

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 153521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH HOME DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 8803 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 46260
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V 000 Bldg. 00	This was a Federal ESRD recertification survey. Survey Dates: 2-10-15, 2-11-15, and 2-12-15 Facility #: 011854 Medicaid Vendor #: 200119790A Surveyor: Vicki Harmon, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN	V 000		
V 113 Bldg. 00	494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. Based on observation, interview, and review of facility policy, the facility failed to ensure staff donned appropriate personal protective equipment. changed gloves, and cleansed hands appropriately in 4 (#s 1, 2, 3, and 4) of 4 infection control observations completed creating the potential to affect all of the facility's 118 current patients. (#Employees A, B, F, and J)	V 113	V 113 494.30 (a) (1) ICc- Wear Gloves/Hand Hygiene Corrective Action: IU Health Home Dialysis reviewed its Infection Prevention and Control policies to ensure they identified the required standards of practice. On or before March 13 2015, Infection Preventionist will re-educate all IU Health Home Dialysis RN staff regarding the importance of the 5 Moments of	03/13/2015

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 findings include:</p> <ol style="list-style-type: none"> Employee A, a registered nurse (RN), was observed to provide peritoneal dialysis (PD) training to patient number 11 on 2-10-15 at 9:35 AM. The RN was observed to connect the patient's PD catheter tubing to the tubing leading from the solution bag without cleaning her hands or donning gloves. Employee J, a RN, was observed to discontinue the hemodialysis treatment on patient number 12 using an arteriovenous fistula on 2-10-15 at 2:25 PM. The RN was not observed to don any protection over the lower half of her face. The RN removed the tape from the first needle and removed her gloves. The RN then donned clean gloves without cleansing her hands. The RN flushed the line with normal saline and started the reinfusion of the patient's blood. The RN removed her gloves and donned clean gloves. The RN was not observed to cleanse her hands prior to donning the clean gloves. <p>A. The RN flushed the second line, removed her gloves, and cleansed her hands. The RN assisted the patient to don a glove to hold the needle insertion site after the needle had been removed.</p>		<p>Hand Hygiene and the use of appropriate personal protective equipment for Dialysis patient care. Specifically, staff will be re-educated to assure wearing disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. In addition, re-education will include the removal of gloves and hand washing between each patient or station. Mandatory Infection Control in-services will be provided for IU Home Dialysis staff to attend and immediate implement into practice. Additionally, home dialysis nurses and techs will be given a written test and direct observations will be completed to validate learning. Any requisite staff members who fail to complete the education within the designated timeframe will be prohibited from working with IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Monitoring: To ensure compliance, beginning March 2015, IU Home Dialysis staff will initiate a monthly audit of hand hygiene practices. Any identified gaps will immediately be discussed with the staff member on an individual basis for performance improvement. This audit will be completed for a</p>	

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	<p>The RN donned clean gloves without cleansing her hands.</p> <p>B. The RN was called away from the patient and was replaced by employee F, a patient care technician (PCT). The PCT donned clean gloves without cleansing her hands. The PCT was observed to apply a clean dressings to the first needle insertion site. The PCT removed the second needle and the patient applied pressure to the site. The PCT removed her gloves, touched clean supplies, and donned clean gloves without cleansing her hands.</p> <p>3. Employee A, a RN, was observed to discontinue the hemodialysis treatment on patient number 6 on 2-10-15 at 3:30 PM. The RN donned a gown, face shield, and gloves without cleansing her hands. The RN obtained a blood sample, flushed the line with saline, and reinfused the patient's blood. The RN then labeled the test tube that contained the blood sample. The RN opened the door to the dialysis machine. The RN then removed the first needle without changing her gloves or cleansing her hands.</p> <p>4. Employee B, an RN, was observed to administer intravenous medications, Venofer and Aranesp, to patient number 13. The RN cleansed her hands and</p>		<p>3-month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing process will be transitioned to periodic, spot audits of practice of single team members. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects the achievement of the threshold. Results of audits will be communicated through the Home Dialysis QAPI meeting.</p> <p>Responsible Person (s): The Manager of the IU Health Home Dialysis unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p>	

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	<p>applied a tourniquet to the patient's upper arm. The RN donned clean gloves without cleansing her hands. The RN palpated the potential needle insertion site in the patient's antecubital site, cleansed the site with an alcohol pad, and touched the site again just prior to inserting the needle.</p> <p>After the administration of the two medications had been completed, the RN removed the needle and tubing from the patient's arm. The RN removed her gloves and failed to cleanse her hands. The RN was then observed to place a Bandaid over the needle insertion site.</p> <p>5. The above-stated observations were presented to the clinic manager on 2-12-15 at 12:15 PM. The manager indicated the employees had not provided services in accordance with facility infection control policies and procedures. The manager was unable to provide any additional documentation and/or information regarding the findings.</p> <p>6. The facility's September 2014 "Infection Prevention Guidelines in Hemodialysis" policy number 1.20 includes a reference to the Centers for Disease Control "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings,</p>			

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	<p>2007." Chapter IV states, "Standards Precautions . . .IV.A. Hand Hygiene.</p> <p>IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . .</p> <p>Perform hand hygiene: IV.A.3.a. Before having direct contact with patients.</p> <p>IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.</p> <p>IV.A.3.c. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).</p> <p>IV.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care. IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. IV.A.3.f. After removing gloves . . . IV.F.5. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently . . . IV.B. Personal protective equipment (PPE) . . . IV.B.2. Gloves. IV.B.2.a. Wear gloves</p>			

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V 143 Bldg. 00	<p>when it can be reasonably anticipated that contact with blood or potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin . . . could occur."</p> <p>494.30(b)(2) IC-ASEPTIC TECHNIQUES FOR IV MEDS [The facility must-] (2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and Based on observation and interview, the facility failed to ensure intravenous medications had been prepared and administered using aseptic technique in 1 (# 1) of 1 medication administration observation completed creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p> <p>1. Employee B, a registered nurse (RN), was observed to administer intravenous medications to patient number 13 on 2-11-15 at 11:15 AM. The RN was observed to remove Venofer (Iron) and Aranesp (red blood cell stimulating agent) from vials using 2 separate sterile needles and syringes. The RN failed to</p>	V 143	<p>V143 IC Aseptic Techniques for IV meds Corrective Action (s): IU Health Home Dialysis reviewed its Infection Prevention policies and Medication Administration policies to ensure they appropriately identified the required standards of practice. On or before March 13, 2015, Home Dialysis nurses will be re-educated regarding the proper way to administer intravenous medications, i.e. medications are both prepared and administered using aseptic technique. Education will include cleansing the tops of vials prior to drawing up the medications and use of a clean syringe for each flush. Additionally, a written test will be given to validate learning and observations will be performed. Any requisite</p>	03/13/2015

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	<p>cleanse the tops of the vials prior to drawing up the medications.</p> <p>2. To prepare to administer the medications, the RN inserted a small needle and tubing into the patient's antecubital space in the arm. The RN flushed the needle and tubing with a normal saline filled syringe to check for needle was appropriately placed. The RN was observed to push the saline in and withdraw blood using a back and forth motion of the plunger of the syringe approximately 3 times. The saline appeared pink in color after the flushed had been completed.</p> <p>The RN administered the Venofer and used a portion of the pink saline to flush the line to ensure all of the Venofer had been injected into the patient's vessel. The RN administered the Aranesp and used the same pink saline filled syringe to flush the line to ensure all of the Aranesp had been infused. The RN failed to use a clean syringe for each flush.</p> <p>3. The above-stated observations were presented to the clinic manager on 2-12-15 at 12:15 PM. The manager indicated the employees had not provided services in accordance with facility infection control policies and procedures. The manager was unable to provide any</p>		<p>staff members who fail to complete the education within the designated time frame will be prohibited from working with IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis staff will initiate a monthly audit of the administration of intravenous medications. This audit will include observations of nurses administering intravenous medications to ensure they are administered per policy. Any identified gaps will immediately be discussed with the RN on an individual basis for performance improvement. This audit will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing process will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects the achievement of the threshold. Results of audits will be communicated through the Home Dialysis QAPI meeting.</p>	

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V 541 Bldg. 00	<p>additional documentation and/or information regarding the findings.</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.</p> <p>Based on clinical record and facility policy review and interview, the facility failed to ensure plans of care included estimated timetables to achieve the desired outcomes in 8 (#s 1, 2, 3, 4, 5, 7, 8, & 9) of 8 records reviewed with ongoing directed plans of care creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p>	V 541	<p>Responsible Person (s): The Manager of the IU Health Home Dialysis unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p> <p>V541 POC-Goals Community Based Standards Corrective Action(s): IU Health Home Dialysis reviewed and revised its policies to ensure they appropriately identified the required standards of practice. The revisions include that the directed plans of care include estimated timetables to achieve the desired outcomes for the following labs: albumin, potassium, hemoglobin, phosphorous, iPTH (intact</p>	03/13/2015

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	<p>1. Clinical record number 1 included an updated "Directed Plan of Care" initiated on 11-4-13 to address the patient's lower than desired albumin levels. The plan of care failed to evidence an estimated timetable to achieve the desired albumin level of 4.0 grams per deciliter (g/dL).</p> <p>2. Clinical record number 2 included an updated "Directed Plan of Care" initiated on 10-30-14 to address the patient's lower than desired albumin levels. The plan of care failed to evidence an estimated timetable to achieve the desired albumin level of 4.0 gm/dL.</p> <p>The record included an updated "Directed Plan of Care" initiated on 1-8-15 to address the patient's higher than desired potassium level. The plan of care failed to evidence an estimated timetable to achieve the desired potassium level of 3.5 to 5.5 milliequivalent per liter (mEq/L).</p> <p>3. Clinical record number 3 included an updated "Directed Plan of Care" initiated on 10-28-14 to address the patient's lower than desired hemoglobin level. The plan of care failed to evidence an estimated timetable to achieve the desired hemoglobin level of greater than 10 g/dL.</p>		<p>parathyroid hormone). In addition, the directed plans of care will address the psychosocial changes with measurable goals and estimated timetable for achievement of goals. Additionally, the home dialysis interdisciplinary team reviewed and developed center specific goals that all patients should strive to achieve for both lab values as well as psychosocial status. Members of the home dialysis interdisciplinary team, with special emphasis on nurses and dieticians, will be educated regarding to changes to the above referenced policy with emphasis regarding expectations to follow policy requirements and that directed plans of care have estimated timetables to achieve the desired outcomes. Education will be completed on or before March 13, 2015 with immediate implementation. Any requisite staff members who fail to complete the education within the designated timeframe will be prohibited from working with home dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning March 13, 2015, education regarding policy and performance expectations will be added expectations will be added to</p>	

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	<p>4. Clinical record number 4 included updated "Directed Plans of Care" to address the patient's out of desired range albumin and phosphorus levels and psychosocial changes identified by the medical social worker.</p> <p>A. The "Directed Plan of Care" initiated on 8-15-14 to address the patient's higher than desired phosphorus level failed to evidence an estimated timetable to achieve the desired phosphorus level of 3.5 to 5.5 mg/dL.</p> <p>B. The "Directed Plan of Care" initiated on 1-5-15 to address the patient's lower than desired albumin level failed to evidence an estimated timetable to achieve the desired albumin level of 4.0 g/dL.</p> <p>C. The "Directed Plan of Care" initiated on 2-9-15 to address psychosocial changes failed to evidence measurable goals and failed to evidence an estimated timetable to achieve desired goals.</p> <p>5. Clinical record number 5 included an updated "Directed Plan of Care" initiated on 12-15-14 to address the patient's lower than desired albumin level. The plan of care failed to evidence an estimated timetable to achieve the desired albumin</p>		<p>the curriculum for orientation for relevant home dialysis staff.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health home dialysis staff will initiate a monthly audit of directed plans of care. The audit will include review of 30 directed care plans to ensure that lab goals and psychosocial goals have estimated timetables to achieve the desired outcome. Any identified gaps will immediately be discussed with the nurse or dietician on an individual basis for performance improvement. This audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects the achievement of the threshold. Results of the audit will be communicated through the Home Dialysis service Quality Assessment and Performance Improvement meeting.</p> <p>Responsible Person (s): The Manager of the IU Health Home Dialysis unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective</p>	

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	<p>level of 4.0 grams per deciliter (g/dL).</p> <p>6. Clinical record number 7 included updated "Directed Plans of Care" to address the patient's lower than desired hemoglobin level and higher than desired iPTH (intact parathyroid hormone) levels.</p> <p>A. The "Directed Plan of Care" initiated on 4-21-14 to address the patient's lower than desired hemoglobin levels failed to evidence an estimated timetable to achieve the desired hemoglobin level of greater than 10 g/dL.</p> <p>B. The "Directed Plan of Care" initiated on 1-22-15 to address the patient's higher than desired iPTH level failed to evidence an estimated timetable to achieve the desired iPTH level of 150-300 pg/mL (unknown per milliliter).</p> <p>7. Clinical record number 8 included updated "Directed Plans of Care" to address the patient's lower than desired potassium and albumin levels.</p> <p>A. The "Directed Plan of Care" initiated on 12-5-14 to address the patient's lower than desired potassium level failed to evidence an estimated timetable to achieve the desired level of 3.5 to 5.5 mEq/L.</p>		actions to ensure that the deficiency is corrected and will not recur.	

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	<p>B. The "Directed Plan of Care" initiated on 1-13-15 to address the patient's lower than desired albumin level failed to evidence an estimated timetable to achieve the desired albumin level of 4.0 g/dL.</p> <p>8. Clinical record number 9 included "Directed Plans of Care" to address the patient's psychosocial changes, higher than desired phosphorus and potassium levels, and lower than desired hemoglobin levels.</p> <p>A. The "Directed Plan of Care" initiated on an unknown date failed to evidence measurable outcomes and an estimated timetable to achieve any desired outcomes.</p> <p>B. The "Directed Plan of Care" initiated on 1-14-15 to address the patient's higher than desired phosphorus level failed to evidence an estimated timetable to achieve the desired phosphorus level of 3.5 to 5.5 mg/dL.</p> <p>C. The "Directed Plan of Care" initiated on 12-22-14 to address the patient's higher than desired potassium level failed to evidence an estimated timetable to achieve the desired potassium level of 3.5 to 5.5 mEq/L.</p>			

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V 543 Bldg. 00	<p>D. The "Directed Plan of Care" initiated on 12-22-14 to address the patient's lower than desired hemoglobin level failed to evidence an estimated timetable to achieve the desired hemoglobin level of greater than 10 g/dL.</p> <p>9. The clinical manager indicated, on 2-11-15 at 12:05 PM, the facility's plans of care did not include estimated timetables to achieve desired outcomes.</p> <p>10. The facility's October 2013 "Adult Renal Services Patient Assessment and Plan of Care" policy number 2.04 states, "Thorough patient assessments aid in the development of an individualized plan of care that includes measurable outcome goals. Measurable outcome goals include timeframes and will be consistent with currently accepted clinical practice."</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 review and interview, the facility failed to ensure the necessary care had been provided to manage the patient's volume status in 1 (# 9) of 7 records reviewed with home</p>	V 543	<p>V543 POC- Manage Volume Status Corrective Action(s): IU Health Home Dialysis services reviewed and revised its policies to ensure they identified the required standards of practice regarding the importance of</p>	03/13/2015

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	<p>self-monitoring records available for review creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 9 included physician orders dated 12-1-14 that identified the patient's estimated dry weight (desired weight at the completion of the dialysis treatment) was 101.8 kilograms (kg).</p> <p>A. Flow sheets dated 12-30-14 and 12-31-14 evidenced the patient's weight at the end of the treatment was 114.2 kg.</p> <p>B. A flow sheet dated 1-1-15 evidenced the patient's weight at the end of the treatment was 113.5 kg.</p> <p>C. A flow sheet dated 1-2-15 evidenced the patient's weight at the end of the treatment was 113.1 kg.</p> <p>D. A flow sheet dated 1-4-15 evidenced the patient's weight at the end of the treatment was 114.3 kg.</p> <p>E. Flow sheets dated 1-5-15 and 1-6-15 evidenced the patient's weight at the end of the treatment was 113.6 kg.</p> <p>F. A flow sheet dated 1-14-15</p>		<p>patients following physician's order for estimated dry weight (desired weight at the completion of the dialysis treatment.) The revisions and emphasis include ensuring the necessary care had been provided to manage the patient's volume status, specifically that patients follow physician's order for estimated dry weight (desired weight at the completion of the dialysis treatment). If the order for dry weight should be adjusted over time then the patients should report to the nurse during their clinic visits and nurses will compare the physician order for patient dry weight versus the patient's run record to ensure they are the same and if not will reeducate importance of following orders with patient. Education will be provided on or before March 13, 2015, with immediate implementation. Any requisite staff members who fail to complete the education within the designated timeframe will be prohibited from participating in the care of IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning, March 2015, education regarding policy and performance expectations will be provided to new nurses upon arrival. Documentation</p>	

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V 544 Bldg. 00	<p>evidenced the patient's weight at the end of the treatment was 116.4 kg.</p> <p>G. A flow sheet dated 1-16-15 evidenced the patient's weight at the end of the treatment was 117.8 kg.</p> <p>H. A flow sheet dated 1-17-15 evidenced the patient's weight at the end of the treatment was 119.2 kg.</p> <p>I. A flow sheet dated 1-21-15 evidenced the patient's weight at the end of the treatment was 118.8 kg.</p> <p>J. A flow sheet dated 1-23-15 evidenced the patient's weight at the end of the treatment was 117.0 kg.</p> <p>2. The clinical manager stated, on 2-11-15 at 11:45 AM, "Sometimes the patients change their dry weights. We need to tell them to tell us when they do that. There is no physician order to change the dry weight in the record."</p> <p>494.90(a)(1) POC-ACHIEVE ADEQUATE CLEARANCE Achieve and sustain the prescribed dose of</p>		<p>of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis will initiate a monthly audit of patient run records specifically comparing the physician ordered dry weight versus the patient dry weight recorded on the run record to ensure there are no discrepancies. The audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing process will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects the achievement of the threshold. Results of the audits will be communicated through the IU Health Home Dialysis QAPI Committee.</p> <p>Responsible Person (s) : The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p>	

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	<p>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 review and interview, the facility failed to ensure heparin had been administered as ordered in 1 (# 10) of 3 records reviewed of patients on home hemodialysis with heparin orders creating the potential to affect all of the facility's 64 total home hemodialysis patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Clinical record number 10 included physician orders dated 1-22-15 that identified 3000 units of heparin was to be administered during each dialysis treatment. <p>Hemodialysis treatment flow sheets, dated 12-29-14, 12-30-14, 1-1-15, 1-2-15, 1-4-15, 1-5-15, 1-6-15, 1-8-15, 1-9-15, 1-11-15, 1-12-15, 1-13-15, 1-15-15, 1-16-15, 1-18-15, 1-20-15, 1-22-15, 1-23-15, 1-25-15, 1-26-15, 1-28-15, 1-29-15, 1-30-15, 2-1-15, 2-2-15, and 2-3-15, evidenced 2600 units of heparin had been administered.</p> <ol style="list-style-type: none"> The clinical manager stated, on 2-11-15 at 3:35 PM, "Sometimes the patient decreases the heparin without 	V 544	<p>V 544 POC- Achieve Adequate Clearance- Corrective Action (s):</p> <p>IU Health Home Dialysis services reviewed its policies to ensure they appropriately identified the required standards of practice regarding ensuring patients understand the importance of ensuring the medication such as heparin is administered according to the physician's order.</p> <p>IU Home Health Dialysis nurses will be re-educated regarding the importance of educating the patients of administering their ordered medications such as heparin exactly the amount the physician ordered. Further, nurses will be reminded to closely review patient run records and compare them with the patient's physician orders to ensure the medication is being administered according to physician order. Finally, if the patient is not administering medication according to physician's order the nurse will follow up with the physician and re-educate the patient. Education will be provided on or before March 13, 2015. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from caring for IU Health Home Dialysis</p>	03/13/2015

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	telling us. We need a physician order to decrease the heparin."		<p>patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning on or before March 13, 2015, education regarding policy and performance expectations will be added to the curriculum for orientation for Home Dialysis nurses. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis Staff will perform a monthly audit of patient run records versus physician dialysis medication orders to ensure that medications such as heparin are administered as ordered. The audit will include 30 home dialysis patient records. Any identified gap will immediately be discussed with the respective nurse and then patient on performance improvement. The audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data reflects achievement of the threshold. Results of audits will be communicated through the Home</p>	

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V 547 Bldg. 00	<p>494.90(a)(4) POC-MANAGE ANEMIA/H/H MEASURED Q MO</p> <p>The interdisciplinary team must provide the necessary care and services to achieve and sustain the clinically appropriate hemoglobin/hematocrit level.</p> <p>The patient's hemoglobin/hematocrit must be measured at least monthly. The dialysis facility must conduct an evaluation of the patient's anemia management needs. Based on clinical record review and interview, the facility failed to ensure the ordered dose of medication to address anemia had been administered in 1 (# 1) of 6 records reviewed of patients with anemia medications ordered creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included physician orders dated 11-17-14 that</p>	V 547	<p>Dialysis QAPI (Quality Assurance Performance Improvement) process.</p> <p>Responsible Person (s): The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p> <p>V 547 POC- Manage Anemia H/H measured every month Failure to ensure the ordered dose of medication to address anemia had been administered</p> <p>Corrective Action (s): IU Health Home Dialysis services reviewed its policies to ensure they appropriately identified the required standards of practice regarding ensuring patients understand the importance of ensuring the medication such as Aranesp is administered according to the physician's order.</p>	03/13/2015

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	<p>identified Aranesp 200 mCg (micrograms) was to be administered weekly. "Home/CAPD [continuous ambulatory peritoneal dialysis] Daily Records", for the weeks of 11-16-14, 11-23-14, 11-30-14, 12-7-14, 12-14-14, 12-21-14, 12-28-14, 1-4-15, 1-11-15, 1-18-15, and 1-25-15, failed to evidence the Aranesp had been administered as ordered.</p> <p>2. The clinical manager indicated, on 2-11-15 at 12:45 PM, record number 1 did not evidence the Aranesp had been administered as ordered.</p>		<p>IU Home Health Dialysis nurses will be re-educated regarding the importance of educating the patients on administering their ordered medications such as Aranesp exactly the amount the physician ordered. Further, nurses will be reminded to closely review patient run records and compare them with the patient's physician orders to ensure the medication is being administered according to physician order. Finally, if the patient is not administering medication according to physician's order the nurse will follow up with the physician and re-educate the patient. Education will be provided on or before March 13, 2015. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from caring for IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work.</p> <p>Beginning March 13, 2015, education regarding policy and performance expectations will be added to the curriculum for orientation for Home Dialysis nurses. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning</p>		

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V 587 Bldg. 00	494.100(b)(2),(3) H-FAC RECEIVE/REVIEW PT RECORDS Q 2 MONTHS		<p>March 2015, IU Health Home Dialysis Staff will perform a monthly audit of patient run records versus physician dialysis medication orders to ensure that medications such as Aranesp are administered as ordered. The audit will include 30 dialysis patient records. Any identified gap will immediately be discussed with the respective nurse and then patient on performance improvement. The audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data reflects achievement of the threshold. Results of audits will be communicated through the Home Dialysis QAPI (Quality Assurance Performance Improvement) process.</p> <p>Responsible Person (s): The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p>	

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	<p>The dialysis facility must -</p> <p>(2) Retrieve and review complete self-monitoring data and other information from self-care patients or their designated caregiver(s) at least every 2 months; and</p> <p>(3) Maintain this information in the patient ' s medical record.</p> <p>Based on clinical record review and interview, the facility failed to ensure home dialysis flow sheets had been retrieved and maintained in the clinical record in 3 (#s 2, 5, & 7) of 10 records reviewed creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 2 identified the patient as a home peritoneal dialysis (PD) patient with a start date of 6-25-14. The record failed to evidence any home flow sheets had been retrieved since August 2014. 2. Clinical record number 5 identified the patient as a home PD patient with a start date of 11-19-12. The record failed to evidence any home flow sheets had been retrieved. <p>The clinical manager stated, on 2-11-15 at 11:55 AM, "[The patient] has not brought any in."</p> <ol style="list-style-type: none"> 3. Clinical record number 7 identified 	V 587	<p>V 587 Healthcare Facility reviews patient records every 2 months</p> <p>Failed to ensure home dialysis flow sheets had been retrieved and maintained in the clinical record</p> <p>Corrective Action (s):</p> <p>IU Health Home Dialysis services reviewed its policies to ensure they appropriately identified the required standards of practice regarding ensuring home dialysis patients complete and return home dialysis flow sheets as required and flow sheets are maintained in the patient's clinical record.</p> <p>On or before March, 13, 2015, IU Home Health Dialysis nurses will be re-educated regarding the importance of educating the patients of the importance of returning their treatment flow sheets at next clinic visit. Further, nurses will be reminded to closely review whether patient flow sheets have been returned during each clinic visit and if not to communicate with the interdisciplinary team (IDT) as well as document in the patients' medical record. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from caring for IU Health Home Dialysis</p>	03/13/2015

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	<p>the patient as a home hemodialysis (HHD) patient with a start date of 10-18-10. The record failed to evidence any home flow sheets had been retrieved.</p> <p>The clinical manager stated, on 2-11-15 at 12:10 PM, "[The patient] does not bring in run records."</p> <p>4. The clinical manager stated, on 2-11-15 at 12:05 PM, "We have problems with some of our patients not bringing in their home records. We try to talk to them about it at every clinic visit." The manager indicated the facility does not have a policy in place regarding home self-monitoring records.</p>		<p>patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning March 13, 2015, education regarding policy and performance expectations will be added to the curriculum for orientation for Home Dialysis nurses. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis Staff will perform a monthly audit of patient flow sheets return rate to ensure if the flow sheets are not returned by the patient during each clinic visit and that the concern is escalated and interventions are documented in the patient's medical record. The audit will include 30 dialysis patient flow sheets. Any identified gap will immediately be discussed with the respective nurse and then patient on performance improvement. The audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data reflects achievement of the</p>	

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V 589 Bldg. 00	<p>494.100(c)(1)(i) H-MONITOR HOME ADAPT;HOME VISIT=POC Services include, but are not limited to, the following: (i) Periodic monitoring of the patient's home adaptation, including visits to the patient's home by facility personnel in accordance with the patient's plan of care. Based on clinical record review and interview, the facility failed to ensure periodic monitoring of the patient's home adaptation had been completed in 10 (#s 1 through 10) of 10 records reviewed creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 1 identified the patient as a home peritoneal dialysis (PD) patient with a start date of 8-30-13.</p>	V 589	<p>threshold. Results of audits will be communicated through the Home Dialysis QAPI (Quality Assurance Performance Improvement) process.</p> <p>Responsible Person (s): The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p> <p>V 589 Monitor Home adaptation with home visits Failure to ensure periodic monitoring of the patient's home adaptation had been completed Corrective Action (s): IU Health Home Dialysis services reviewed and revised their patient directed plan of care template to include a place to record information regarding need for patient home visit by nursing. This will ensure periodic monitoring of the patient's home adaptation has been assessed for frequency,</p>	03/13/2015

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	<p>The record failed to evidence any home visits had been completed to monitor the patient's home adaptation.</p> <p>The record included a plan of care established by the interdisciplinary team (IDT) on 1-5-15. The plan of care failed to address frequency of home visits.</p> <p>2. Clinical record number 2 identified the patient as a home PD patient with a start date of 6-25-14. The record failed to evidence any home visits had been completed to monitor the patient's home adaptation.</p> <p>The record included a plan of care established by the IDT on 11-18-14. The plan of care failed to address frequency home visits.</p> <p>3. Clinical record number 3 identified the patient as a home PD patient with a start date of 6-20-14. The record failed to evidence any home visits had been completed to monitor the patient's home adaptation.</p> <p>The record included a plan of care established by the IDT on 10-21-14. The plan of care failed to address frequency of home visits.</p> <p>4. Clinical record number 4 identified</p>		<p>documented on the directed plan of care and completed in a timely manner.</p> <p>On or before March 13, 2015, IU Home Health Dialysis nurses will be re-educated regarding the importance of ensuring IU Home Health Dialysis patients are periodically monitored for home adaptation and home visits are conducted when needed and this consideration is documented on the patients directed plan of care. Further, nurses will be reminded to review, evaluate, and document patient's adaptation to home as evidenced by recording the date of when a home visit should be completed. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from caring for IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning March 2015, education regarding policy and performance expectations will be added to the curriculum for orientation for Home Dialysis nurses. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis Staff will perform a monthly</p>	

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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH HOME DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 8803 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 46260		
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	<p>the patient as a home PD patient with a start date of 9-27-13. The record failed to evidence any home visits had been completed to monitor the patient's home adaptation.</p> <p>The record included a plan of care established by the IDT on 1-6-15. The plan of care failed to address frequency of home visits.</p> <p>5. Clinical record number 5 identified the patient as a home PD patient with a start date of 11-19-12. The record evidenced a home visit had been completed on 2-25-13. The record included a plan of care established by the IDT on 3-24-14. The plan failed to address the frequency of home visits.</p> <p>6. Clinical record number 6 identified the patient as a home hemodialysis (HHD) patient with a start date of 7-14-13. The record failed to evidence any home visits had been completed to monitor the patient's home adaptation.</p> <p>The record included a plan of care established by the IDT on 11-25-14. The plan of care failed to address the frequency of home visits.</p> <p>7. Clinical record number 7 identified the patient has an HHD patient with a</p>		<p>audit of patients directed plan of care to ensure patient's adaptation to home evidenced by date of home visited will be reviewed and documented. The audit will include 30 dialysis patient directed plans of care. Any identified gap will immediately be discussed with the respective nurse and then patient on performance improvement. The audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data reflects achievement of the threshold. Results of audits will be communicated through the Home Dialysis QAPI (Quality Assurance Performance Improvement) process.</p> <p>Responsible Person (s): The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p>		

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	<p>start date of 10-18-10. The record failed to evidence any home visits had been completed to monitor the patient's home adaptation.</p> <p>The record included a plan of care established by the IDT on 2-17-14. The plan of care failed to address the frequency of home visits.</p> <p>8. Clinical record number 8 identified the patient as an HHD patient with a start date of 6-4-09. The record evidenced a home visit had been completed on 5-17-10. The record included a plan of care established by the IDT on 9-10-14. The plan of care failed to address frequency of home visits.</p> <p>9. Clinical record number 9 identified the patient as an HHD patient with a start date of 8-21-13. The record failed to evidence any home visits had been completed to monitor the patient's home adaptation.</p> <p>The record included a plan of care established by the IDT on 12-22-14. The plan failed to address frequency of home visits.</p> <p>10. Clinical record number 10 identified the patient as an HHD with a start date of 9-22-14. The record evidenced a home</p>			

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V 595 Bldg. 00	<p>visit had been completed on 1-16-15. The record included a plan of care established by the IDT on 1-2-15. The plan failed to address frequency of home visits.</p> <p>11. The clinical manager stated, on 2-11-15 at 12:05 PM, "Our plans of care do not address frequency of home visits. We do not have a policy that addresses home visits."</p> <p>494.100(c)(1)(v) H-MEET RD52:2004</p> <p>The facility must meet testing and other requirements of ANSI/AAMI RD52:2004. In addition, bacteriological and endotoxin testing must be performed on a quarterly, or more frequent basis as needed, to ensure that the water and dialysate are within the AAMI limits.</p> <p>Based on administrative record and facility policy review and interview, the facility failed to ensure water and dialysate testing had been completed quarterly in 1 (# 14) of 6 home hemodialysis water and dialysate testing results reviewed creating the potential to affect all of the facility's 64 current home hemodialysis patients.</p> <p>The findings include:</p> <p>1. The facility's "IU Home Dialysis Water/dialysate testing 2014" failed to</p>	V 595	<p>V 595 Completion of water and dialysate testing</p> <p>Failure to ensure water and dialysate testing had been completed quarterly</p> <p>Corrective Action (s):</p> <p>IU Health Home Dialysis services reviewed its policies and procedures to ensure they identified the required standards of practice regarding ensuring water and dialysate testing is completed quarterly.</p> <p>On or before March 13, 2015, IU Home Health Dialysis nurses will be re-educated regarding the</p>	03/13/2015

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	<p>evidence water cultures and endotoxin testing had been completed every quarter in 2014. The document evidenced the testing had been completed on 4-16-14 and 11-12-14 for patient number 14.</p> <p>2. The clinical manager indicated, on 2-12-15 at 9:10 AM, water cultures and endotoxin testing had not been completed every quarter as required for patient number 14.</p> <p>3. The facility's November 2013 "Water Quality Testing and Analysis" policy number 2.00 states, "Product water samples from all Home Hemodialysis patients reverse osmosis machines will be cultured and endotoxin tested upon initiation of Home Hemodialysis, then quarterly."</p>		<p>importance of ensuring IU Home Health Dialysis patients water cultures and dialysate are tested quarterly and documented to ensure safe home dialysis. Further, nurses will be reminded to review water cultures and dialysate testing is returned by patients at proper intervals or if not then IU Health Home Dialysis center staff will go to the patient's residence and take the samples to ensure safe dialysis and will document intervention in medical record. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from caring for IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning March 13, 2015, education regarding policy and performance expectations will be added to the curriculum for orientation for Home Dialysis nurses. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis Staff will perform a monthly audit of patients water and dialysate testing results to ensure they are completed on a quarterly basis. The audit will include 30 dialysis water</p>		

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V 628 Bldg. 00	494.110(a)(2) QAPI-MEASURE/ANALYZE/TRACK QUAL INDICATORS The dialysis facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the		and dialysate testing records. Any identified gap will immediately be discussed with the respective nurse and then patient on performance improvement. The audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data reflects achievement of the threshold. Results of audits will be communicated through the Home Dialysis QAPI (Quality Assurance Performance Improvement) process. Responsible Person (s): The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.	

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	<p>desired outcomes or be the outcomes themselves.</p> <p>Based on quality assessment and performance improvement (QAPI) documentation and facility policy review and interview, the facility failed to ensure machine maintenance and repairs had been included in the QAPI review in 12 (January 2014 through December 2014) of 12 months reviewed creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility's "QAPI Indicators" list for data reviewed each month for the QAPI process failed to include machine maintenance and repairs for both peritoneal dialysis and home hemodialysis. 2. The clinical manager stated, on 2-12-15 at 12:30 PM, "We track what machine is sent to what patient, but we do not keep track if the machines have to be sent in for repairs or are replaced. The patients take care of that." 3. The facility's September 2014 "Adult Renal Services Quality Assessment and Performance Improvement Program (QAPI)" policy number 2.25 states, "During each outpatient and home QAPI, 	V 628	<p>V 628 QAPI- Measure/ Analyze/Track Quality Indicators</p> <p>Failed to ensure machine maintenance and repairs had been included in the QAPI review</p> <p>Corrective Action(s):</p> <p>IU Health Home Dialysis reviewed its policies to ensure they appropriately identified the required standards of practice to ensure that machine maintenance and repairs are included in the QAPI review.</p> <p>On or before March 13, 2015, IU Home Health Dialysis nurses will be re-educated regarding the importance of ensuring machine maintenance and repairs is collected, reviewed and reported during the monthly QAPI review. This will ensure that patients are receiving appropriate service when their machine requires preventative maintenance checks or replacement. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from caring for IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work.</p> <p>Beginning March 2015, education regarding policy and performance expectations will be added to the</p>	03/13/2015

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	the following will be addressed: . . . 13. Machine maintenance."		<p>curriculum for orientation for Home Dialysis nurses. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis Staff will perform a monthly audit of IU Health Home Dialysis patient maintenance and repairs and this will be documented, reported and followed up on if necessary in the monthly QAPI meeting. The audit will include 30 machine maintenance and repair records. Any identified gap will immediately be discussed with the respective nurse and then patient on performance improvement. The audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If this threshold is achieved, then the auditing will be transitioned to a periodic, spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data reflects achievement of the threshold. Results of audits will be communicated through the Home Dialysis QAPI (Quality Assurance Performance Improvement) process.</p> <p>Responsible Person (s): The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective</p>	

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V 751 Bldg. 00	<p>494.180 GOV-ID GOV BODY W/FULL AUTHORITY/RESPONS</p> <p>The ESRD facility is under the control of an identifiable governing body, or designated person(s) with full legal authority and responsibility for the governance and operation of the facility. The governing body adopts and enforces rules and regulations relative to its own governance and to the health care and safety of patients, to the protection of the patients ' personal and property rights, and to the general operation of the facility.</p> <p>Based on policy and procedure review and interview, the governing body failed to ensure policies and procedures specific to the home dialysis program had been adopted and implemented creating the potential to affect all of the facility's 118 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. During the entrance conference, on 2-10-15 at 10:15 AM, the Executive Director indicated the home dialysis unit was a part of the Indiana University Health system. 2. The policy and procedure manual was reviewed on 2-12-15 at 8:55 AM. The manual identified the policies were for the "Indiana University Health Adult 	V 751	<p>actions to ensure that the deficiency is corrected and will not recur.</p> <p>V 751 Governing Body with Full Authority and Responsibility Failed to ensure policies and procedures specific to the home dialysis program had been adopted and implemented. Corrective Action(s): IU Health Home Dialysis reviewed its Dialysis policies and procedures which speak primarily to In Center Dialysis and CAPD and are working with the governing body to ensure policies and procedures specific to the home dialysis program are drafted, adopted, and implemented by March 6, 2015. Additionally, the Next Stage policies are being reviewed and revised to mirror current Home Dialysis practice where applicable. Education will be provided to Home Dialysis staff members regarding the new Home Dialysis policies on or before March13, 2015 with</p>	03/13/2015

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	<p>Renal Services." The "Table of Contents" evidenced policies and procedures for outpatient dialysis units. The policy and procedure manual failed to evidence home program specific policies and procedures.</p> <p>A. The policy and procedure manual failed to evidence a policy that addressed home visits to home dialysis patients to monitor their adaptation to home dialysis.</p> <p>B. The policy and procedure manual failed to evidence a policy that addressed self-monitoring patient records to be maintained by the patient, brought into the clinic, reviewed by the nurse, and incorporated into the permanent medical record.</p> <p>C. The policy and procedure manual failed to evidence a policy to define adverse events and medical errors in the home setting.</p> <p>3. The Executive Director stated, on 2-12-15 at 9:30 AM, "We do not have any policies and procedures in place that are specific to home dialysis."</p>		<p>immediate implementation. Any requisite staff members who fail to complete the education within the designated time frame will be prohibited from working with IU Health Home Dialysis patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work.</p> <p>Beginning March 2015, education regarding policy and performance expectations will be added to the curriculum for orientation for relevant staff within the IU Health Home Dialysis unit. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning March 2015, IU Health Home Dialysis Staff will be given a written test to nurses and techs to ensure they understand and are familiar with the new Home Dialysis policies and procedures. Results of the testing will be communicated through the IU Health Home Dialysis QAPI meeting.</p> <p>Responsible Person (s): The manager of the IU Health Home Dialysis Unit or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health Home Dialysis patients and the monitoring of these corrective actions to ensure that the deficiency</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			is corrected and will not recur.		