

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152516	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2013
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE GRANT COUNTY DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1797 W KEM RD MARION, IN 46952
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V000000	<p>This visit was a federal ESRD complaint investigation.</p> <p>Complaint IN00128934 and IN00130978 - Unsubstantiated: Lack of sufficient evidence.</p> <p>IN00129516 - Substantiated: a Federal deficiency related to the allegation is cited.</p> <p>Date: June 17 and 18, 2013</p> <p>Facility #: 005161</p> <p>Medicaid # 100081860C</p> <p>Surveyor: Susan Sparks, RN, PHNS Bridget Boston, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 20, 2013</p>	V000000		

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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V000765	<p>494.180(e) GOV-INTERNAL GRIEVANCE SYS ID/IMPLEMENTED The facility's internal grievance process must be implemented so that the patient may file an oral or written grievance with the facility without reprisal or denial of services.</p> <p>The grievance process must include-</p> <ol style="list-style-type: none"> (1) A clearly explained procedure for the submission of grievances. (2) Timeframes for reviewing the grievance. (3) A description of how the patient or the patient's designated representative will be informed of steps taken to resolve the grievance. <p>Based on facility documents and policy review and interview, the facility failed to ensure resolution of grievances occurred as required in 4 of 4 complaints listed on the complaint log with the potential to affect all 93 patients. (#11 and 15)</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. An agency document titled "Patient Complaint/Grievance Log", Version Date: 01.10.2012, evidences a complaint filed 2/25/13 by patient #11 that states, "Grievance line called per patient with concern that nocturnal would be changing registered nurses' in or around May. Patient concerned that nurse replacing current nurse did not have enough experience. Patient also spoke to master social work and clinical manager. Complaint substantiated: No. Date 	V000765	V 0765 - On June 24, 2013, the QAPI team met to discuss the survey statement of deficiencies. The QAPI team discussed the specific patient complaints that were noted in the SOD and agreed to ensure that the complaints have been addressed and all actions completed and documented by July 15, 2013. Documentation will be evident in the patient grievance log and QAPI minutes and reviewed at the next QAPI meeting. The Clinical Manager is responsible for ensuring all patient complaints, verbal or written, are documented in the patient grievance log, investigated in a timely manner including follow-up discussion with patient. Effective immediately, the Clinical Manger will document all actions, follow up, and outcomes associated with all patient	07/15/2013			

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	<p>reviewed by QAI Team 2/28/13. Action Plan: Registered Nurse is taking over in early June will have 1 complete year of Hemodialysis experience plus has been a CCHT for 10 years prior to becoming a Registered Nurse. Follow up with Patient/Legal Guardian. Compliance Manager [name] to follow up with patient. Clinical Manager also spoke to patient at length in regards to the situation. Clinical Manager, Patient, Registered Nurse to meet to discuss any fears or concerns patient has about change in Registered Nurse. Date Resolved 3/11/13."</p> <p>Facility documentation that is untitled and undated evidenced a series of phone calls the complainant had with the clinical manager, the corporate compliance nurse, the master of social worker, and again with the clinical manager about the concerns of a 1 year nurse on night shift by herself. The patient was reassured protocol was being followed, but the patient was not comfortable with protocol. On 3/11/13, the documentation ends with the plan of a meeting with the Clinical Manager, Patient, and the new Registered Nurse.</p> <p>There was no documentation the promised meeting of 3/11/13 occurred.</p>		<p>complaints in the patient complaint log, and bring the log to QAPI monthly for review by the QAI team. In addition, the Governing Body minutes will reflect, at least quarterly, the review, discussion, and any additional action taken regarding any patient complaints. The Director of Operations is responsible to ensure that the Clinical Manager presents all data as required and defined within the POC, to the QAPI committee. The QAPI committee is responsible to provide oversight and ensure resolution is occurring. Ongoing, all complaints will be addressed in the QAPI meeting and the Medical Director is responsible for ensuring all patient complaints are addressed, follow up in a timely manner, and documented.</p> <p>On July 2, 2013, a meeting will be held for all staff in which the Director of Operations reviewed policy FMS-CS-IC-1-103-006A entitled "Patient Complaints and Grievances", to ensure all patient complaints, verbal or written, are brought to the attention of the Clinical Manager as soon as possible. A staff inservice regarding professionalism will be provided at this meeting by the clinic social worker.</p>		

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	<p>2. A policy titled "Patient Complaints and Grievances", Effective Date 04-Apr-2012, FMC-CS-IC-I-103-006A states, "All facility staff are responsible for immediately reporting any patient complaint or dissatisfaction to the Team/Charge Nurse and Clinical manager. The clinical Manager is responsible for meeting with the patient or his/her designee to discuss the complaint and resolve it."</p> <p>3. On June 17, 2013, at 3 PM, Employee A, Regional Officer, indicated there was no documentation the meeting occurred.</p> <p>4. Facility document titled "Patient Complaint/Grievance Log" failed to evidence a complaint filed by patient #14. In a telephone interview on 6/18/13 at 3:00 PM, patient #14 identified the patient had filed a complaint but indicated it did no good to complain, nothing ever changed. The patient indicated a complaint had been filed with the facility and with corporate and the offending practice had not changed.</p> <p>5. An agency document titled "Patient Complaint/Grievance Log", Version Date: 01.10.2012, evidenced a complaint filed 4/25/13 by patient #15, 5/1/13 by the</p>			

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	<p>patient's daughter, and 5/3/13 by the patient's daughter and husband (three total). The resolution was to be a In-service taught by the Preceptor Tech on Professionalism toward the patients. Agency documentation failed to evidence the in-service had occurred.</p> <p>On 6/17/13 at 12:30 PM, Employee A indicated the in-service just hadn't been completed.</p>			