

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152502	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/20/2015
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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE INDIANAPOLIS EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 6635 E 21ST ST STE 400 INDIANAPOLIS, IN 46219
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V 0000  Bldg. 00	<p>This was a Federal ESRD [CORE] recertification survey. This survey included investigation of complaint number IN00170020.</p> <p>Complaint #: IN00170020: Substantiated, Federal deficiencies related to the allegations are cited at 42 CFR 494.90 (a)(1). Unrelated deficiencies are also cited.</p> <p>Survey Dates: 8-18-15, 8-19-15, and 8-20-15</p> <p>Facility #: 005149</p> <p>Provider # 152502</p> <p>Medicaid Vendor #: 100227200A</p> <p>Census: 140 incenter patients.</p> <p>Sample: 10 incenter records reviewed.</p> <p>QA; LD, R.N.</p>	V 0000		
V 0401  Bldg. 00	<p>494.60 PE-SAFE/FUNCTIONAL/COMFORTABLE ENVIRONMENT</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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	<p>The dialysis facility must be designed, constructed, equipped, and maintained to provide dialysis patients, staff, and the public a safe, functional, and comfortable treatment environment.</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure the chase cabinet wall boxes had been kept clean and free of solution in 10 (#s 1, 4, 13, 15, 17, 18, 19, 21, 22, and 24) of 24 stations observed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Observation noted, on 8-19-15 at 2:00 PM, chase cabinets with wall boxes that housed the acid, bicarbonate, and water outlets to each dialysis station around the perimeter of the treatment floor. <ul style="list-style-type: none"> <li>A. Streaks of a moderate amount of a white, dried substance was observed on the wall beneath the outlet box at station number 1.</li> <li>B. A small amount of a white, dried substance was observed on the wall beneath the 2K (potassium) 2.5 Ca (calcium) port in the wall box at station number 4.</li> <li>C. A moderate amount of a white, dried substance was observed on the wall beneath the wall outlet at station number 13.</li> </ul> </li> </ol>	V 0401	<p><b>V401</b></p> <p>The Director of Operations met with the Clinical Manager on 8/20/15 and reviewed policy number FMS-CS-IC-II-155-116A "Housekeeping" emphasizing his responsibility to ensure all staff members are educated on the policies, competency is assessed and staffs are required to follow policy and procedure as written.</p> <p>Staff will be reeducated by CM the week of 8/20/15 and 9/17/15 on the policy listed above, with an emphasis placed on the following responsibilities:</p> <ul style="list-style-type: none"> <li>·Ensuring a safe and clean treatment environment</li> <li>·All areas must be kept clean and organized, including but not limited to the treatment area, water/supply room and offices."</li> </ul> <p>The Clinical Manager or designee will ensure housekeeping audits are performed daily utilizing the QAI Infection Control audit tool for two weeks then weekly for 4 weeks, monthly for 3 months, and then as determined by the QAI calendar. Any deficiencies noted during the audits will be referred immediately to the Clinical Manager who is responsible to address the issue with each employee including corrective</p>	09/20/2015

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	<p>D. A large amount of a white, dried substance was observed to the wall beneath the wall outlet box at station number 15.</p> <p>E. A small amount of a white dried substance was observed on the wall beneath the wall outlet boxes at stations numbered 17, 18, and 19.</p> <p>F. A large amount of a white, dried substance was observed on the wall beneath the 2K 2.5 Ca port at station number 21.</p> <p>G. A moderate amount of a white crystalline substance was observed on the 3K 2.5 Ca port at station number 22.</p> <p>H. A moderate amount of a white crystalline substance was observed on the 2K 2.5 Ca and 3K 2.5 Ca ports at station number 24.</p> <p>2. Employee Z, the area biomedical director of operations indicated, on 8-19-15 at 2:00 PM, the white, dried substance appeared to be acid concentrate that had leaked from the ports.</p> <p>3. The clinic manager, employee V, stated, on 8-19-15 at 2:00 PM, "The staff are supposed to clean that every week."</p>		<p>action as appropriate</p> <p>The Clinical Manager is responsible to evaluate and present the audit findings in the monthly QAI meeting/minutes. The QAI Committee is responsible to review, analyze and trend all monitoring results to ensure resolution is both occurring and is sustained.</p>	

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V 0407 Bldg. 00	<p>4. The facility's 3-20-13 "Housekeeping" policy number FMS-CS-IC-II-155-116A states, "All areas must be kept clean and organized, including but not limited to the treatment area, water/supply room and offices . . . Facility staff are accountability for cleaning rooms/areas not assigned to the contracted cleaning staff. Such cleaning should be done regularly using a schedule developed by the facility."</p> <p>494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement). Based on clinical record and facility policy review and interview, the facility failed to ensure patients had been monitored at least every 30 minutes in accordance with facility policy in 5 (#s 3, 6, 7, 9, and 10) of 10 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 3 failed to evidence the patient had been monitored at least every 30 minutes per the facility's own policy.</p> <p>The record included a hemodialysis</p>	V 0407	<p><b>v407</b> The Director of Operations (DO) met with the Clinical Manager (CM) on 8/20/15 and reviewed FMS-CS-IC-I-110-133A "Monitoring During Patient Treatment Policy", emphasizing his responsibility to ensure all staff members are educated on the policies, competency is assessed and staffs are required to follow policy and procedure as written.</p> <p>Staff will be reeducated by the DO and CM the week of 8/20/15 and 9/17/15 on the policy listed above, with an emphasis placed</p>	09/20/2015

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	<p>treatment flow sheet dated 8-3-15 that evidenced the patient had been checked at 6:00 PM and not again until 6:57 PM, a period of 57 minutes between checks.</p> <p>2. Clinical record number 6 failed to evidence the patient had been monitored at least every 30 minutes per the facility's own policy.</p> <p>The record included a hemodialysis treatment flow sheet dated 8-11-15 that evidenced the patient had been checked at 11:30 AM and not again until 12:33 PM, a period of 1 hour and 3 minutes between checks.</p> <p>3. Clinical record number 7 failed to evidence the patient had been checked at least every 30 minutes per the facility's own policy.</p> <p>A. The record included a hemodialysis treatment flow sheet dated 7-27-15 that evidenced the patient had been checked at 6:30 PM and not again until 8:00 PM, a period of 1 1/2 hours between checks.</p> <p>B. The record included a hemodialysis treatment flow sheet dated 8-5-15 that evidenced the patient had been checked at 6:34 PM and not again until 7:32 PM, a period of 58 minutes</p>		<p>on the following responsibilities:</p> <ul style="list-style-type: none"> <li>Vital signs will be monitored at initiation of treatment of dialysis and every 30 minutes, or more frequently as necessary.</li> <li>Appropriate interventions in response to changes in vital signs, treatment parameters, or machine adjustments shall be documented in the treatment record including referral to the RN and assessment findings.</li> </ul> <p>The Clinical Manager or designee will audit 10% of treatment sheets 3 random days per week for the next 4 weeks, if substantial compliance is achieved at 4 weeks, the medical record audits will be conducted monthly per the QAI calendar.</p> <p>The Clinical Manager is responsible to evaluate and present the treatment sheet audit findings in the monthly QAI meeting/minutes. The QAI Committee is responsible to review, analyze and trend all monitoring results to ensure resolution is both occurring and is sustained.</p>	

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	<p>between checks.</p> <p>4. Clinical record number 9 failed to evidence the patient had been checked at least every 30 minutes per the facility's own policy.</p> <p>A. The record included a hemodialysis treatment flow sheet dated 7-28-15 that evidenced the patient had been checked at 12:06 PM and not again until 1:02 PM, period of 56 minutes between checks.</p> <p>C. The record included a hemodialysis treatment flow sheet dated 8-1-15 that evidenced the patient had been checked at 10:53 AM and not again until 11:42 AM, a period of 49 minutes between checks.</p> <p>5. Clinical record number 10 failed to evidence the patient had been checked at least every 30 minutes per the facility's own policy.</p> <p>A. The record included a hemodialysis treatment flow sheet dated 7-29-15 that evidenced the patient had been checked at 2:38 PM and not again until 3:34 PM, a period of 56 minutes between checks.</p> <p>B. The record included a</p>			

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	<p>hemodialysis treatment flow sheet dated 7-31-15 that evidenced the patient had been checked at 4:08 PM and not again until 5:34 PM, a period of 1 hour and 26 minutes between checks.</p> <p>C. The record included a hemodialysis treatment flow sheet dated 8-5-15 that evidenced the patient had been checked at 4:00 PM and not again until 5:02 PM, a period of 1 hour and 2 minutes between checks.</p> <p>The next documented check after the 5:02 PM check was 6:08 PM, a period of 1 hour and 6 minutes between checks.</p> <p>D. The record included a hemodialysis treatment flow sheet dated 8-12-15 that evidenced the patient had been checked at 2:36 PM and not again until 3:31 PM, a period of 55 minutes between checks.</p> <p>6. The clinic manager, employee V, indicated, on 8-20-15 at 11:30 AM, the patients are to be checked at least every 30 minutes. The manager was unable to provide any additional documentation and/or information when asked at this time regarding the above-stated findings.</p> <p>7. The facility's 8-20-14 "Patient</p>			

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V 0541 Bldg. 00	<p>Monitoring During Patient Treatment" policy number FMS-CS-IC-I-110-133A states, "Monitor the patient at the initiation of treatment and every 30 minutes, or more frequently as necessary . . . Vital signs will be monitored at the initiation of dialysis and every 30 minutes, or more frequently, as needed . . . Observe and document at the initiation of dialysis and at every safety check that all connections are secure and visible . . . Check machine settings and measurements and document at the initiation of dialysis and at every safety check."</p> <p>494.90 POC-GOALS=COMMUNITY-BASED STANDARDS The interdisciplinary team as defined at §494.80 must develop and implement a written, individualized comprehensive plan of care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include measurable and expected outcomes and estimated timetables to achieve these outcomes. The outcomes specified in the patient plan of care must be consistent with current evidence-based professionally-accepted clinical practice standards. Based on clinical record review and interview, the facility failed to ensure plans of care had been individualized and included specific parameters for</p>	V 0541	<p><b>V541</b> The Director of Operations reviewed the following policy FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary</p>	09/20/2015

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	<p>medication orders in 2 (#s 1 and 3) of 2 records with as needed blood pressure medication orders.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number 1 included physician orders dated 7-28-15 that identify Clonidine 0.1 milligrams (mg) was to be administered during the dialysis treatment as needed for high blood pressure. The orders failed to include specific parameters for blood pressure readings to be used to determine if and when the medication was to be administered.</li> <li>2. Clinical record number 3 included physician orders dated 5-11-15 that identify Clonidine 0.1 milligrams (mg) was to be administered during the dialysis treatment as needed for high blood pressure. The orders failed to include specific parameters for blood pressure readings to be used to determine if and when the medication was to be administered.</li> <li>3. The clinic manager, employee V, stated, on 8-18-15 at 4:15 PM, "The expectation is that the Clonidine would be administered if the blood pressure exceeded the range set on the machine. The systolic would be 180 and the</li> </ol>		<p>Assessment and Plan of Care Policy" with the Clinical Manager on 8/20/15 emphasizing his responsibility to ensure all staff members are educated on the policies, competency is assessed and staff understands the requirement to follow policies and procedures as written.</p> <p>A mandatory in-service is scheduled for all staff the week of 9/17/15 and the clinic manager will review &amp; re-educate the following policies:</p> <ul style="list-style-type: none"> <li>• FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy" with emphasis on Community-based standards that must include measurable and expected outcomes and estimated timetables to achieve these outcomes.</li> </ul> <p>Inservice on 9/17/15 to review and train all staff on proper administration of Clonidine, per physician order, for any blood pressure outside of parameters ordered per MD. The Clinical Manager will also meet with the interdisciplinary team to ensure any target weight issues and blood pressure issues are addressed on the POC. The Clinical Manager will review 10% of patient charts, flow sheets, and POC's each month to ensure Clonidine is given per physician order as well as all target weight and blood pressure issues are addressed on the patient's plan of</p>	

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V 0543 Bldg. 00	<p>diastolic 100."</p> <p>494.90(a)(1) POC-MANAGE VOLUME STATUS The plan of care must address, but not be limited to, the following: (1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status; Based on clinical record and facility policy review and interview, the facility failed to provide the care and services to achieve the desired estimated dry weight (EDW) in 3 (#s 1, 4, and 9) of 10 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included physician orders dated 6-30-15 that identified the EDW (the desired weight at the end of the dialysis treatment) as 76</p>	V 0543	<p>care.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly in QAI. If resolution is not evident, the QAI Committee will complete a root cause analysis and the Plan of Correction will be revised as necessary</p> <p>Governing Body oversight will ensure full compliance of the QAPI per policy.</p> <p><b>V543</b> The Director of Operations reviewed the following policy FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy" with the Clinical Manager on 8/20/15 emphasizing his responsibility to ensure all staff members are educated on the policies, competency is assessed and staff understands the requirement to follow policies and procedures as written. A mandatory in-service is scheduled for all staff the week of</p>	09/20/2015

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	<p>kilograms (kg).</p> <p>A. A hemodialysis treatment flow sheet dated 8-11-15 evidenced the patient's weight at the end of the treatment was 78.9 kg.</p> <p>B. A hemodialysis treatment flow sheet dated 8-13-15 evidenced the patient's weight at the end of the treatment was 78.2 kg.</p> <p>2. Clinical record number 4 included physician orders dated 7-27-15 that identified the EDW as 55 kg.</p> <p>A. Hemodialysis treatment flow sheets, dated 7-27-15 and 7-29-15, evidenced the patient's weight at the end of the treatment was 57.2 kg.</p> <p>B. A hemodialysis treatment flow sheet dated 7-31-15 evidenced the patient's weight at the end of the treatment was 57.1 kg.</p> <p>C. A hemodialysis treatment flow sheet dated 8-3-15 evidenced the patient's weight at the end of the treatment was 57.6 kg.</p> <p>D. A hemodialysis treatment flow sheet dated 8-5-15 evidenced the patient's weight at the end of the treatment was</p>		<p>9/17/15 and the clinic manager will review &amp; re-educate the following policies:</p> <ul style="list-style-type: none"> <li>FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy" with emphasis on Dose of Dialysis and providing necessary care and services to manage the patient's volume status.</li> </ul> <p>Special emphasis was placed on ensuring that the patient's EDW is addressed each treatment; prescribed dose of dialysis is sustained; hypertensive monitoring and interventions are delivered according to the physician's prescription and requirement to achieve adequate clearance.</p> <p>This will be monitored by the nurse using the rounding tool.</p> <p>The Clinical Manager will hold a staff meeting on 9/17/15 to review and train all staff on addressing each patient's EDW each treatment. The Clinical Manager will also meet with the interdisciplinary team to ensure any target weight issues and blood pressure issues are addressed on the POC. The Clinical Manager will review 10% of patient charts, flow sheets, and POC's each month to ensure all target weight and blood pressure issues are addressed on the patient's plan of care.</p>	

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	<p>56.6 kg.</p> <p>E. A hemodialysis treatment flow sheet dated 8-7-15 evidenced the patient's weight at the end of the treatment was 57 kg.</p> <p>F. A hemodialysis treatment flow sheet dated 8-10-15 evidenced the patient's weight at the end of the treatment was 57.5 kg.</p> <p>G. A hemodialysis treatment flow sheet dated 8-12-15 evidenced the patient's weight at the end of the treatment was 59.9 kg.</p> <p>H. A hemodialysis treatment flow sheet dated 8-14-15 evidenced the patient's weight at the end of the treatment was 58.4 kg.</p> <p>I. A hemodialysis treatment flow sheet dated 8-17-15 evidenced the patient's weight at the end of the treatment was 58.3 kg.</p> <p>3. Clinical record number 9 included physician orders dated 6-30-15 that identified the EDW as 123 kg.</p> <p>A. A hemodialysis treatment flow sheet dated 7-25-15 evidenced the patient's weight at the end of the</p>		<p>The Clinical Manager is responsible to report a summary of findings monthly in QAI. If resolution is not evident, the QAI Committee will complete a root cause analysis and the Plan of Correction will be revised as necessary.</p>	

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V 0544 Bldg. 00	<p>treatment was 125.1 kg.</p> <p>B. A hemodialysis treatment flow sheet dated 8-4-15 evidenced the patient's weight at the end of the treatment was 126.1 kg.</p> <p>4. The clinic manager, employee V, was unable to provide any additional documentation and/or information when asked about the above- stated findings on 8-20-15 at 10:05 AM.</p> <p>5. The facility's 7-4-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "The patient's individualized comprehensive Plan of Care must include, but is not limited to the following: . . . Dose of Dialysis . . . Provide necessary care and services to manage the patient's volume status."</p> <p>494.90(a)(1) POC-ACHIEVE ADEQUATE CLEARANCE Achieve and sustain the prescribed dose of dialysis to meet a hemodialysis Kt/V of at least 1.2 and a peritoneal dialysis weekly Kt/V of at least 1.7 or meet an alternative equivalent professionally-accepted clinical practice standard for adequacy of dialysis. Based on clinical record and facility</p>	V 0544	V544	09/20/2015

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	<p>policy review and interview, the facility failed to ensure continuous heparin had been administered as ordered by the physician in 2 (#s 2 and 9) of 2 records reviewed with continuous heparin orders.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Clinical record number 2 included physician orders dated 1-13-15 that identified a total of 3500 units of continuous heparin were to be administered during every dialysis treatment and the heparin was to be stopped 60 minutes prior to the end of the treatment. The orders state, "Heparin Sodium (Porcine) 1,000 Units/mL [milliliter] systemic infusion (pump) 1000 units IVP [intravenous push] per hour. Turn pump off 60 minutes prior to end of treatment. Every treatment." <ul style="list-style-type: none"> <li>A. A hemodialysis treatment flow sheet dated 7-25-15 evidenced a total of 3000 units of heparin had been administered during the treatment and the pump had not been stopped until 1 minute before the end of the treatment.</li> <li>B. A hemodialysis treatment flow sheet dated 7-28-15 evidenced a total of 3300 units of heparin had been administered during the treatment and the pump had not been stopped until 19</li> </ul> </li> </ol>		<p>The Director of Operations reviewed the following policies FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy" with the Clinical Manager on 8/20/15 emphasizing his responsibility to ensure all staff members are educated on the policies, competency is assessed and staff understands the requirement to follow policies and procedures as written. A mandatory in-service is scheduled for all staff the week of 8/20/15 and 9/17/15 and the Clinic Manager will review &amp; re-educate the following policies:</p> <ul style="list-style-type: none"> <li>Heparinization policy FMS-CS-IC-I-105-035A</li> <li>FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy"</li> </ul> <p>Special emphasis was placed on ensuring that the patient's prescribed blood flow rate, dialyzer and heparinization is delivered according to the physician's prescription and requirement to achieve adequate clearance. This will be monitored daily by the nurse using the rounding tool.</p> <p>The Clinical Manager will monitor the results of the Rounding Tool audits weekly for 4 weeks and ongoing monitoring will be determined by the QAI</p>	

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	<p>minutes before the end of the treatment.</p> <p>C. A hemodialysis treatment flow sheet dated 7-30-15 evidenced a total of 3000 units of continuous heparin had been administered during the treatment and the pump had not been stopped until 1 minute before the end of the treatment.</p> <p>D. A hemodialysis treatment flow sheet dated 8-4-15 included documentation the pump had been stopped 2 hours and 48 minutes after the end of the treatment.</p> <p>E. A hemodialysis treatment flow sheet dated 8-11-15 evidenced a total of 3000 units of heparin had been administered during the treatment and the pump had not been stopped until 2 minutes before the end of the treatment.</p> <p>2. Clinical record number 9 included physician orders dated 1-13-15 that identified a total of 3000 units of heparin were to be administered during every dialysis treatment and the heparin pump was to be stopped 60 minute before the end of the treatment. The orders state, "Heparin Sodium (Porcine) 1,000 Units/mL systemic infusion (pump) 1000 units IVP per hour. turn pump off 60 minutes prior to end of treatment. Every treatment."</p>		<p>Committee upon review of monitoring results and resolution of the issue.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly in QAI. If resolution is not evident, the QAI Committee will complete a root cause analysis and the Plan of Correction will be revised as necessary.</p>	

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V 0545 Bldg. 00	<p>A. A hemodialysis treatment flow sheet dated 7-25-15 evidenced a total of 2800 units of heparin had been administered and that the pump had been stopped 4 minutes after the end of the treatment.</p> <p>B. A hemodialysis treatment flow sheet dated 7-28-15 evidenced a total of 1600 units of heparin had been administered during the treatment and the pump had been stopped 4 hours and 53 minutes after the end of the treatment.</p> <p>3. The clinic manager, employee V, was unable to provide any additional documentation and/or information when asked on 8-20-15 at 10:05 AM regarding the above-stated findings.</p> <p>4. The facility's 7-4-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "The patient's individualized comprehensive Plan of Care must include, but is not limited to the following: . . . Dose of Dialysis. Sustain the prescribed dose of dialysis to meet FMS target."</p> <p>494.90(a)(2) POC-EFFECTIVE NUTRITIONAL STATUS The interdisciplinary team must provide the</p>			

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	<p>necessary care and counseling services to achieve and sustain an effective nutritional status. A patient's albumin level and body weight must be measured at least monthly. Additional evidence-based professionally-accepted clinical nutrition indicators may be monitored, as appropriate. Based on clinical record and facility policy review and interview, the facility failed to ensure dietary supplements had been administered as ordered in 4 (#s 3, 5, 7, and 9) of 7 records reviewed of patients with dietary supplement orders.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number 3 included physician orders dated 6-15-15 that state, "Nutritional Supplement: Nepro Carb Steady - 8 oz [ounces] PO [by mouth] during dialysis every treatment."</li> </ol> <p>Hemodialysis treatment flow sheets, dated 7-29-15, 8-3-15, 8-10-15, 8-14-15, and 8-17-15, failed to evidence the Nepro had been administered to the patient during the dialysis treatment.</p> <ol style="list-style-type: none"> <li>2. Clinical record number 5 included physician orders dated 4-1-15 that state, "Nutritional Supplement: LiquaCel 1 oz PO during dialysis every treatment." The record included physician orders dated 8-7-15 that state, "Nutritional Supplement: Nepro Carb Steady - 8 oz</li> </ol>	V 0545	<p>The Director of Operations met with the Clinical Manager and RD on 8/20/15 emphasizing their responsibility to ensure all staff members are educated policies FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy" &amp; FMS-CS-IC-I-111-005C3 "Oral Nutritional Supplements Administration Procedure: "eCube Clinicals Procedure" and the requirement that staff follow policy and procedure as written.</p> <p>The Clinical Manager will educate and review with all staff policies at a mandatory staff in-service the week of 8/20/15 and 9/17/15:</p> <ul style="list-style-type: none"> <li>• FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy"</li> <li>• FMS-CS-IC-I-111-005C3 "Oral Nutritional Supplements Administration Procedure: "eCube Clinicals Procedure"</li> </ul> <p>The education will specifically address monitoring administration of protein supplements. All patients are required to be offered the supplement per order and in the event that the patient refuses</p>	09/20/2015

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	<p>PO during dialysis every treatment."</p> <p>A. Hemodialysis treatment flow sheets, dated 8-5-15, 8-14-15 and 8-17-15, failed to evidence any dietary supplements had been administered during the dialysis treatment.</p> <p>B. The record included laboratory results that identified the patient's albumin levels were below the desired level of 4.0 grams per deciliter (g/dL) according to the Center for Medicare and Medicaid Services (CMS) Measures Assessment Tool (MAT).</p> <p>The lab results evidenced the patient's albumin level was 3.5 g/dL on 4-27-15 and had remained at 3.2 g/dL on 5-18-15, 7-13-15, and 8-10-15.</p> <p>3. Clinical record number 7 included physician orders dated 6-15-15 that state, "Nutritional Supplement: Nepro Carb Steady - 8 oz PO during dialysis every treatment."</p> <p>A. Hemodialysis treatment flow sheets, dated 8-12-15 and 8-14-15, failed to evidence the nutritional supplement had been administered during the dialysis treatment.</p> <p>B. The record included laboratory</p>		<p>the supplement the staff will be directed to create a multi-disciplinary note of refusal.</p> <p>The Clinical Manager or designee will audit 10% of treatment sheets 3 random days per week for the next 4 weeks, if substantial compliance is achieved at 4 weeks, the medical record audits will be conducted monthly per the QAI calendar.</p> <p>The Clinical Manager is responsible to evaluate and present the treatment sheet audit findings in the monthly QAI</p>	

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	<p>results that identified the patient's albumin levels were below the desired 4.0 mg/dL and had declined.</p> <p>The lab results evidenced the patient's albumin level was 3.7 g/dL on 5-11-15, 3.4 on 6-8-15, 2.8 on 7-13-15 and 2.9 on 8-10-15.</p> <p>4. Clinical record number 9 included physician orders dated 6-16-15 that state, "Nutritional Supplement: Nepro Carb Steady- 8 oz PO during dialysis every treatment."</p> <p>Hemodialysis treatment flow sheets, dated 7-25-15, 7-28-15, 7-30-15, 8-1-15, 8-4-15, 8-6-15, and 8-8-15, failed to evidence the dietary supplement had been administered during the dialysis treatments.</p> <p>5. The clinic manager, employee V, was unable to provide any additional documentation and/or information when asked about the above-stated findings on 8-20-15 at 11:30 AM.</p> <p>6. The facility's 7-4-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "The patient's individualized comprehensive Plan of Care must include, but is not</p>			

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V 0559 Bldg. 00	<p>limited to the following: Note: The Measures Assessment Tool (MAT) will be used as a guideline for quality outcome areas listed below . . . Nutritional Status. Provide the necessary care and counseling services to achieve and sustain an effective nutritional status."</p> <p>494.90(b)(3) POC-OUTCOME NOT ACHIEVED-ADJUST POC</p> <p>If the expected outcome is not achieved, the interdisciplinary team must adjust the patient's plan of care to achieve the specified goals. When a patient is unable to achieve the desired outcomes, the team must-</p> <ul style="list-style-type: none"> <li>(i) Adjust the plan of care to reflect the patient's current condition;</li> <li>(ii) Document in the record the reasons why the patient was unable to achieve the goals; and</li> <li>(iii) Implement plan of care changes to address the issues identified in paragraph (b)(3)(ii) of this section.</li> </ul> <p>Based on clinical record and facility policy review and interview, the facility failed to ensure barriers to achieving specified treatment time, dry weight, and albumin goals had been identified and plans of care adjusted to address any identified barriers in 3 (#s 3, 4, and 7) of 10 records reviewed.</p> <p>The findings include:</p>			V 0559	<p><b>V 559</b></p> <p>The Director of Operations reviewed the following policy FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy" with the Clinical Manager on 8/20/15 emphasizing his responsibility to ensure all staff members are educated on the policies, competency is assessed and staff understands the</p>		09/20/2015

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	<p>1. Clinical record number 3 evidenced orders dated 6-29-15 that identified the physician had ordered a hemodialysis treatment time of 4 hours. The record included a plan of care, established by the interdisciplinary team (IDT) on 12-22-14, that included the goal "to encourage pt [patient] to complete full tx [treatment] in order to obtain lab value." The estimated timetable for the goal was 30 days.</p> <p>A. Hemodialysis treatment flow sheets, dated 7-27-15 through 8-17-15 evidenced the patient had missed 2 treatments, on 7-29-15 and 8-12-15, and had signed off 2 to 2 1/2 hours early on each of the other treatments.</p> <p>B. The record failed to evidence the IDT had investigated any identified barriers to the patient staying the entire treatment time and had adjusted the plan of care to address any identified barriers.</p> <p>C. The record included laboratory results that identified the adequacy of dialysis was below the desired Kt/V of 1.2 according to the Centers for Medicare and Medicaid Services (CMS) Measures Assessment Tool (MAT). The results evidenced the spKt/V was 0.57 on 5-25-15, 0.48 on 6-8-15, 1.03 on 7-13-15, 1.16 on 7-27-15, and 1.11 on 8-10-15.</p>		<p>requirement to follow policies and procedures as written. A mandatory in-service is scheduled for all staff the week of 8/20/15 and 9/17/15 and the clinic manager will review &amp; re-educate the following policies:</p> <ul style="list-style-type: none"> <li>FMS-CS-IC-I-110-125A "Comprehensive Interdisciplinary Assessment and Plan of Care Policy"</li> </ul> <p>Special emphasis was placed on ensuring that the patient's EDW is addressed with documentation in POC for root causes and documented AMA's. Also will emphasize documenting trends with emphasis on patient albumin and adjustments to POC.</p> <p>This will be monitored daily by the nurse using the rounding tool.</p> <p>The Clinical Manager will monitor the results of the Rounding Tool audits weekly for 4 weeks and ongoing monitoring will be determined by the QAI Committee upon review of monitoring results and resolution of the issue.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly in QAI. If resolution is not evident, the QAI Committee will complete a root cause analysis and the Plan of Correction will be revised as necessary.</p>	

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	<p>2. Clinical record number 4 evidenced physician orders dated 7-27-15 that identified the desired estimated dry weight (EDW) for this patient was 55 kilograms (kg). The record included a plan of care established by the IDT on 10-27-14 that included a blood pressure and fluid management goal to "achieve EDW as evidenced by Crit-line, [decreased] IDWG [intradialytic weight gain]." The estimated timetable was 3 months.</p> <p>A. Hemodialysis treatment flow sheets, dated 7-27-15 and 7-29-15, evidenced the patient's weight at the end of the treatment was 57.2 kg. A hemodialysis treatment flow sheet dated 7-31-15 evidenced the patient's weight at the end of the treatment was 57.1 kg. A hemodialysis treatment flow sheet dated 8-3-15 evidenced the patient's weight at the end of the treatment was 57.6 kg. A hemodialysis treatment flow sheet dated 8-5-15 evidenced the patient's weight at the end of the treatment was 56.6 kg. A hemodialysis treatment flow sheet dated 8-7-15 evidenced the patient's weight at the end of the treatment was 57 kg. A hemodialysis treatment flow sheet dated 8-10-15 evidenced the patient's weight at the end of the treatment was 57.5 kg. A hemodialysis treatment flow sheet dated</p>			
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	<p>8-12-15 evidenced the patient's weight at the end of the treatment was 59.9 kg. A hemodialysis treatment flow sheet dated 8-14-15 evidenced the patient's weight at the end of the treatment was 58.4 kg. A hemodialysis treatment flow sheet dated 8-17-15 evidenced the patient's weight at the end of the treatment was 58.3 kg.</p> <p>B. The record failed to evidence the IDT had identified any barriers to the patient attaining the EDW goal and had updated the plan of care to address any identified barriers.</p> <p>3. Clinical record number 7 included laboratory results that evidenced the patient's albumin level was below 4.0 grams per deciliter (g/dL) according to the CMS MAT. Laboratory results evidenced the patient's albumin was 3.7 on 5-11-15, 3.4 on 6-8-15, 2.8 on 7-13-15, and 2.9 on 8-10-15.</p> <p>A. The record included a dietary counseling note dated 7-27-15 that identified the patient had indicated the patient sometimes receives a dietary supplement at the extended care facility but not always consistently. The note also identifies the patient does not like meat.</p> <p>B. The record failed to evidence the</p>			

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	<p>plan of care, established by the IDT on 6-22-15, had been updated to address these identified barriers to attaining the albumin goal.</p> <p>4. The clinic manager, employee V, was unable to provide any additional documentation and/or information when asked on 8-20-15 at 11:30 AM.</p> <p>5. The facility's 7-4-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "If the patient specific expected outcome . . . is not achieved within the identified timeframe: . . . the team must adjust the Plan of Care to reflect the patient's current condition, and document in the medical record the reason(s) why the patient is unable to achieve the goal. Implement Plan of Care changes to address the identified issues."</p>			