

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152626	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/30/2014
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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE ELWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1805 S ANDERSON ST ELWOOD, IN 46036
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V000000	<p>This was a federal recertification survey.</p> <p>Survey dates: June 28, 29, and 30, 2014</p> <p>Facility # 002902</p> <p>Medicaid # 200907140</p> <p>Surveyor: Susan E. Sparks, RN, MAE, PHNS</p> <p>Census</p> <p>Incenter 26 Peritoneal 6</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 31, 2014</p>	V000000		
V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&amp;P The medical director must-</p> <p>(2) Ensure that-</p> <p>(i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p> <p>Based on observation, policy review, and interview, the medical director failed to</p>	V000715	<p><b>V715</b> The Director of Operations met with</p>	08/29/2014

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>ensure the restraint policy was followed in 1 of 2 observations with the potential to affect all 26 patients. (#5)</p> <p>Findings:</p> <p>1. On 7/28/14 at 1:50 PM, patient # 5 Admit Date 7/14/08, station # 11, was observed kicking the footrest of the dialysis chair. The patient was in a reclining position. A Patient Care Technician (PCT), Employee C, told the patient to quit kicking the bucket. It was observed a biohazard bucket had been placed under the footrest of the chair, so the footrest could not go down and the chair could not go to the upright position. Therefore, the biohazard bucket was effectively acting as a restraint. Throughout the dialysis time, the patient was continuously reminded to stop.</p> <p>2. On 7/28/14 at 2:00 PM, the PCT, Employee C, indicated when the patient's feet go down, the patient's blood pressure goes down and the patient doesn't like the feet up so it was a continual reminding to keep the feet up. The biohazard bucket had worked to keep the feet up and the blood pressure up.</p> <p>3. A policy titled "Restraint Use", dated 04-Apr-2012, FMS-CS-IC-I-101-008A, states, "The use of manual or physical</p>		<p>the Medical Director on August 7th 2014 to review her requirements as defined in the Condition for Coverage and Staff Bylaws to ensure that all policies and procedures relative to patient admission, patient care, infection control and patient safety are adhered to by all individual who treat patients in the facility emphasizing adherence to the " "Restraint Use Policy" FMC-CS-IC-I-101-008A" The Director of Operations also reviewed the Plan of Correction to be instituted to correct this issue. The Medical Director approved and directed the implementation of the plan as noted below.</p> <p>The facility's patient care staff will be in-serviced on the following policy "Restraint Use Policy FMS-CS-IC-I-101-008A on August 8th 2014 by the Education Coordinator with a record of training reviewed by the QAI committee.</p> <p>The Clinical Manager or designee will complete daily audits using the Patient Safety Audit Tool via the QAI tools for 2 weeks and weekly for 4 weeks to ensure needle buckets are not placed under the footrest of the chairs.,. Any evidence of non-compliance will be addressed immediately including corrective action as appropriate. Frequency of ongoing audits will be determined by the QAI Committee upon review of the audit results and resolution of the issue.</p>		

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	restraint is prohibited. ... Patient care items or items not intended for use as restraints such as tape or gauze will not be used to immobilize or reduce the ability of a patient to freely move his or her arms, legs, body or head. Definitions Physical or Manual Restraint: Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body or head. Source CMS Final Rules, Patient Rights-Restraint and Seclusion. January 8, 2007. ... The use of seat belts is permitted, only when alternatives have either failed or are not feasible, as a safety measure on wheel chairs or dialysis chair to prevent a patient from falling out of the chair."		<p>The Clinical Manager (CM) is responsible to present all data and monitoring/audit results as related to this Plan of Correction to the Medical Director at the QAI Meeting for oversight and review.</p> <p>The Director of Operations is responsible to ensure all documentation required as part of the QAI process; is presented to the Medical Director during the monthly QAI Committee Meeting.</p> <p>The Medical Director as Chairperson of the QAI Committee is responsible to analyze the results and direct a root cause analysis with the development of a new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee</p>	