

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 04/10/2014
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NAME OF PROVIDER OR SUPPLIER <b>BEEWELL INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6967 HILLSDALE COURT INDIANAPOLIS, IN 46250</b>
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G000000	This visit was a home health initial federal Medicaid certification survey.  Survey dates: March 8, 9, and 10, 2014  Facility #: 13425  Medicaid vendor: N/A  Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor  Agency Census  Skilled Patients10 Home Health Aide Only0 Personal Service Only0 Total Census10  Quality Review: Joyce Elder, MSN, BSN, RN April 14, 2014	G000000		
G000121	484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.  Based on observation, policy review, and interview, the agency failed to ensure the home health aide transferred the patient in a safe manner in 1 of 1 transfers observed with the potential to affect all 10 patients. (3)  Findings:	G000121	G 0121 The aide was re-instructed on safe transfer techniques and had a discussion with the DON about what should have been done differently. Completed 04/10/2014. All home health aides, during orientation, will be asked to demonstrate competency in safely transferring a patient; if additional instruction	04/24/2014

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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G000172	<p>1. On 4/9/14 at 6:30 PM, patient 3 was being prepared for a shower by home health aide (HHA) C. The patient was sitting in a rocking recliner. The patient used two stick canes with elbow attachments for support and balance. The patient positioned the canes, the aide placed her arm under the shoulder of the patient and they attempted a stand. The patient did not have enough strength to stand and attempted to sit back down. The seat of the chair was not close enough and the patient twisted in an attempt to hit the chair. The patient had the upper part of his body on the chair and the bottom part of his body on the floor. The Director of Nursing, Employee B, was made aware the patient was "down" and she helped the HHA get the patient up into the chair.</p> <p>2. A policy titled "Fall Prevention Program", effective 1/16/14, C-146, states, "Definition: A fall is an unanticipated change in body position in a downward motion that may or may not result in injury."</p> <p>3. On 4/10/14 at 1:30 PM, the Director of Nursing, Employee B, indicated she and the HHA had discussed the difficulties of the home visit and what should have been done differently. 484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse reevaluated the patient's needs by completing comprehensive recertification assessment during the last 5 days of the certification period (days 56-60) in 1 of 5 clinical records reviewed of patients</p>	G000172	<p>appears warranted, the aide will be asked to complete a self-study inservice and individual coaching will be given. Additionally, at least one in-service per year regarding transfer techniques will be provided to home health aides. The Director of Nursing will be responsible for monitoring this corrective action plan and for insuring this deficiency is both corrected and does not recur.</p> <p>G-0172 Upon hire, every RN Case Manager will be educated on the requirement that the registered nurse will regularly reevaluate the patient's nursing needs and that the Comprehensive Assessment will be updated and revised as often</p>	04/25/2014			

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G000339	<p>receiving services over 60 days with the potential to affect all of the agency's patients who receive services longer than 60 days. (# 3)</p> <p>Findings:</p> <p>1. Clinical record 3, start of care 1/30/14, evidenced plans of care for 1/30/14 through 3/30/14 and 3/31/14 through 5/29/14 with orders for skilled nurse and home health aide services. The recertification assessment was completed 3/25/14, the 54th day of the certification period.</p> <p>2. A policy titled "Client Reassessment/Update of Comprehensive Assessment", effective 1/16/14, C-155, states, "The Comprehensive Assessment will be updated and revised as often as the client's condition warrants due to major decline or improvement in health status. ... 1. Every second calendar month beginning with start of care \within last five (5) day of the episode, including day sixty (60)\."</p> <p>3. On March 10, 2014, at 1:40 PM, the Director of Nursing, Employee B indicated the assessment was done a day early. 484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode.</p>	G000339	<p>as the client's condition warrants due to major decline or improvement in health status and at least every second calendar month beginning with the start of care (within last five (5) days of the episode, including day sixty (60)). A recertification tracking system and calendar have been developed and will be reviewed weekly for recertifications due. The tracking log and calendar have been put into a binder and ready for use. Completed April 25, 2014. RN case managers will receive a monthly list of patients whose recertifications are due that month. This list will include the dates for the 5 day window. The Director of Nursing will be responsible for monitoring this corrective action plan as well as for insuring this deficiency is corrected and does not recur.</p>	

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N000000	<p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse completed a comprehensive recertification assessment during the last 5 days of the certification period (days 56-60) in 1 of 5 clinical records reviewed of patients receiving services over 60 days with the potential to affect all of the agency's patients who receive services longer than 60 days. (# 3)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Clinical record 3, start of care 1/30/14, evidenced plans of care for 1/30/14 through 3/30/14 and 3/31/14 through 5/29/14 with orders for skilled nurse and home health aide services. The recertification assessment was completed 3/25/14, the 54th day of the certification period.</li> <li>A policy titled "Client Reassessment/Update of Comprehensive Assessment", effective 1/16/14, C-155, states, "The Comprehensive Assessment will be updated and revised as often as the client's condition warrants due to major decline or improvement in health status. ... 1. Every second calendar month beginning with start of care \within last five (5) day of the episode, including day sixty (60)\."</li> <li>On March 10, 2014, at 1:40 PM, the Director of Nursing, Employee B indicated the assessment was done a day early.</li> </ol> <p>This visit was a home health initial state</p>	N000000	Case Manager will be educated on the requirement that the registered nurse will regularly reevaluate the patient's nursing needs and that the Comprehensive Assessment will be updated and revised as often as the client's condition warrants due to major decline or improvement in health status and at least every second calendar month beginning with the start of care (within last five (5) days of the episode, including day sixty (60)). A recertification tracking system and calendar have been developed and will be reviewed weekly for recertifications due. The tracking log and calendar have been put into a binder and ready for use. Completed April 25, 2014. RN case managers will receive a monthly list of patients whose recertifications are due that month. This list will include the dates for the 5 day window. The Director of Nursing will be responsible for monitoring this corrective action plan as well as for insuring this deficiency is corrected and does not recur.				

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N000541	<p>licensure survey.</p> <p>Survey dates: March 8, 9, and 10, 2014</p> <p>Facility #: 13425</p> <p>Medicaid vendor: N/A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 14, 2014 410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse reevaluated the patient's needs by completing comprehensive recertification assessment during the last 5 days of the certification period (days 56-60) in 1 of 5 clinical records reviewed of patients receiving services over 60 days with the potential to affect all of the agency's patients who receive services longer than 60 days. (# 3)</p> <p>Findings:</p> <p>1. Clinical record 3, start of care 1/30/14, evidenced plans of care for 1/30/14 through 3/30/14 and 3/31/14 through 5/29/14 with</p>	N000541	G-0541 Upon hire, every RN Case Manager will be educated on the requirement that the registered nurse will regularly reevaluate the patient's nursing needs and that the Comprehensive Assessment will be updated and revised as often as the client's condition warrants due to major decline or improvement in health status and at least every second calendar month beginning with the start of care (within last five (5) days of the episode, including day sixty (60). A recertification tracking system and calendar have been developed and will be reviewed weekly for recertifications due. The tracking log and calendar	04/25/2014

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	<p>orders for skilled nurse and home health aide services. The recertification assessment was completed 3/25/14, the 54th day of the certification period.</p> <p>2. A policy titled "Client Reassessment/Update of Comprehensive Assessment", effective 1/16/14, C-155, states, "The Comprehensive Assessment will be updated and revised as often as the client's condition warrants due to major decline or improvement in health status. ... 1. Every second calendar month beginning with start of care \within last five (5) day of the episode, including day sixty (60)\."</p> <p>3. On March 10, 2014, at 1:40 PM, the Director of Nursing, Employee B indicated the assessment was done a day early.</p>		<p>have been put into a binder and ready for use. Completed April 25, 2014. RN case managers will receive a monthly list of patients whose recertifications are due that month. This list will include the dates for the 5 day window. The Director of Nursing will be responsible for monitoring this corrective action plan as well as for insuring this deficiency is corrected and does not recur.</p>	