

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152622	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2013
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE CORYDON			STREET ADDRESS, CITY, STATE, ZIP CODE 1141 HOSPITAL DR NW STE B-1 CORYDON, IN 47112		
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V000000	<p>This was an ESRD federal recertification survey.</p> <p>Survey Dates: 6/18-6/21/2013</p> <p>Facility #: 011661</p> <p>Medicaid Vendor #: 200894730</p> <p>Surveyor: Dawn Snider, RN, PHNS</p> <p>Census: 33</p> <p>Hemodialysis In-Center: 33</p> <p>QA: Linda Dubak, R.N. June 27, 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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V000147	<p>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children</p> <p>I. Health care worker education and training A. Educate health-care workers regarding the ... appropriate infection control measures to prevent intravascular catheter-related infections. B. Assess knowledge of and adherence to guidelines periodically for all persons who manage intravascular catheters.</p> <p>II. Surveillance A. Monitor the catheter sites visually of individual patients. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or BSI [blood stream infection], the dressing should be removed to allow thorough examination of the site.</p> <p>Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients.</p> <p>VI. Catheter and catheter-site care B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>Based on policy review and observation, the facility failed to ensure 1 of 1 employees (A) observed treating a patient with a central venous catheter (CVC) provided care in compliance with central</p>	V000147	<p><u>494.30 (a) IC- Staff Education-Catheters/Catheter Care</u> On July 1, 2013, the Area Manager met with the Clinical Manager to review the citations from the June 2013, survey and to reinforce the Clinical</p>	07/19/2013	

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	<p>venous catheter policy creating the potential to spread infectious and communicable disease to all patients with a CVC.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Facility policy titled "CHANGING the CATHETER DRESSING" policy number FMS-CS-IC-I-105-032A with an effective date 04/12/2012 states, "Aseptic technique must be followed to prevent infections." 2. On 6/19/13 at 4:00 PM, employee A, a registered nurse, was observed to perform a CVC dressing change on patient #4 at station #5. Employee A did not place supplies for the CVC on an opened moisture proof barrier on the side table. 3. On 6/19/13 at 4:00 PM, Observed food crumbs on the surface of the side table at the time of the CVC dressing change. 		<p>Manager's responsibilities to monitor staff for compliance. As a result and to further ensure compliance, on July 10, 2013, the Clinical Manager will complete the following: On July 8, 2013 will conduct a staff meeting with the facility RNs to reinforce expectations of compliance to the following: · FMS-CS-IC-I-105-032A Changing the Catheter Dressing To ensure that all staff understands the importance to comply with facility policies, the Clinical Manager contacted the educational department and arranged for the formal reeducation of all facility RNs to be completed no later than July 19, 2013. This reeducation is inclusive of but not limited to the following: · Changing the Catheter Dressing (FMS-CS-IC-I-105-032C) The Clinical Manager or assigned designee is responsible to monitor staff for compliance to policy by observation. Additionally, the Clinical Manager monitors documentation by daily review of the patient treatment record. Any identified non-compliance will be addressed immediately and directly with the responsible staff member with progressive disciplinary action. The Clinical Manager will bring the results of the reviews and status of the applied interventions to the monthly QAI meeting for review by the QAI committee.</p>		

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			Any identified deviation from compliance will result in a plan of action being developed, implemented, and followed through to resolution. Documentation of this review and/or plan of action will be found in the QAI meeting minutes, available for review at the facility. The Clinical Manager is responsible and the QAI committee monitors for compliance.		

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V000411	<p>494.60(d)(1) PE-NURS STAFF TRAINED IN ER EQUIP & MEDS Staff training must be provided and evaluated at least annually and include the following: (iii) Ensuring that nursing staff are properly trained in the use of emergency equipment and emergency drugs.</p> <p>Based on observation and interview the facility failed to ensure 1 of 1 (Employee A) registered nurse was properly trained on the use of emergency equipment with the potential to affect all of the facility's 33 current In-center hemodialysis patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 6/18/2013 at 1:25 PM, employee A, the charge nurse, could not demonstrate how to hook up the suction or oxygen on the emergency cart. On 6/18/13 at 1:25 PM, Employee A, indicated she was unfamiliar with how to assemble the suction and oxygen and had not practiced. 	V000411	<p>494.60(d)(1) PE- Nurs Staff Trained in ER Equip & Meds On July 2, 2013 the Clinical Manager will re-educate the RN on proper use of the emergency equipment. RN will complete a return demonstration of how to assemble the suction and oxygen on the emergency cart.</p> <p>Documentation of this education can be found in the employee's personnel file.</p> <p>Further, on July 1, 2013, the Area Manager and the Clinical Manager met to review the citations from the June 21, 2013, survey and to reinforce the Clinical Manager's responsibilities to monitor staff for compliance. As a result and to further ensure compliance, on July 8, 2013, the Clinical Manager will complete reeducation on the following:</p> <ul style="list-style-type: none"> FMS-CS-IC-I-120-018A- Emergency Administration of Oxygen FMS-CS-IC-II-130-007A- Emergency Medications, Equipment and Supplies 	07/19/2013	

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			<p>Documentation of this education can be found in the employees' personnel files.</p> <p>The clinical manager is responsible for monitoring staff readiness in an emergency situation. Clinical Manager will monitor staff readiness by periodically assessing staff on emergency procedures, including return demonstrations of use of emergency equipment. Any deficiencies will be addressed with ongoing education. Results of these audits will be reviewed in monthly QAI meetings. Any identified deviation from compliance will result in a plan of action being developed, implemented, and followed through to resolution.</p> <p>The Clinical Manager is responsible and the QAI committee monitors for compliance.</p>		

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V000552	<p>494.90(a)(6) POC-P/S COUNSELING/REFERRALS/HRQOL TOOL The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.</p> <p>Based on clinical record review, policy review, and interview, the facility failed to ensure the interdisciplinary team provided the necessary monitoring and social work interventions in 1 (# 3) of 5 records reviewed with the potential to affect all of the facility's 33 current In-center hemodialysis patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #3 included documentation dated 7/25/12 by the Social Worker, "...Has not returned KDQOL" 2. The facility policy titled "Measuring Patient Physical and Mental Function (KDQOL-36)" policy number FMS-CS-IC-I-112-004A with an effective date of 4/4/12 states, "When a survey is not completed, the reason for the must be 	V000552	<p><u>94.90(a)(6) POC-P/S COUNSELING/REFERRALS/HR QOL TOOL</u></p> <p>- On July 1, 2013, the Area Manager met with the Clinical Manager to review the citations from the June 2013, survey and to reinforce the Clinical Manager's responsibilities to monitor staff for compliance.</p> <p>As a result and to further ensure compliance, on July 8, 2013, the Clinical Manager will complete the following:</p> <p>On July 8, 2013 Clinical Manager will re-educate facility MSSW on the following:</p> <p>FMS-CS-IC-I-112-004A "Measuring Patient Physical and Mental Function (KDQOL-36) Policy.</p> <p>Education will address expectations for follow up and</p>	07/19/2013			

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	<p>documented in the patient's medical record in the form of a progress note or Exclusion report printed from the KDQOL-36 application. The note should include the date the survey was presented to the patient and/or parent/guardian and the reason it was not completed."</p> <p>3. On 6/21/13 at 2:30 PM, employee B, the clinical manager, indicated the previous social worker recently retired. The current social worker, employee H, assumed her position 2 weeks ago, and there was no further documentation available.</p>		<p>documentation for those patients not completing the KDQOL.</p> <p>To ensure compliance to this policy, CM will audit monthly KDQOL surveys to ensure any KDQOLs not completed have appropriate follow up by the MSSW to counsel patients regarding importance of completing the survey and to document reasons patient did not complete the survey.</p> <p>Results of these audits will be discussed in monthly QAI meetings. Any identified deviation from compliance will result in a plan of action being developed, implemented, and followed through to resolution.</p> <p>Any identified non-compliance will be addressed immediately and directly with the responsible staff member with progressive disciplinary action.</p>		

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V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P The medical director must- (2) Ensure that- (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 policy review, document review, dialysis facility report review, clinical record review, and interview, the medical director failed to ensure the facility followed it's policies for plan of care for 1 of 1 program reviewed.</p> <p>The findings include:</p> <p>1. Facility policy titled "CHANGING the CATHETER DRESSING" policy number FMS-CS-IC-I-105-032A with an effective date 04/12/2012 states, "Aseptic technique must be followed to prevent infections." A. Facility policy titled "CHANGING the CATHETER DRESSING" policy number FMS-CS-IC-I-105-032A with an effective date 04/12/2012 states, "Aseptic technique must be followed to prevent infections." B. On 6/19/13 at 4:00 PM, employee A, a registered nurse, was</p>	V000715	<p><u>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P</u></p> <p>- On July 15, 2013 the Area Manager, Clinical Manager and Medical Director will meet to review results of the June 21, 2013 survey and requirements as defined with the Conditions for Coverage, Fresenius Medical Staff Bylaws and "Responsibilities of the Medical Director" for ensuring that all policies and procedures related to patient care are adhered to by all members of the patient care staff including the medical staff.</p> <p>The Medical Director of this facility acknowledges his responsibility to ensure all staff adheres to policy and procedure defined by Fresenius policy and the Conditions of Coverage.</p> <p>On July 8, 2013 all facility DPC staff will be reinserviced and reeducated on:</p> <p>FMS CS-IC-I-110-149A "Patient Monitoring During</p>	07/19/2013			

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	<p>observed to perform a CVC dressing change on patient #4 at station #5. Employee A did not place supplies for the CVC on an opened moisture proof barrier on the side table.</p> <p>C. On 6/19/13 at 4:00 PM, Observed food crumbs on the surface of the side table at the time of the CVC dressing change.</p> <p>2. The facility policy titled "Measuring Patient Physical and Mental Function (KDQOL-36)" policy number FMS-CS-IC-I-112-004A with an effective date of 4/4/12 states, "When a survey is not completed, the reason for the must be documented in the patient's medical record in the form of a progress note or Exclusion report printed from the KDQOL-36 application. The note should include the date the survey was presented to the patient and/or parent/guardian and the reason it was not completed."</p> <p>A. Clinical record #3 included documentation dated 7/25/12 by the Social Worker, "...Has not returned KDQOL"</p> <p>B. The facility policy titled "Measuring Patient Physical and Mental Function (KDQOL-36)" policy number FMS-CS-IC-I-112-004A with an effective date of 4/4/12 states, "When a survey is</p>		<p>Treatment" Policy #132-080-104</p> <p>"</p> <ul style="list-style-type: none"> FMS-CS-IC-II-125-023C <p>"Complications of Hemodialysis: Management and Prevention of Clotted Dialyzer" Policy.</p> <ul style="list-style-type: none"> Staff education will address need for DPC staff to report observed changes or abnormal findings in the patient's condition or vascular access, changes reported by the patient, recent hospitalizations, or medical procedures to the RN who is functioning as the Team Leader/Charge Nurse who will assess the patient. Education will also address need for all direct patient care staff to document RN notification on the patient's treatment sheet. <p>Clinical Manager (or designee) will monitor adherence to policy with:</p> <ul style="list-style-type: none"> Monthly audits of treatment records for 10% of the patients for 3 months to monitor compliance to documenting RN notification and appropriate RN follow up and RN documentation. <p>Additionally, the Clinical Manager will formalize a report for the monthly QAI meeting, detailing compliance gaps noted with RN notification documentation. This</p>				

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	<p>not completed, the reason for the must be documented in the patient's medical record in the form of a progress note or Exclusion report printed from the KDQOL-36 application. The note should include the date the survey was presented to the patient and/or parent/guardian and the reason it was not completed."</p> <p>C. On 6/21/13 at 2:30 PM, employee B, the clinical manager, indicated the previous social worker recently retired. The current social worker, employee H, assumed her position 2 weeks ago, and there was no further documentation available.</p> <p>3. The facility policy titled "Patient Monitoring During Patient Treatment" policy number FMS-CS-IC-I-110-149A with an effective date 04/07/12 states, "The staff member who collects information pre, post and during treatment will document their findings. Any observed changes or abnormal findings in the patient's condition or vascular access, changes reported by the patient, recent hospitalizations, or medical procedures (ex. dental procedures) must be reported to the qualified licensed registered nurse who is functioning as the Team Leader/Charge Nurse who will assess the patient.</p>		<p>report will include corrective actions implemented to correct deficiencies. Medical Director with QAI committee will review and determine further action as necessary to maintain compliance. If the Medical Director determines continued deficiencies – he will escalate them to the Governing Body and Regional Vice President's attention to ensure timely corrective actions and resolution. The QAI minutes document this activity and are available for review at the facility.</p>				

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	<p>A. Clinical record #2 flow sheets failed to evidence documentation the registered nurse was notified of changes in the patient's condition for 2 of 10 flow sheets.</p> <p>i. On 5/31/13 at 15:03, the patient's blood pressure was 56/28. The Patient Care Technician (PCT) documented, "UF off: pt c/o not feeling well" The PCT, employee D, failed to document the registered nurse had been notified of the drop in the patient's blood pressure.</p> <p>ii. On 6/10/13 at 14:57, the PCT documented, "system clotted new set up" The PCT, employee C, failed to document the registered nurse had been notified of the system clotting.</p> <p>B. The facility policy titled "Patient Monitoring During Patient Treatment" policy number FMS-CS-IC-I-110-149A with an effective date 04/07/12 states, "The staff member who collects information pre, post and during treatment will document their findings. Any observed changes or abnormal findings in the patient's condition or vascular access, changes reported by the patient, recent hospitalizations, or medical procedures (ex. dental procedures) must be reported to the qualified licensed registered nurse who is functioning as the Team</p>						

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	<p>Leader/Charge Nurse who will assess the patient.</p> <p>C. The facility policy titled "Complications of Hemodialysis: Management and Prevention of Clotted Dialyzer" policy number FMS-CS-IC-II-125-023C with an effective date 10/3/12 states, " Notify Team Leader or Charge Nurse of the estimated blood loss. ..."</p> <p>D. On 6/21/13 at 1:50 PM, the clinical manager indicated the PCT made the registered nurse aware of changes but the PCT failed to document the notification.</p> <p>4. The facility policy titled "Complications of Hemodialysis: Management and Prevention of Clotted Dialyzer" policy number FMS-CS-IC-II-125-023C with an effective date 10/3/12 states, " Notify Team Leader or Charge Nurse of the estimated blood loss. ..."</p> <p>A. Clinical record #2 flow sheets failed to evidence documentation the registered nurse was notified of changes in the patient's condition for 2 of 10 flow sheets.</p> <p>i. On 5/31/13 at 15:03, the patient's blood pressure was 56/28. The Patient</p>				

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	<p>Care Technician (PCT) documented, "UF off: pt c/o not feeling well" The PCT, employee D, failed to document the registered nurse had been notified of the drop in the patient's blood pressure.</p> <p>ii. On 6/10/13 at 14:57, the PCT documented, "system clotted new set up" The PCT, employee C, failed to document the registered nurse had been notified of the system clotting.</p> <p>B. The facility policy titled "Patient Monitoring During Patient Treatment" policy number FMS-CS-IC-I-110-149A with an effective date 04/07/12 states, "The staff member who collects information pre, post and during treatment will document their findings. Any observed changes or abnormal findings in the patient's condition or vascular access, changes reported by the patient, recent hospitalizations, or medical procedures (ex. dental procedures) must be reported to the qualified licensed registered nurse who is functioning as the Team Leader/Charge Nurse who will assess the patient.</p> <p>C. The facility policy titled "Complications of Hemodialysis: Management and Prevention of Clotted Dialyzer" policy number FMS-CS-IC-II-125-023C with an</p>						

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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE CORYDON			STREET ADDRESS, CITY, STATE, ZIP CODE 1141 HOSPITAL DR NW STE B-1 CORYDON, IN 47112		
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	<p>effective date 10/3/12 states, " Notify Team Leader or Charge Nurse of the estimated blood loss. ..."</p> <p>D. On 6/21/13 at 1:50 PM, the clinical manager indicated the PCT made the registered nurse aware of changes but the PCT failed to document the notification.</p>				

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V000726	<p>494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>Based on clinical review and facility policy review, and interview, the facility failed to ensure medical records were complete and included all pertinent information related to patient treatment in 1 of 5 (#2) records reviewed with the potential to affect all of the facility's 33 current In-center hemodialysis patients.</p> <p>The findings include:</p> <p>1. Clinical record #2 flow sheets failed to evidence documentation the registered nurse was notified of changes in the patient's condition for 2 of 10 flow sheets.</p> <p>A. On 5/31/13 at 15:03, the patient's blood pressure was 56/28. The Patient Care Technician (PCT) documented, "UF off: pt c/o not feeling well" The PCT, employee D, failed to document the registered nurse had been notified of the drop in the patient's blood pressure.</p>	V000726	<p>494.170 MR- COMPLETE- ACCURATE-ACCESSIBLE</p> <p>On July 1, 2013, the Area Manager met with the Clinical Manager to review the citations from the June 2013, survey and to reinforce the Clinical Manager's responsibilities to monitor staff for compliance. As a result and to further ensure compliance, on July 8, 2013, the Clinical Manager will complete the following:</p> <p>On July 8, 2013 all facility DPC staff will be reinserviced and reeducated on:</p> <ul style="list-style-type: none"> · FMS CS-IC-I-110-149A "Patient Monitoring During Treatment" Policy #132-080-104 · FMS-CS-IC-II-125-023C "Complications of Hemodialysis: Management and Prevention of Clotted Dialyzer" Policy. · Staff education will address need for DPC staff to 	07/19/2013			

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	<p>B. On 6/10/13 at 14:57, the PCT documented, "system clotted new set up" The PCT, employee C, failed to document the registered nurse had been notified of the system clotting.</p> <p>2. The facility policy titled "Patient Monitoring During Patient Treatment" policy number FMS-CS-IC-I-110-149A with an effective date 04/07/12 states, "The staff member who collects information pre, post and during treatment will document their findings. Any observed changes or abnormal findings in the patient's condition or vascular access, changes reported by the patient, recent hospitalizations, or medical procedures (ex. dental procedures) must be reported to the qualified licensed registered nurse who is functioning as the Team Leader/Charge Nurse who will assess the patient.</p> <p>3. The facility policy titled "Complications of Hemodialysis: Management and Prevention of Clotted Dialyzer" policy number FMS-CS-IC-II-125-023C with an effective date 10/3/12 states, " Notify Team Leader or Charge Nurse of the estimated blood loss. ..."</p> <p>4. On 6/21/13 at 1:50 PM, the clinical</p>		<p>report observed changes or abnormal findings in the patient's condition or vascular access, changes reported by the patient, recent hospitalizations, or medical procedures to the RN who is functioning as the Team Leader/Charge Nurse who will assess the patient.</p> <p>Clinical Manager (or designee) will monitor adherence to policy with:</p> <ul style="list-style-type: none"> Monthly audits of treatment records for 10% of the patients for 3 months to monitor compliance to documenting RN notification and appropriate RN follow up and RN documentation. <p>Additionally, the Clinical Manager will formalize a report for the monthly QAI meeting, detailing compliance gaps noted with RN notification documentation. This report will include corrective actions implemented to correct deficiencies. Medical Director with QAI committee will review and determine further action as necessary to maintain compliance.</p> <p>The QAI minutes document this activity and are available for review at the facility.</p>				

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