

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 07/16/2012
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NAME OF PROVIDER OR SUPPLIER BELL OAKS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630
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R0000	<p>This visit was for the Investigation of Complaint IN00110082.</p> <p>Complaint IN00110082 - Substantiated. State residential findings related to the allegations are cited at R035 and R086.</p> <p>Survey date: July 16, 2012</p> <p>Facility number: 004903 Provider number: 004903 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN TC Vickie Ellis RN</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Census payor type: Other: 35 Total: 35</p> <p>Sample: 5</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 7/19/12 by Suzanne</p>	R0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	

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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	Williams, RN			

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R0035	<p>410 IAC 16.2-5-1.2(j)(1-7) Residents' Rights - Deficiency (j) Residents have the right to the following: (1) Participate in the development of his or her service plan and in any updates of that service plan. (2) Choose the attending physician and other providers of services, including arranging for on-site health care services unless contrary to facility policy. Any limitation on the resident 's right to choose the attending physician or service provider, or both, shall be clearly stated in the admission agreement. Other providers of services, within the content of this subsection, may include home health care agencies, hospice care services, or hired individuals. (3) Have a pet of his or her choice, so long as the pet does not pose a health or safety risk to residents, staff, or visitors or a risk to property unless prohibited by facility policy. Any limitation on the resident 's right to have a pet of his or her choice shall be clearly stated in the admission agreement. (4) Refuse any treatment or service, including medication. (5) Be informed of the medical consequences of a refusal under subdivision (4) and have such data recorded in his or her clinical record if treatment or medication is administered by the facility. (6) Be afforded confidentiality of treatment. (7) Participate or refuse to participate in experimental research. There must be written acknowledgement of informed consent prior to participation in research activities.</p> <p>Based on interview and record review, the facility failed to ensure residents were not billed by a Nurse Practitioner the residents did not choose for services, for 3 of 3 residents reviewed for physician</p>	R0035	<p>POC with requested Addendum Citation #1 R 035 410 IAC 16.2-5-1.2(j) (1-7)</p>	08/20/2012			

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	<p>services in a sample of 5. Residents A, C, and D.</p> <p>Findings include:</p> <p>On 7/16/12 at 10:10 A.M. in an interview with the Administrator, the Administrator indicated she had an idea what the complaint was about. The Administrator indicated a previous Nurse Consultant hired by the facility was also a Nurse Practitioner. The Nurse Consultant had billed Residents A, C, and D for individual medical treatment provided by her practicing as a Nurse Practitioner.</p> <p>On 7/16/12 at 10:15 A.M. an interview was done with the complainant. The complainant indicated Resident A had been billed four times for services provided by a Nurse Practitioner, who, she the POA [Power of Attorney] and daughter of Resident A, did not approve. The complainant indicated the billing came through the supplemental insurance and this was when she noted the billing. The complainant indicated she had tried to call the Nurse Practitioner, but the Nurse Practitioner would not return her calls regarding the billing.</p> <p>On 7/16/12 at 1:20 P.M. in an interview with the Administrator, the Administrator indicated she could not find a written</p>		<p>Resident Rights-Deficiency</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</p> <p>The Nurse consultant was working as a state mandated nurse consultant that was approved through the collaboration with Assisted Living Concepts and the Indiana State Department of Health. The Nurse Consultant therefore would have accessibility to resident records in order to provide consultation service. It is our understanding and frame of reference that the Nurse Consultant was in place to fulfill a state mandated function to assist our community in attaining compliance. Services provided beyond the role of consultation (resulting in alleged billing fraud) is undetermined by the community due to an inability to access records by the Nurse Consultant as to any provisions of services beyond the contemplated consultation services. The Nurse Consultant continues to assert that the residents that are alleging she engaged in fraudulent billing to were her residents independent of her role as Nurse Consultant with Assisted Living Concepts.</p>				

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	<p>formal agreement between the facility and the Nurse Consultant/Nurse Practitioner; the agreement was between the former corporate CEO and the Nurse Consultant/Nurse Practitioner. The Administrator indicated the facility was not happy with the Nurse Consultant and she was relieved of her duties.</p> <p>At the same time, the Administrator did provide documents titled explanation of benefits, which were addressed to Resident A from the supplemental insurance company. These documents contained dates processed and descriptions as follows:</p> <p>05/05/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount \$20.88.</p> <p>05/19/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount \$20.88.</p> <p>05/20/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount \$20.88.</p> <p>05/26/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount</p>		<p>Residents identified in survey were provided with the contact information for the Nurse Practitioner and local state agencies to assist residents and/or responsible parties with a resolution. Bell Oaks Terrace maintains that the Nurse Practitioner was not an employee of Assisted Living Concepts and cannot provide reasoning as to why residents/responsible parties were being billed incorrectly. The Nurse Practitioner's consultation services were terminated after arrangements were made for alternate nurse consultation services.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents and/or their responsible parties were interviewed by the Residence Director and/or Designee as to any grievances or billing issues they might have. Residents and families were educated as to our grievance policy and procedures and local agency contact information if they were concerned as to fraudulent billing practices. This information included the contact information for the Indiana State Department</p>				

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	<p>\$20.88.</p> <p>In an interview on 7/16/12 at 1:30 P.M., Resident D indicated he goes out of the facility to see his doctor and did not recall seeing a Nurse Practitioner regarding anything medical in the facility.</p> <p>A document provided by the Administrator on 7/16/12 at 11:50 A.M. and titled Medicare Summary Notice and addressed to Resident D, indicated Resident D had been seen on 05/04/12 by the Nurse Practitioner. The charge was for \$145.00. The description of the charge was "... home visit established patient." The document indicated it was Medicare approved, a Medicare paid provider would pay \$116.00, and Resident D may be billed \$29.00.</p> <p>A document provided by the Administrator on 7/16/12 at 11:50 A.M. and titled Medicare Summary Notice and addressed to Resident C, indicated Resident C had been seen on 05/05/12 by the Nurse Practitioner. The charge was for \$145.00 and the description was "... home visit establish patient." The document indicated \$104.00 was approved by Medicare, \$78.45 Medicare paid provider, and the resident may be billed for \$25.93.</p>		<p>of Health, Medicare's office, the Ombudsman, and Adult Protective Services. In the future, residents and their responsible parties whom bring billing concerns forward as to unwanted services for which they were billed from the Nurse Practitioner will be provided the Nurse Practitioner's contact information as well as the state agency's information to better assist them with their concerns.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>The house leadership team were re-educated as to resident rights with specific attention to the education provided to residents and/or their responsible party during the admission process related to billing practices and third party providers that are independent from our organization. The Resident Director and/or Designee will be responsible to ensure continued compliance with the following policies and procedures as noted within the Indiana State regulation R 035 410 and Indiana Administrative Code 16.2-5-1.2(j) (1-7) to ensure that residents have the continued right to</p>				

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	This state finding relates to Complaint IN00110082.		<p>choose their attending physician and other providers of service.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Residence Director and/ or Designee will conduct random monthly resident interviews, monitor of Resident Council meetings, and grievances brought forth to ensure continued compliance with Indiana State Regulation R 035 410 IAC 16.2-5-1.2(j)(1-7) Resident Rights for six months. Findings will be reviewed through our Bell Oaks Terrace QA process after six months in order to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p>				

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R0086	<p>410 IAC 16.2-5-1.3(a)(1-2) Administration and Management - Deficiency The licensee: (1) is responsible for compliance with all applicable laws; and (2) has full authority and responsibility for the: (A) organization; (B) management; (C) operation; and (D) control; of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.</p> <p>Based on record review and interview, the facility failed to ensure a signed contract was in place regarding a Nurse Consultant and Nurse Practitioner, resulting in the Nurse Consultant practicing as a Nurse Practitioner without consent, for 3 of 3 residents reviewed for billing in a sample of 5. Residents A, C, and D.</p> <p>Findings include:</p> <p>On 7/16/12 at 10:10 A.M. in an interview with the Administrator, the Administrator indicated she had an idea what the complaint was about. The Administrator indicated a previous Nurse Consultant hired by the facility was also a Nurse Practitioner. The Nurse Consultant had billed Residents A, C, and D for individual medical treatment provided by her practicing as a Nurse Practitioner.</p> <p>On 7/16/12 at 10:15 A.M. an interview</p>	R0086	<p>POC with Addendum request Citation #2</p> <p>R 086</p> <p>410 IAC 16.2-5-1.3(a)(1-2)</p> <p>Administration and Management- Deficiency</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</p> <p>The Nurse consultant was working as a state mandated nurse consultant that was approved through the collaboration with Assisted Living Concepts and the Indiana State Department of Health. The Nurse Consultant therefore would have accessibility to resident records in order to provide consultation service. It is to our understanding and frame of reference that the</p>	08/20/2012			

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	<p>was done with the complainant. The complainant indicated Resident A had been billed four times for services provided by a Nurse Practitioner, who, she the POA [Power of Attorney] and daughter of Resident A, did not approve. The complainant indicated the billing came through the supplemental insurance and that is when she noted the billing. The complainant indicated she had tried to call the Nurse Practitioner, but the Nurse Practitioner would not return her calls regarding the billing.</p> <p>On 7/16/12 at 1:20 P.M. in an interview with the Administrator, the Administrator indicated she could not find a written formal agreement between the facility and the Nurse Consultant/Nurse Practitioner; the agreement was between the former corporate CEO and the Nurse Consultant/Nurse Practitioner. The Administrator indicated the facility was not happy with the Nurse Consultant and she was relieved of her duties.</p> <p>At this same time the Administrator provided documents which consisted of 3 invoices of services provided by the Nurse Consultant/Nurse Practitioner to the facility for in-house consultations regarding the facility.</p> <p>The invoices were as follows: May 4 and 5, 2012- \$2610.00</p>		<p>Nurse Consultant was in place to fulfill a state mandated function to assist our community in attaining compliance. Services provided beyond the role of consultation (resulting in alleged billing fraud) is undetermined by the community due to an inability to access records by the Nurse Consultant as to any provisions of services beyond consultation services. The Nurse Consultant continues to assert that the residents that are alleging she engaged in fraudulent billing were her residents independent of her role as Nurse Consultant with Assisted Living Concepts. Residents identified in survey were provided with the state agency contact information as well as the Nurse Practitioner's contact information as to the Indiana State Department of Health, Medicare office, Ombudsman, and Adult Protective Services, as well as the Nurse Practitioner's contact information to assist residents and families with a resolution. The Nurse Practitioner's consultation services were terminated after arrangements were made for an alternate Nurse Consultant to provide services at Bell Oaks Terrace. Future contracts are to be obtained and maintained within the community with a more explicit detailing of the understanding as to services rendered and how they are to be billed, if at all. Bell Oaks Terrace</p>	

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	<p>May 19 and 20, 2012-\$4350.00 May 26, 2012-\$5075.50</p> <p>The Administrator also provided documents regarding Resident A, C, and D, at this time which consisted of individual invoices for each Resident. They were as follows:</p> <p>Explanation of benefits, which was addressed to Resident A from the supplemental insurance company included the following: 05/05/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount \$20.88. 05/19/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount \$20.88. 05/20/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount \$20.88. 05/26/12, Nature of service was medical and amount charged was \$145.00, less charges not covered, remaining amount \$20.88.</p> <p>A Medicare Summary Notice addressed to Resident C indicated Resident C had been seen on 05/05/12 by the Nurse Practitioner. The charge was for \$145.00</p>		<p>maintains the stance as to no knowledge of services rendered above the provisions of consultation at our community and therefore do not feel sufficient evidence has been obtained requiring contact with Medicare Fraud or the Nurse Practitioner's licensing board at this time.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents and/or the responsible parties were interviewed by the Residence Director and/or Designee as to any grievances or billing issues they may have. Residents and families were educated as to our grievance policy and procedures and local agency contact information if concerned as to fraudulent billing practices. This information included contact information for the Indiana State Department of Health, Medicare office, Ombudsman, and Adult protective Services</p>				

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	<p>and the description was "...home visit establish patient." The document indicated \$104.00 was approved by Medicare, \$78.45 Medicare paid provider, and the resident may be billed for \$25.93.</p> <p>A Medicare Summary Notice addressed to Resident D indicated Resident D had been seen on 05/04/12 by the Nurse Practitioner. The charge was for \$145.00. The description of the charge was "... home visit established patient." The document indicated it was Medicare approved, a Medicare paid provider would pay \$116.00, and Resident D may be billed \$29.00.</p> <p>The Administrator indicated she had only been with the facility for a short time and was unaware of the Corporate Nurse Consultant and the agreement with her.</p> <p>This state finding relates to Complaint IN00110082.</p>		<p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>The Residence Director and Wellness Director were re-educated to the the Indiana State regulation R 086 410 IAC 16.2-5-1.3(a) (1.2). The Resident Director and/or Designee will be responsible to ensure continued compliance with the above citation.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Residence Director and/ or Designee will monitor outside contractual agreements for consulting and other services to ensure compliance with the above referenced citation for a period of six months. Findings will be reviewed through our Bell Oaks Terrace QA process after six months in order to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p>				

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