STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K121	A. BUILDING _____ B. WING _____	R-C 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEWELL INC	**6967 HILLSDALE COURT INDIANAPOLIS, IN 46250**

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{G 000}	INITIAL COMMENTS This was a Federal recertification post survey revisit. Dates of Survey: June 7, 2018 Facility ID #: 013425 Medicaid #: 201222410 Current Census: 0 Due to the agency discharging all their patients with the intent to relinquish their license to operate, it could not be determined if the agency was back in compliance with G133, G144, G337, G339 and the subsequent citations under the Conditions of Participation 484.18 Acceptance of Patients, Plan of Care & Medical Supervision, 484.30 Skilled Nursing Services, 484.36 Home Health Aide, and 484.48 Clinical Records.	{G 000}		
{G 133}	ADMINISTRATOR CFR(s): 484.14(c) The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff. This STANDARD is not met as evidenced by:	{G 133}		
{G 144}	COORDINATION OF PATIENT SERVICES	{G 144}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{G 144}	Continued From page 1 CFR(s): 484.14(g) The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. This STANDARD is not met as evidenced by:	{G 144}		
{G 156}	ACCEPTANCE OF PATIENTS, POC, MED SUPER CFR(s): 484.18 This CONDITION is not met as evidenced by:	{G 156}		
{G 158}	ACCEPTANCE OF PATIENTS, POC, MED SUPER CFR(s): 484.18 Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by:	{G 158}		
{G 159}	PLAN OF CARE CFR(s): 484.18(a) The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and	{G 159}		

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{G 159}	Continued From page 2 equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. This STANDARD is not met as evidenced by:	{G 159}		
{G 160}	PLAN OF CARE CFR(s): 484.18(a) If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modification to the original plan. This STANDARD is not met as evidenced by:	{G 160}		
{G 164}	PERIODIC REVIEW OF PLAN OF CARE CFR(s): 484.18(b) Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. This STANDARD is not met as evidenced by:	{G 164}		
{G 166}	CONFORMANCE WITH PHYSICIAN ORDERS CFR(s): 484.18(c) Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section	{G 166}		

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{G 166}	Continued From page 3 484.4 of this chapter) responsible for furnishing or supervising the ordered services. This STANDARD is not met as evidenced by:	{G 166}		
{G 168}	SKILLED NURSING SERVICES CFR(s): 484.30 This CONDITION is not met as evidenced by:	{G 168}		
{G 170}	SKILLED NURSING SERVICES CFR(s): 484.30 The HHA furnishes skilled nursing services in accordance with the plan of care. This STANDARD is not met as evidenced by:	{G 170}		
{G 172}	DUTIES OF THE REGISTERED NURSE CFR(s): 484.30(a) The registered nurse regularly re-evaluates the patients nursing needs. This STANDARD is not met as evidenced by:	{G 172}		
{G 173}	DUTIES OF THE REGISTERED NURSE CFR(s): 484.30(a) The registered nurse initiates the plan of care and necessary revisions.	{G 173}		

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{G 173}	Continued From page 4 This STANDARD is not met as evidenced by:	{G 173}		
{G 174}	DUTIES OF THE REGISTERED NURSE CFR(s): 484.30(a) The registered nurse furnishes those services requiring substantial and specialized nursing skill. This STANDARD is not met as evidenced by:	{G 174}		
{G 176}	DUTIES OF THE REGISTERED NURSE CFR(s): 484.30(a) The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs. This STANDARD is not met as evidenced by:	{G 176}		
{G 180}	DUTIES OF THE LICENSED PRACTICAL NURSE CFR(s): 484.30(b) The licensed practical nurse prepares clinical and progress notes. This STANDARD is not met as evidenced by:	{G 180}		
{G 181}	DUTIES OF THE LICENSED PRACTICAL NURSE CFR(s): 484.30(b)	{G 181}		

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{G 181}	Continued From page 5 The licensed practical nurse assists the physician and registered nurse in performing specialized procedures. This STANDARD is not met as evidenced by:	{G 181}		
{G 183}	DUTIES OF THE LICENSED PRACTICAL NURSE CFR(s): 484.30(b) The licensed practical nurse assists the patient in learning appropriate self-care techniques. This STANDARD is not met as evidenced by:	{G 183}		
{G 202}	HOME HEALTH AIDE SERVICES CFR(s): 484.36 This CONDITION is not met as evidenced by:	{G 202}		
{G 207}	HHA TRAINING - CONDUCT CFR(s): 484.36(a)(2) A home health aide training program may be offered by any organization except an HHA that, within the previous two years, has been found: - Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section - To permit an individual that does not meet the definition of "home health aide" as specified in §484.4 to furnish home health aide services (with the exception of licensed health professionals and	{G 207}		

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{G 207}	Continued From page 6 volunteers) - Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State) - Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction - Has been found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA - Has had all or part of its Medicare payments suspended Further, under any Federal or State law within the 2-year period beginning on October 1, 1988: - Has had its participation in the Medicare program terminated - Has been assessed a penalty of not less than $5,000 for deficiencies in Federal or State standards for HHAs - Was subject to a suspension of Medicare payments to which it otherwise would have been entitled; - Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients - Was closed or had its residents transferred by the State. This STANDARD is not met as evidenced by:	{G 207}		

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{G 224}	Continued From page 7	{G 224}		
{G 224}	ASSIGNMENT & DUTIES OF HOME HEALTH AIDE CFR(s): 484.36(c)(1) Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section. This STANDARD is not met as evidenced by:	{G 224}		
{G 225}	ASSIGNMENT & DUTIES OF HOME HEALTH AIDE CFR(s): 484.36(c)(2) The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law. This STANDARD is not met as evidenced by:	{G 225}		
{G 229}	SUPERVISION CFR(s): 484.36(d)(2) The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.	{G 229}		

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{G 229}	Continued From page 8 This STANDARD is not met as evidenced by:	{G 229}		
{G 235}	CLINICAL RECORDS CFR(s): 484.48 This CONDITION is not met as evidenced by:	{G 235}		
{G 236}	CLINICAL RECORDS CFR(s): 484.48 A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. This STANDARD is not met as evidenced by:	{G 236}		
{G 337}	DRUG REGIMEN REVIEW CFR(s): 484.55(c) 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.	{G 337}		

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{G 337}	Continued From page 9 This STANDARD is not met as evidenced by:	{G 337}		
{G 339}	UPDATE OF THE COMPREHENSIVE ASSESSMENT CFR(s): 484.55(d)(1) 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. This STANDARD is not met as evidenced by:	{G 339}		