

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K107		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/15/2025	
NAME OF PROVIDER OR SUPPLIER BRIGHTSTAR HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 9102 N MERIDIAN STREET STE 100 , INDIANAPOLIS, Indiana, 46260			
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G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Condition Revisit of a Federal and State Complaint survey of a Home Health Provider on 06/03/2025.</p> <p>Survey Dates: 07/14/2025 and 07/15/2025</p> <p>Unduplicated Skilled Admissions for the last 12 Months: 23</p> <p>During the Post Condition revisit survey, the Conditions of Participation at 42 CFR 484.50 Patient Rights and 484.60 Care Planning, Coordination, Quality of Care, and 484.65 Quality Assessment and Performance Improvement were determined to be back in compliance. All three previously cited conditions were lifted, nine citations were corrected, and two citations were re-cited.</p> <p>BrightStar Healthcare is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning 06/03/2025 through 06/02/2027 for being found out of compliance with the Conditions of Participation 42 CFR 484.50 Patient Rights, 484.60 Care Planning, coordination, quality of care, and 484.65 Quality assessment and performance improvement (QAPI).</p>		G0000				
G0436	<p>Receive all services in plan of care</p> <p>CFR(s): 484.50(c)(5)</p> <p>Receive all services outlined in the plan of care.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to provide services as ordered in the Plan of Care for 2 of 2 Priority Level 1, bedbound patients' clinical records reviewed. (Patients #2 and 4))</p>		G0436			06/27/2025	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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G0436	<p>Continued from page 1 Findings include:</p> <p>1. A review of an agency document titled 'Rights and Responsibilities Policy No. 1-001' stated, "... 8. The establishment and revision of the plan of care, including the disciplines ... and the frequency of visits as well as any changes in the care to be furnished ..."</p> <p>A review of an agency document titled 'Missed Visits Policy No. 2-022' stated, "... 2. If a skilled nursing visit is missed and not rescheduled the skilled clinician will: A. Notify the clinical supervisor of the missed visit and reason for the missed visit ... notify the licensed prescriber. An incident report will be created and will be submitted in the form of a fax to the licensed prescriber ... C. Missed visits will be tracked daily within the agency ..."</p> <p>2. A review of the clinical record for Patient #4, a Level 1 priority patient, evidenced a Plan of Care with a start of care date of 01/28/2013 for the re-certification period of 07/05/2025 through 09/02/2025 signed and dated on 07/05/2025 by RN 1, indicated Patient #4 was to receive AM Skilled Nursing visits for a daily bowel program and PM Skilled Nursing Visits for Suprapubic catheter (a tube inserted through the abdomen, just above the pubic bone, and into the bladder to drain urine) site care.</p> <p>Further review of the clinical record for Patient #4 evidenced a PM visit was not conducted on 07/07/2025.</p> <p>3. On 07/14/2025 at 1:45 PM, RN 1 indicated they were not aware of skilled nursing missed visits.</p> <p>On 07/14.2025 at 2:33 PM, the Clinical Director indicated they did not know why the visit was missed and would need to investigate.</p> <p>4. A review of the active clinical record for Patient #2, a Level 1 priority patient, contained a plan of care with a start of care date of 04/30/2024, for the recertification period of 06/08/2025 to 08/06/2025, which had been updated on 06/27/2025 and signed by RN 1. The Plan of Care indicated the patient received skilled nursing visits 3-4 times per week to perform a bowel program, catheter management, wound care, and medication management. The record failed to evidence a</p>		G0436				

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G0436	Continued from page 2 skilled nursing visit had been conducted on 07/04/2025, and failed to evidence documentation related to same. 5. On 07/14/2025 at 1:50 PM, in an interview with RN 1, when queried as to a visit not occurring on 07/04/2025, RN 1 indicated was aware the 07/04/2025 had not occurred but had been conducted the following day 07/05/2025, by RN 6. 6. On 07/14/2025 at 2:34 PM, in an interview, the Clinical Director indicated was not aware of the missed visits for Patient #2 and #4 until today. 7. On 07/15/2025 at 10:01 AM, attempted to reach RN 6 by phone, unable to leave message as voicemail was full. Sent text with request to reply. 8. On 07/15/2025 at 10:06 AM, in an interview, the Clinical Director indicated RN 6 had been scheduled to see Patient #2 on 07/04/2025 and the patient and the nurse had 'worked it out' between themselves to move the visit to 07/05/2025, and the nurse had failed to document same. 9. On 07/15/2025 at 10:21 AM, the Clinical Director informed RN 6 was currently on vacation.		G0436				
G0574	Plan of care must include the following CFR(s): 484.60(a)(2)(i-xvi) The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations;		G0574			06/27/2025	

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G0574	<p>Continued from page 3</p> <p>(viii) Activities permitted;</p> <p>(ix) Nutritional requirements;</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview the agency failed to ensure the plan of care included all medications in use, supplies used, safety measures, goals for patient education, specific treatments, and complete frequency for home health aide services, in 2 of 3 active records reviewed. (Patient #2 and #8)</p> <p>Findings include:</p> <p>1. A review of an agency policy titled 'Care Planning Process' stated, "... the plan of care will include, but not be limited to: ... A. Patient specific interventions and education ... D. Specific services and treatments to be provided ... F. Type, frequency, and duration ... G. Equipment and supplies ... K. All medications and treatments, L. Safety measures to protect against injury ..."</p> <p>2. A review of the active clinical record for Patient #2 contained a plan of care with a start of care date of 04/30/2024, for the recertification period of 06/08/2025 to 08/06/2025, which had been updated on 06/27/2025 and signed by RN 1. The Plan of Care</p>			G0574			

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G0574	Continued from page 4 indicated the patient had diagnoses which included but were not limited to: quadriplegia (paralysis that affects all a person's limbs and body from the neck down). The medication list included but was not limited to: "... Fleet Bisacodyl Enema (liquid inserted directly into the rectum to help pass stool) 1/weekly as needed/Rectal ..." and "... ENEMEEZ Regular 238 mg Rectal Enema Suspension: 1/Monday, Wednesday, Friday and either Saturday or Sunday/Rectal ..." The plan indicated home health aide services were ordered "... up to 8 hours 5 to 7 times per week for 9 weeks ..." The plan included orders for skilled nursing visits 3-4 times per week to perform a bowel program, catheter management, wound care, and medication management. The plan of care stated, "... Skilled Nursing, Monday Wednesday, Friday and either Saturday or Sunday, SN to perform bowel program ..." and failed to specify the treatment/care ordered. The plan of care stated, "... Skilled Nursing to monitor for autonomic dysreflexia symptoms ... Nitro paste (autonomic dysreflexia, nitroglycerin (nitro) paste is a first-line treatment for severe hypertension) prn may be used ..." The plan of care indicated wound care was ordered as follows: "... Skilled Nursing, three times per week, buttocks/sacrum/coccyx - clean area with mild soap and water, pat dry, apply skin prep barrier wipes to periarea (the region of the body between the anus and the external genitalia) for skin protection, apply remedy zinc oxide barrier cream to red areas on buttocks, intergluteal cleft (a deep, vertical groove located between the buttocks), sacrum coccyx for skin protection, cover and protect with large sacral mepilex (a brand of wound dressings) border, one on each buttock ... Skilled Nursing three times per week, groin (area between the abdomen and the thigh on either side of the body) - wash with mild soap and water, pat dry, apply a small amount of miconazole (an antifungal medication used to treat various fungal or yeast infections of the skin) 2% topical powder between groins ... Skilled Nursing Monday, Wednesday, Friday and as needed for soiling left lateral knee - cleanse with normal saline or wound cleanser, pat dry, place prisma (a specialized wound dressing) moistened with normal saline, on the wound, cover with silver alginate (a specialized wound dressing) then 2x2 gauze, place a fitted piece of Duoderm (a specialized wound dressing) over the wound ... Skilled Nursing Monday, Wednesday, Friday and as needed for left hallux (great toe) - cleanse with normal saline or wound cleanser, paint with Betadine (povidone-iodine, an antiseptic solution used to disinfect wounds), cover with 2x2 gauze then secure with Medipore (brand name medical dressing/tape) tape ... Skilled Nursing Monday, Wednesday, Friday and as needed for soilage, left lateral foot/heel - place nickel-thick Santyl			G0574			

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G0574	<p>Continued from page 5 (prescription medicine that removes dead tissue from wounds so they can start to heal) to the wound bed, place a fluffed gauze, moistened with normal saline on the Santyl, cover with dry gauze, 1/2 an ABD pad (a highly absorbent dressing), then secure with Apex roll (One-ply bandage that easily conforms to body contours and clings to itself) ... Skilled Nursing, three times per week and as needed for soilage, right 4th toe - paint with Betadine, cover with gauze and secure with tape ..."</p> <p>The plan of care failed to evidence the patient had been allotted, and was receiving, an additional 21 hours per week of home health aide services, failed to specify treatment/care orders for the bowel program, failed to ensure medications ordered for wound care had been included in the medication list, failed to evidence specific wound care supplies had been documented under Supplies/DME in the plan of care, and failed to evidence infection prevention was included as both a safety measure and a patient education goal.</p> <p>3. On 07/14/2025 at 1:50 PM, in an interview, RN 1 indicated Patient #2's bowel program was Monday, Wednesday, Friday and then either Saturday or Sunday and the nurses were to provide the mini enema on those days and could provide the Fleets enema one time per week if it was needed, when queried as to lack of specific treatment/care orders for the regimen, indicated the enemas were listed on the medication list. RN 1 confirmed the medications noted in Patient #2's wound care orders had not been included in the patient's medication list, the Nitro paste had also not been included on the list, and indicated patient goals had failed to include education of reportable signs and symptoms of infection, in light of the patient's multiple wounds, and agreed although the patient could not visualize some of their sites, they could report fever or swelling as an indication of possible infection.</p> <p>4. On 07/08/2025 at 10:15 AM, the Clinical Director when queried, indicated would expect Patient #2's plan of care to include patient education on reportable signs and symptoms of infection, in light of the patients multiple wounds, and the plan of care's safety precautions should include infection control and the autonomic dysreflexia protocol.</p> <p>5. On 07/08/2025 at 10:49 AM, the Administrator</p>		G0574				

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G0574	<p>Continued from page 6</p> <p>verified Patient #2 received an additional 21 per hours per week of home health aide services, in increments of 3 hours per days, 7 days per week, although his had not been specified in the plan of care, the patient was receiving the additional hours.</p> <p>6. A review of the clinical record for Patient #8 evidenced a Plan of Care with a start of care date 07/02/2025 for the certification period of 07/02/2025 through 08/30/2025 signed and dated 07/08/2025 by Clinical Director, the indicated the following medication but not limited to Diclofenac Sodium 1% Topical Gel: over area/as needed/Topical.</p> <p>A review of the referral order dated 04/28/2025 from Entity 8 indicated the following medication but not limited to Diclofenac 1 % topical gel, apply 4 grams topically to right knee twice daily as needed for pain up to four times daily.</p> <p>The Plan of Care failed to identify where the Diclofenac 1% topical gel was to be applied.</p> <p>7. On 07/14/2025 at 2:PM, when the Clinical Director was queried of the Diclofenac Solution order, they indicated if the physician doesn't include the area it was to be applied, they will enter the order as it was written. When shown the referral order, the Clinical Director indicated they needed to pay close attention.</p> <p>410 IAC 17-13-1(a)(1)(D)(iii, iv, v, xiii)</p>			G0574			