication drug interaction sheets/side effect handouts from the client's pharmacy.The Administrator Supervisor/Nursing Supervisor <del>has in serviced all staff on the proper way to fill out the Medication Profile sheets. Along with including the purpose of the medication and potential side effects, but also to put the date the medication was started, d/c'd or re-newed. A medication calendar, ordered by MED-PASS, was also started in client's home, which included the times medications are given and any special instructions.100% of all client charts will be audited quarterly for evidence that the medication profile sheets and the medication profile policy is being followed.The Nursing Administrator will be responsible for monitoring these corrective</del></p>	11/30/2012			

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	<p>...professional shall...identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contraindicated medication. The Medication Profile shall document:</p> <p>b. Date medication ordered or care initiated. c. Medication name (full name no abbreviations). d. Medication dosage (using only accepted abbreviations). e. Route and frequency of administration. f. Contraindications or special precautions. g. Medication actions and side effects. h. Discontinuation date. i. Appropriate storage directions. j. Drug food-drug interactions."</p> <p>2. Review of the agency's document titled "Medication Information Sheet" evidenced the form failed to meet the requirements of the policy.</p> <p>3. Clinical record # 1 failed to evidence the comprehensive assessment for the certification period starting 10/2/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>4. Clinical record # 2 failed to evidence the start of care comprehensive assessment, dated 10/25/12, included a</p>		actions to ensure this deficiency is corrected and will not recur.				

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	<p>review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate drug therapy, and non-compliance.</p> <p>5. Clinical record # 3 failed to evidence the comprehensive assessment for the certification period of starting 10/3/12 included a review for the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was ordered or care initiated, the dosage, the route and frequency or the appropriate storage directions.</p> <p>6. Clinical record # 4 failed to evidence the comprehensive assessment for the certification period starting 10/5/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was</p>						

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	<p>ordered or care initiated, the dosage, the route and frequency or the appropriate storage directions.</p> <p>7. Clinical record # 5 failed to evidence the comprehensive assessment for the certification period starting 10/8/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was ordered or care initiated, the dosage, the route and frequency or the appropriate storage directions.</p> <p>8. Clinical record # 6 failed to evidence the comprehensive assessments for the certification periods starting 10/2/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was ordered or care initiated, the dosage, the route and frequency or the appropriate</p>						

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	<p>storage directions.</p> <p>9. Clinical record # 7 failed to evidence the comprehensive assessments for the certification periods starting 10/3/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was ordered or care initiated, the dosage, the route and frequency or the appropriate storage directions.</p> <p>10. Clinical record # 8 failed to evidence the comprehensive assessments for the recertification periods starting 10/9/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was ordered or care initiated, the dosage, the route and frequency or the appropriate storage directions.</p>						

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	<p>11. Clinical record # 9 failed to evidence the comprehensive assessment for the certification period starting 10/5/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was ordered or care initiated, the dosage, the route and frequency or the appropriate storage directions.</p> <p>12. Clinical record # 10 failed to evidence the comprehensive assessment for the certification period starting 10/5/12 included a review of the patient's medication for any potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, or duplicate drug therapy, drug interactions, and non-compliance had been completed.</p> <p>The medication sheet failed to evidence the date the medication was ordered or care initiated, the dosage, the route and frequency of the appropriate storage directions.</p> <p>13. On 11/16/12 at 3:30 PM, the administrator indicated the medication</p>						

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N0000	<p>profile form did not meet the requirements of the regulations.</p> <p>This visit was for an initial home health state licensure survey.</p> <p>Facility: # 12972</p> <p>Survey Date: 11/14-16/12</p> <p>Medicaid #: N/A</p> <p>Surveyor: Marty Coons, RN, PHNS</p> <p>Elder's Journey LLC is in compliance with the Indiana State Rules for home health licensure 410 IAC Article 17.</p> <p>Census-11 Home Visits-3 Clinical Records Reviewed-10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 21, 2012</p>	N0000					