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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K107 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/09/2020 |
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| NAME OF PROVIDER OR SUPPLIER BRIGHTSTAR HEALTHCARE | STREET ADDRESS, CITY, STATE, ZIP COD 9102 N MERIDIAN STREET STE 100 INDIANAPOLIS, IN 46260 |
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| G 0000 Bldg. 00 | <p>This visit was for a Post Condition Revisit for a Federal re-certification and a follow-up to a State Licensure survey in conjunction with a complaint that was completed on 8/7/19.</p> <p>Survey dates: 1/8/20 and 1/9/20</p> <p>Facility number: IN011449 Medicaid number: 201171470 Provider number: 15K107</p> <p>Current census: 34 Records reviewed: 6</p> <p>During this survey, 3 condition level and 27 standard deficiencies were found corrected, 2 deficiencies were recited, and 1 new deficiency cited.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State findings.</p> <p>Brightstar Healthcare continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning 8/7/2019 to 8/6/2021, for being found out of compliance with Conditions of Participation 42 CFR 484.20 Reporting OASIS Information, §484.65 Quality assessment and performance improvement, and §484.70 Infection prevention and control.</p> <p>Quality Review Completed on 1/30/20 (by: Area 3)</p> | G 0000 | | |
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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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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| G 0536 Bldg. 00 | <p>484.55(c)(5) A review of all current medications 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 record review and interview, the agency failed to ensure there were no discrepancies between patients' medication profile and the medications listed on the plan of care for 2 of 6 patient records reviewed. (#1, #10)</p> <p>Findings include:</p> <p>1. Record review for patient #1 included a plan of care for the certification period of 11/5/19 to 1/4/20. The medication list stated, "... Miralax 17 gm [grams] in 8 oz water via g-tube [gastric stomach tube] daily on Monday/ Wednesday/ Friday". The 60-day summary stated, ".... continues on Miralax 3 times/ week to assist with constipation "</p> <p>The medication profile, reviewed by a Registered nurse on 11/5/19 and 1/2/20, stated, " ... Miralax, 17 gms with 8 oz water per g-tube daily as needed for constipation "</p> <p>The Medication Administration Record for the month of December 2019 indicated the following for Miralax frequencies:</p> <p>Week 1 - Monday, Wednesday, Friday Week 2 - Monday, Tuesday, Wednesday, Friday Week 3 - Wednesday, Friday Week 4 - Monday, Friday</p> | G 0536 | <p>G0536 – Discrepancies between patient's medication profile and medications listed on the plan of care The DON and Administrator will audit 100% of the skilled client records for medication completeness by 2/11/20. The Administrator will also in-service the case managers involved with any noted medication discrepancies by 2/12/20 on the need to review the medication profile and plan of care to ensure client records are consistent and follow physician's orders. A chart audit will also be completed on all skilled charts at the next ROC/Re-Certification in 2020 to ensure medications in profile and plan of care stay consistent and lack discrepancies. 10% of all home health client records will be audited quarterly thereafter to ensure compliance of this standard. The DON and Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> | 02/11/2020 | |

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| G 0572 Bldg. 00 | <p>During an interview on 1/9/20 at 11:00 AM, the administrator was informed of the medication discrepancy and stated, "That patient has always been Monday, Wednesday, Friday". The DON (director of nursing) stated that both were correct. Requested the physician's order for PRN frequency. At 11:54 AM, the administrator stated, "We were unable to find the PRN order for the Miralax "</p> <p>2. Record review for patient #10 included a plan of care for the certification period of 12/6/19 to 2/3/20. The medication list stated, ".... Ibuprofen, 7.5 ml [milliliters]/150 mg [milligrams] via g-tube every 4-6 hours as needed for pain"</p> <p>Review of the medication profile, updated on 12/7/19, stated, ".... Ibuprofen, 7.5 ml (100 mg/5 ml) via g-tube PRN [as needed] pain/fever". There was no evidence of frequency.</p> <p>During an interview on 1/9/19, the administrator was informed of the discrepancy and stated, "This is still a problem for us".</p> <p>410 -IAC 17-15-1(a)(3)</p> <p>484.60(a)(1) Plan of care Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician refers a patient under a plan of</p> | | <pre> ="" span=""> ="" p=""> br=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> br=""> ="" p=""> ="" p=""> ="" p=""> </pre> | |

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| | <p>care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modifications to the original plan.</p> <p>Based on record review and interview, the skilled nurse failed to give the patient's prescribed medication, Miralax, for the frequency ordered on the plan of care in 1 of 4 active patients reviewed. (#1)</p> <p>Findings include:</p> <p>An [agency] Nursing Leadership Meeting, dated 9/9/19, stated, ".... each patient must have individualized POC [plan of care] - leave copy in home. Must include patient specific ... based on diagnosis, physician orders,"</p> <p>Attachments of the following in-services were sent to skilled nurses on 9/27/19: "Skilled nursing services, Medication orders and administration, Guidelines for charting, and [agency] policies". Documents were provided that skilled nurses signed completion forms.</p> <p>Record review for patient #1 included a plan of care for the certification period of 11/5/19 to 1/4/20. The medication list indicated, Miralax 17 gm [grams] in 8 oz water via g-tube [gastric stomach tube] daily on Monday/Wednesday/Friday.</p> <p>The Medication Administration Record for the month of December 2019 indicated the following for Miralax frequencies:</p> <p>Week 1 - Monday, Wednesday, Friday Week 2 - Monday, Tuesday, Wednesday, Friday Week 3 - Wednesday, Friday</p> | G 0572 | <p>G0572 – Skilled nurse failed to give prescribed medication for frequency ordered on POC The DON will repeat the in-service previously completed with all nursing staff in September of 2019 by 2/11/20 for all nursing staff on the need to follow medication administration records/plan of cares as signed by the physician. The DON and Administrator will audit 100% of the skilled client records with Medication Administration by 2/11/20 and compare POC/MAR to nursing notes to ensure compliance of this standard. If any discrepancy is found, DON will complete Supervisory Visit with nurse at next visit to ensure understanding of POC/MAR. 10% of all home health client records will be audited quarterly thereafter to ensure compliance of this standard. The DON will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>="" p=""> ="" p=""> ="" p=""></p> | 02/11/2020 |

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| G 0590 Bldg. 00 | <p>Week 4 - Monday, Friday</p> <p>During an interview on 1/9/20 at 11:00 AM, the administrator was informed of the medication discrepancy and stated, "that patient has always been Monday, Wednesday, Friday "</p> <p>410 -IAC 17-13-1(a)</p> <p>484.60(c)(1) Promptly alert relevant physician of changes The HHA must promptly alert the relevant physician(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.</p> <p>Based on record review and interview, the agency failed to provide physician notification for refusal of treatment for 1 of 1 active record reviewed of pediatric patients receiving skilled nursing care and services. (#4)</p> <p>Findings include:</p> <p>Skilled Nursing Visit Notes were reviewed for patient #4. Visits dated 12/11, 12/12, 12/16, 12/18, 12/22, 12/23, and 12/24/19 evidenced that the skilled nurse (SN) documented the patient refused vital signs. Page 2 of the Skilled Nursing Visit Notes, section titled "Physician Notification", was blank on each of the dates noted above. Additionally, there was no written documentation in the narrative indicating any education on the risks/ potential adverse outcomes as well as no narrative documentation of communicating the refusals with the physician.</p> <p>During an interview on 12/8/19 at 2:35 PM,</p> | G 0590 | <p>G0590 – Failed to provide physician notification for refusal of treatment The DON will repeat the in-service previously completed with all nursing staff in September 2019 regarding the policy for physician notification for refusal of treatment ordered and documentation of education on risks/potential adverse outcomes due to refusal of treatment by 2/11/20. The DON and Administrator will audit 100% of the skilled client records by 2/11/20 to ensure compliance of this policy. If any discrepancy is found, DON will complete Supervisory Visit with nurse at next visit to ensure understanding of policy of physician notification and client/family education. 10% of all home health client records will be audited quarterly thereafter</p> | 02/11/2020 |

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

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OMB NO. 0938-039

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| | employee F delivered all in-services completed, including the in-service regarding communicating refusals with the physician, initiated and completed by all nursing staff on 9/23/19. 410 -IAC 17-13-1(a)(2) | | to ensure compliance of this standard. The DON will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. ="" p=""> ="" p=""> ="" span=""> ="" p=""> | | |