STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152546	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE RENAL CARE MICHIGAN CITY	9836 W 400 N MICHIGAN CITY, IN 46360

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This was an ESRD [CORE] federal recertification survey.

Survey dates: July 16, 17, and 18, 2013

Facility #: 009939

Medicaid #: 200315330D

Surveyors: Bridget Boston, RN PH Nurse Surveyor, Team Leader
Tonya Tucker, RN PH Nurse Surveyor
Janet Brandt, RN PH Nurse Surveyor

Quality Review: Joyce Elder, MSN, BSN, RN
July 24, 2013

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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V000520	494.80(d)(2) PA-FREQUENCY REASSESSMENT-UNSTABLE Q MO In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section, a comprehensive reassessment of each patient and a revision of the plan of care must be conducted- At least monthly for unstable patients including, but not limited to, patients with the following: (i) Extended or frequent hospitalizations; (ii) Marked deterioration in health status; (iii) Significant change in psychosocial needs; or (iv) Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis. Based on clinical record, facility document, and policy review and interview, the facility failed to ensure a comprehensive reassessment of the patient and a revision of the plan of care was conducted monthly for 1 of 2 records reviewed of unstable patients with frequent hospitalizations resulting in the potential to affect all unstable patients. (#3) Findings include: 1. Clinical record #3, date of first dialysis 3/8/02, evidenced the patient was declared unstable on 12/17/12 by the interdisciplinary team (IDT). The record failed to evidence a monthly re-assessment and revision of the plan of	V000520	V520 Interdisciplinary Team (IDT) met on 6/25/2013 and developed comprehensive re-assessment followed by individualized Plan of Care for Patient #3 to reflect resolution of identified unstable issues. Facility Administrator (FA) will hold mandatory in-service for IDT by 7/31/2013. In-service will include but not be limited to: review of Policy and Procedure #1-14-02 Patient Assessment and Plan of Care when Utilizing Falcon Dialysis emphasizing 1) IDT is responsible for providing each patient with an individualized and comprehensive assessment documenting his/her needs, 2) the comprehensive assessment must be used to	08/01/2013

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	care had been conducted for January 2013. On 7/18/13 at 9:20 AM, employee B indicated when a patient is declared unstable, a comprehensive assessment is performed and an IDT meeting is made for the following month. The employee confirmed the patient's assessment and meeting was made in February 2013 (2/21/13) at which time the patient was declared stable. 2. An exam by the physician, employee A, dated 3/5/13 declared the patient unstable. On 7/18/13 at 9:23 AM, employee B indicated the staff was unaware the physician had declared the patient unstable and confirmed the most recent comprehensive assessment and revision to the plan of care by the IDT was 2/21/13. 3. Facility document titled "Hospitalization log" dated 7/18/13 evidenced the patient was hospitalized 1/12 to 1/16/13 for altered mental status and seizure disorder, 1/17 to 1/18/13 for access work, 1/19 to 1/24/13 for seizures, 2/22 to 2/24/13 for general symptoms, 3/10 to 3/18/13, 3/27 to 3/29/13 for general symptoms, 4/13 to 4/15/13, 4/22/13 to 5/2/13 for cellulitis / abscess,		develop the patient's treatment plan and expectations for care; 3) The plan of care must specify the services necessary to address patients needs as identified in the comprehensive assessment and changes in the patients condition, 4) the plan of care must include measureable and expected outcomes and estimated timetables to achieve those outcomes identified, 4) review of unstable criteria, 5) patients deemed unstable must have comprehensive assessment followed by a Plan of Care completed monthly until deemed stable, 6) stable comprehensive assessment and plan of care must reflect resolution of unstable issues. Attendance of in-service is evidenced by TM signature on Clinical In-Service Form. Beginning 8/1/2013, FA or designee will acquire all physician progress notes from physician office charting system at least on a bi-weekly basis to ensure any/all concerns noted by physician are address by IDT in a timely manner in regards to addressing any unstable patient effectively and according to criteria. FA or designee will audit 100% patient census current IDT Assessment and Plan of Care to ensure unstable patients have current individualized comprehensive assessment and plan of care that include changes	

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	and 6/9 to 6/24/13. On 7/17/13 at 12:25 PM, employee B indicated the reason for the hospitalization on 3/10 to 3/18/13 was possible cellulitis and left thigh infection. The reason for hospitalization on 4/13 to 4/15/13 was fever / chills, and the hospitalization on 6/9 to 6/24/13 was due to seizures and chest pain. 4. On 7/18/13 at 9:25 AM, employee C, facility administrator, indicated the IDT core team met in June 2013 to discuss patient at which time the team declared patient unstable due to frequent hospitalizations. Employee then presented a document dated 6/19/13 verifying this information. 5. The facility policy dated 1-14-02 titled "TITLE: Patient Assessment and Plan of Care when Utilizing Falcon Dialysis" states, "POLICY: ASSESSMENT: ... 7. A comprehensive re-assessment of each patient and a revision in the plan of care will be conducted: ... at least monthly for unstable patients including, but not limited to, patients with the following: extended or frequent hospitalizations ... PLAN OF CARE: ... 20. Implementation of assessments and plans of care are detailed in table below: ... Monthly (unstable Patients) ASSESSMENT		in condition, measureable outcomes, estimated timetables and resolution of any identified unstable issues. FA or designee will conduct a Medical Record Audit for 100% of new admissions, 100% patients deemed unstable and 10% of current patients monthly to ensure current individualized Comprehensive Assessments and Plan of Care are in place, up-to-date, and documentation appropriate. FA will review audit results monthly with Medical Director during Quality Improvement Facility Management Meetings (QIFMM) and continued frequency of audits determined by the team. QIFMM Minutes will reflect. The FA is responsible for compliance with this Plan of Correction.	

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	Monthly until patient is determined by interdisciplinary team to be stable PLAN OF CARE Complete patient plan of care and patient plan of care meeting within 15 days of the completion of the reassessment."			