

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152527	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2014
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NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE RENAL CARE VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 606 LINCOLN WAY VALPARAISO, IN 46383
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V000000	<p>This was a Federal ESRD [CORE] recertification survey.</p> <p>Survey dates were 9/18/14, 9/19/14, 9/22/14, and 9/23/2014.</p> <p>Facility Number: 007208</p> <p>Medicaid Number: 200315330C</p> <p>Surveyor: Michelle Weiss RN MSN Public Health Nurse Surveyor</p> <p>In Center Hemodialysis Patients: 39 Home Peritoneal Patients: 4</p> <p>Comprehensive Renal Care Valparaiso was found to be out of compliance with the Condition for Coverage 494. 90: Patient Plan of Care.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 2, 2014</p>	V000000		
V000116	494.30(a)(1)(i) IC-IF TO STATION=DISP/DEDICATE OR			

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>DISINFECT</p> <p>Items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient.</p> <p>-- Nondisposable items that cannot be cleaned and disinfected (e.g., adhesive tape, cloth covered blood pressure cuffs) should be dedicated for use only on a single patient.</p> <p>-- Unused medications (including multiple dose vials containing diluents) or supplies (syringes, alcohol swabs, etc.) taken to the patient's station should be used only for that patient and should not be returned to a common clean area or used on other patients.</p> <p>Based on observation, facility policy review, and Center for Disease Control and Prevention (CDC) safety guidelines review, the nurse failed to disinfect a glucometer that was used on a patient and before returning to the common clean area in 1 of 2 observations of disinfection of equipment creating the potential to effect all 39 incenter dialysis patients. (Employee D)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On September 18, 2014, from 11:15 to 11:30, employee D was observed using the glucometer on two occasions on patient # 1 and returning it to the nurses station without disinfecting it. DaVita Policy 1-08-06, Title: Blood 	V000116	<p>Assistant Facility Administrator (AFA) held mandatory in-services for all Clinical Teammates (TMs) on 10/07/2014. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet. In service included review of <i>Policy & Procedure # 1-05-01 Infection Control for Dialysis Facilities, Policy & Procedure #1-08-06 Blood Glucose Testing</i> emphasizing that the blood glucose meter must be disinfected with 1:100 bleach solution after each use with a disposable washcloth and prior to returning to designated clean area.</p> <p>Infection Control Manager or designee will conduct infection control audits daily x 1 week, weekly x 2 weeks, then monthly ongoing. AFA will review of all audits with TMs during home room meetings</p>	10/26/2014

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V000122	<p>Glucose Testing states, "The Davita approved blood glucose monitor is disinfected with a disposable cloth moistened with a 1:100 bleach/water solution after every use and with a 1:0 bleach/water solution whenever visibly soiled with blood."</p> <p>3. The CDC safety alert (Division of Healthcare Quality Promotion, 05-02-2012) "Infection Prevention during Blood Glucose Monitoring and Insulin Administration" states, "The risk of infection is present in any setting where blood glucose monitoring equipment is shared or those assisting with blood glucose monitoring and/or insulin administration fail to follow basic principles of infection control. ... the device should be cleaned and disinfected after after use per manufacturers instructions, to prevent carry over of blood and infectious agents."</p> <p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing-</p> <p>(4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures,</p>		<p>and with Medical Director during monthly Facility Health Meeting, minutes will reflect.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p>		

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	<p>for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. Based on observation and review of the Center for Disease Control (CDC) and CMS guidelines, the facility failed to disinfect the dialysis machine in 1 out of 2 observations of Cleaning and Disinfection of the Dialysis Station. (employee A)</p> <p>Findings:</p> <p>1. On Friday, September 19, 2004, at 10:00, Employee A, a patient care technician, was observed to be cleaning the dialysis machine in between the completion of one patient's treatment and post dialysis care and the initiation of the next patient's care and did not disinfect the inside of the prime waste container.</p> <p>2. CDC RR Table 2 guidelines "Cleaning and Disinfection of Environmental Surfaces" include external surface of dialysis machines. CMS Interpretive guidance state, "In hemodialysis units, cleaning and disinfection procedures during patient changeover are particularly prone to error and contribute to risk of cross-contamination if correct procedures are not observed.</p>	V000122	<p>AFA held mandatory in-services for all Clinical TMs on 10/08/2014. In-service included review of <i>Policy & Procedure #1-05-01 Infection Control for Dialysis Facilities</i> emphasizing proper procedure for disinfection with bleach solution between patient treatments of machine, chair and surrounding equipment. TMs must disinfect prime containers between patient treatments. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet</p> <p>Infection Control Manager or designee will conduct infection control audits daily x 1 week, weekly x 2 weeks, then monthly ongoing. AFA will review all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meeting, minutes will reflect.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p>	10/26/2014

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V000196	<p>"Cleaning and Disinfection of the Dialysis Station", Centers for Medicare & Medicaid Services Version 1.1., states, "If present; prime waste container must be disinfected before used to prepare for another patients treatment."</p> <p>494.40(a) CARBON ADSORP-MONITOR, TEST FREQUENCY 6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are no set patient shifts, testing should be performed approximately every 4 hours.</p> <p>Results of monitoring of free chlorine, chloramine, or total chlorine should be recorded in a log sheet.</p> <p>Testing for free chlorine, chloramine, or total chlorine can be accomplished using the N.N-diethyl-p-phenylene-diamine (DPD) based test kits or dip-and-read test strips. On-line monitors can be used to measure chloramine concentrations. Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels described in [AAMI] 4.1.1 (Table 1) [which is a maximum level of 0.1 mg/L].</p>			

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	<p>Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramine levels will decrease if the sample is not assayed promptly.</p> <p>Based on facility record review, interview, and review of professional standards, the facility failed to test for free chlorine for 1 of 1 water log reviewed creating the potential to effect all of the facility's 39 incenter hemodialysis patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility water/dialysate log 2-07-04A with the employee K, the biomed technician, on 9.18.14 it was noted that there was an omitted chlorine test on 9. 11. 2014. 2. On 9.18.14 at 3:00 PM, The Biomed technician. employee K, stated with regard to the omitted test, "It had been an error. A technician is assigned to perform the test every four hours. An alarm goes off on the patient floor to remind them and then the RN must confirm and cosign. It wasn't done this time." 3. Water quality testing guidelines from AAMI standards, ANSI/AM RD52, Table 4 states: "For carbon absorption beds, monitor the product water levels of free chlorine and/or total chlorine 	V000196	<p>AFA held mandatory in-services for all Clinical TMs responsible for water treatment monitoring on 10/06/2014. In-service included review of <i>Policy & Procedure #2-05-02 Daily Water System Total Chlorine Monitoring</i> emphasizing TMs must perform Total Chlorine testing daily prior to first patient treatment and every 4 hours until activities that require use of dialysis quality water are complete. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>Charge Nurse will audit Total Chlorine Testing log daily on going. AFA or designee will audit Total Chlorine Testing log weekly for a month, bi-weekly for month, then monthly random audits. AFA will review of all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meeting, minutes will reflect.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p>	10/26/2014

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V000402	<p>between the beds prior to beginning each patient shift. Expected result is <0.1 mg/L of total chlorine. ... Chlorine and chloramines or total chlorine must be tested prior to each shift or if there is no set shifts testing should be performed every 4 hours (RD52, 6.2.5)."</p> <p>494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public. Based on observation and interview, the facility failed to provide a system to ensure patient safety by not providing a method for summoning immediate assistance in an exam room.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On September 19, 2014, at 3:00 PM, a tour of the facility evidenced a lack of a call string, alarm, or method to call for help in an exam room used for patient training and home therapies. 2. In an interview with one of the facility administrators present September 19, 2014, at 3:00 PM, employee O stated, "It must have been an oversight." 	V000402	<p>Call light string alarm installation ordered on 9/19/2014 for home training room, once installed and function verified; patients will be educated on use as method for summoning for assistance. Until full installation a staff member will be present at all times with patient in training room.</p> <p>AFA or designee will conduct monthly observational physical plant audits to ensure facility is in good repair, along with ensuring facility maintains safe environment for patients and TMs including verifying call light string alarm available and functioning for patient training and home therapies. AFA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect.</p>	10/26/2014

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V000403	<p>494.60(b) PE-EQUIPMENT MAINTENANCE-MANUFACTURER'S DFU The dialysis facility must implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations.</p> <p>Based on observation, interview, and review of facility policy, the facility failed to maintain ancillary equipment, the blood glucose monitor, to safely and accurately provide in-house laboratory testing for 1 of 1 observation of use of the glucose monitor. (Employee D)</p> <p>Findings:</p> <ol style="list-style-type: none"> On September 18, 2014, at 11:30 AM, employee D obtained a blood glucose for patient # 1 using the facility glucometer. Review of Log entry "Hemodialysis Policies, Procedures & guideline", Vol 1 Procedure: 1-08-06 evidenced the glucometer Low Control and High Control tests for the glucometer were not completed per policy. The dates listed on the log citing the dates that the 	V000403	<p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p> <p>Bottles of control solution were immediately discarded and new solution placed into service.</p> <p>AFA held mandatory in-services for all Clinical TMs on 10/07/2014. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet. In-service included review of <i>Policy & Procedure #1-08-06 Blood Glucose Testing Policy and Policy & Procedure #1-08-06A Freestyle Precision H Blood Glucose Monitor Quality Control (QC)</i> emphasizing 1) TMs must perform Quality Control daily, before meter is used, whenever there is reason to question blood glucose results and any time the test strips have been exposed to extremes in temperature as well as when a new box of test strips is opened; TMs must document all control testing on Quality Control Log. 2) TMs must verify control solution is dated when opened and verify solution has not</p>	10/26/2014

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V000411	<p>glucometer was checked using the control solutions were 12/22/13, 1/18/14, and 2/18/14.</p> <p>3. Facility Policy titled "Freestyle Precision H Blood Glucose Monitor: Quality Control (QC)," Procedure: 1-08-06 A. states, "Do not use control solution past expiration date. Discard control solution three (3) months after opening or on the expiration date on the bottle whichever comes first. " and "In addition to the REQUIRED DAILY control checks glucose controls are used ... "</p> <p>4. The facility administrator, employee O, on September 19, 2014, at 12:30 PM, stated, "There was not documentation of a control solution test and it appears the solutions are expired."</p> <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. Based on observation, interview, and</p>			V000411	<p>expired prior to conducting control checks. TMs instructed that control solutions expire 3 months after opening or expiration date noted on the bottle whichever comes first, should not be used, discarded, and replaced with a new control solution.</p> <p>AFA or designee to audit quality control log weekly x 1 month, bi-weekly x 1 month then random monthly audits on-going. AFA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p> <p>Non-labeled opened Glucose tablets were immediately discarded and</p>		10/26/2014

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	<p>review of facility policy, the facility failed to ensure its nursing staff were properly trained in the use of emergency drugs in an observation of 1 of 1 patient having an emergency creating the potential to effect all 39 dialysis patients. (Patient #1)</p> <p>Findings include:</p> <p>1. On September 18, 2014, at 11:30 AM, Employee D, registered nurse (RN), was called to the chairside of patient #1 with symptoms of confusion. The patient had told the patient care technician (PCT), employee M, that he thought his blood sugars were "getting low." The patient was observed closing his eyes while trying to communicate and slurring his words. Within minutes the patient became increasingly less responsive and the nurse obtained a blood sugar of 43 mg/dL. The PCT gave the patient Mountain Dew and asked him unsuccessfully to eat pieces from a granola bar while the nurse called 911 and the nurse practitioner. Then the RN administered oxygen through a nasal cannula and gave the patient some cake-decorator -icing orally from a tube. The RN rechecked the blood glucose via the facility glucometer and obtained a reading a 47 mg/dL before the local emergency response team arrived. The</p>		<p>glucose gel was ordered to be placed in emergency cart and next to glucometer.</p> <p>AFA will conduct Mock Drill for all facility TMs by 10/23/2014 for care related emergencies including Hypoglycemia.</p> <p>AFA and Clinical Nurse Manager held in-service for all nursing staff on 9/19/2014 reviewing facility emergency equipment and emergency medications available in facility, location, and appropriate monitoring of those supplies and medications to verify availability at all times in the event of emergency. AFA held mandatory in-services for all Clinical TMs on 10/8/2014. In-service included review of <i>Policy & Procedure # 1-02-08 Emergency Equipment Checks</i>, emphasizing 1) Emergency medication such as emergency glucose gel located in emergency cart, glucose gel tube must be dated when opened and discarded after 90 days 2) Following equipment checks must be performed by a licensed nurse, TM must verify designated equipment is available and functional: Weekly: Oxygen supply is adequate with at least 1 tank on or next to crash cart, airways are available, suction is operational, AED is operational and pads are compatible with device, ambu bag operational, emergency cart is clean, operational, and supplies/medications have not expired. Verification of attendance at</p>	

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	<p>Emergency Medical Technician (EMT) treated the patient with Dextrose 50% intravenous and prepared to transport the patient to the Emergency room. The patient, who responded to the treatment was noted to be oriented to person, time, and place. The patient refused transport. His blood sugar after the EMTs treatment was verbalized to be 181 mg/dL by the EMT.</p> <p>2. At 12:00 PM on September 18, 2014, employee D was unable to state whether emergency medicines were available to treat hypoglycemia and stated, "I don't know if we keep glucose on the crash cart. We do have a mock code, a drill, annually, but I'm not sure what medications we keep for emergency."</p> <p>3. At 1:30 PM on September 18, 2014, facility administrator, employee A, located glucose tablets in a drawer in the medication station where other medications and miscellaneous items were stored. The glucose tablets had been opened but were undated. The drawer was not labeled. The facility administrator was unable to provide a list of emergency medications kept onsite.</p> <p>4. The facility Policy 1-02-08 "Emergency Equipment Checks" states, "Emergency equipment, including, but</p>		<p>in-service will be evidenced by TMs signature on in-service sheet.</p> <p>AFA or designee will ensure compliance by conducting weekly audits reviewing emergency equipment logs x 1 month, then monthly. All facility TMs will take Emergency Preparedness training annually as well as participate in scheduled mock emergency drills at the facility. AFA will review audit results, emergency education, and TM response of mock drills with Medical Director during monthly Facility Health Meeting, action plans based on TM response will be developed as needed, minutes will reflect.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p>	

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V000413	<p>not limited to, oxygen, airways, suction, automated external defibrillator (AED), and artificial resuscitator (ambu bag), and emergency drugs will be on the premises at all times."</p> <p>494.60(d)(3) PE-ER EQUIP ON PREMISES-02, AED, SUCTION Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure emergency drugs were on the premises and available in 1 of 1 observation of a patient having an emergency creating the potential to effect all 39 dialysis patients. (Patient #1)</p> <p>Findings include:</p> <p>1. On September 18, 2014, at 11:30 AM, Employee D, registered nurse (RN), was called to the chairside of patient #1 with symptoms of confusion. The patient had told the patient care technician (PCT), employee M, that he thought his</p>	V000413	<p>Non-labeled opened Glucose tablets were immediately discarded and glucose gel was ordered to be placed in emergency cart and next to glucometer.</p> <p>AFA held mandatory in-services for all Clinical TMs on 10/08/2014. In-service included review of <i>Policy & Procedure # 1-02-08 Emergency Equipment Checks</i>, emphasizing following equipment checks must be performed by a licensed nurse, TM must verify designated equipment is available and functional: Weekly: Oxygen supply is adequate with at least 1 tank on or next to crash cart, airways are available, suction is operational, AED is operational and pads are compatible with device, ambu bag operational, emergency</p>	10/26/2014

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	<p>blood sugars were "getting low." The patient was observed closing his eyes while trying to communicate and slurring his words. Within minutes the patient became increasingly less responsive and the nurse obtained a blood sugar of 43 mg/dL. The PCT gave the patient Mountain Dew and asked him unsuccessfully to eat pieces from a granola bar while the nurse called 911 and the nurse practitioner. Then the RN administered oxygen through a nasal cannula and gave the patient some cake-decorator -icing orally from a tube. The RN rechecked the blood glucose via the facility glucometer and obtained a reading a 47 mg/dL before the local emergency response team arrived. The Emergency Medical Technician (EMT) treated the patient with Dextrose 50% intravenous and prepared to transport the patient to the Emergency room. The patient, who responded to the treatment was noted to be oriented to person, time, and place. The patient refused transport. His blood sugar after the EMTs treatment was verbalized to be 181 mg/dL by the EMT.</p> <p>2. At 12:00 PM on September 18, 2014, employee D was unable to state whether emergency medicines were available to treat hypoglycemia and stated, "I don't know if we keep glucose on the crash</p>		<p>cart is clean, operational, and supplies/medications have not expired. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>AFA or designee will ensure compliance by conducting weekly audits reviewing emergency equipment logs x 1 month, then monthly. AFA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p>	

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V000507	<p>cart. We do have a mock code, a drill, annually, but I'm not sure what medications we keep for emergency."</p> <p>3. At 1:30 PM on September 18, 2014, facility administrator, employee A, located glucose tablets in a drawer in the medication station where other medications and miscellaneous items were stored. The glucose tablets had been opened but were undated. The drawer was not labeled. The facility administrator was unable to provide a list of emergency medications kept onsite.</p> <p>4. The facility Policy 1-02-08 "Emergency Equipment Checks" states, "Emergency equipment, including, but not limited to, oxygen, airways, suction, automated external defibrillator (AED), and artificial resuscitator (ambu bag), and emergency drugs will be on the premises at all times."</p> <p>494.80(a)(4) PA-ASSESS ANEMIA The patient's comprehensive assessment must include, but is not limited to, the following: (4) Evaluation of factors associated with</p>						

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	<p>anemia, such as hematocrit, hemoglobin, iron stores, and potential treatment plans for anemia, including administration of erythropoiesis-stimulating agent(s). Based on observation and review of records, the interdisciplinary team failed to evaluate the patient's anemia or causes of a hyporesponse to erythropoiesis stimulation agents and/or iron therapy in 1 of 5 records reviewed. (Patient 2)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Patient # 2 was observed bleeding from his cannulation site on September 18, 2014, at 11:35 PM. The patient was holding pressure to the site, but it continued to bleed until the technician came to assist. The record evidenced lab results from 9/11/14 were a hematocrit of 25.8 and Hemoglobin of 7.9. A Progress note from Employee D dated 9/18/14 at 08:49 AM evidenced, "Category name: Anemia. Text: Venofer increased to 100 mg [milligram] x 10 doses per _ NP [nurse practitioner]." <p>A. The comprehensive assessment dated 8/28/2014 at 09:31 AM by the NP stated, "Stable, no complaints, Meds, labs and data trends reviewed ... HGB: Unsatisfactory Continue management per protocols. Iron: Satisfactory Continue</p>	V000507	<p>Interdisciplinary Team (IDT) initiated Comprehensive Re-Assessment and Plan of Care for Patient #2 on 9/19/14 to include detailed evaluation of recent hospitalization, current health status, factors associated with anemia including hypo response and to develop individualized treatment plan to meet patient needs. Clinical Nurse Manager and AFA will hold mandatory in-service for all IDT members by 10/26/2014 to review <i>Policy & Procedure #1-14-02 Patient Assessment and Plan of Care Utilizing Falcon Dialysis</i> emphasizing team must conduct evaluation of factors associated with anemia including possible causes of hypo response to ESAs, documentation of that evaluation, and develop treatment plan to achieve goals and meet patient needs. IDT must follow up and readjust plan of care as necessary and document as such in patient's medical record. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet. AFA held mandatory in-services for all Clinical TMs on 10/14/2014 reviewing <i>Policy & Procedure #1-03-12 Post Treatment Assessment</i>, emphasizing team must notify licensed nurse of of difficulties</p>	10/26/2014			

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	<p>management per protocols Comments- adjust Epo."</p> <p>B. Medication list identifies the patient takes 5 mg of coumadin daily. (Side effect of potential bleeding.)</p> <p>C. The record evidenced that patient had been hospitalized. Hospital records obtained after facility interview evidenced hospitalization 9/2/14 to 9/7/14 and stated, "Coumadin use for AFIB [atrial fibrillation] /AFLUTTER [atrial flutter] ... Patient was given blood transfusion and had complete workup for GI [gastrointestinal] bleed."</p> <p>D. Physician patient notes include Epogen dose changes 2200 units 2x each week, 5/14/14, 5500 units 3x each week 6/10/14, 11000 3x each week 6/26/14, 15400 3x each week, 6/27/14. and 14,300 units 7/11/14 and currently continues on 14,300 units 3x each week.</p> <p>E. The record failed to evidence the causes of a hyporesponse to erythropoiesis stimulation agents.</p> <p>2. The most recent plan of plan of care from the patient's chart was dated and signed 7/17/2012. All 4 of the anemia goals were marked as "met" at that time.</p>		<p>achieving patient hemostasis post treatment. If the patient's condition requires intervention, the licensed nurse assesses the patient, collects any additional data needed; takes appropriate action, contacts physician if warranted, and follows physician orders. All findings, interventions and patient response will be documented in patient's medical record. RN is responsible for daily monitoring. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet. Log initiated for all patients currently on Coumadin Therapy to include most recent lab draw, current prescribed dose and date of current order, ordering physician for Coumadin, rationale for Coumadin therapy. Licensed nurse is responsible for monitoring this log, updating to include new patients, verifying that all the information in log and changes are also reflected in patient's progress notes/medication list etc. Anemia Manager will be responsible to attend monthly Facility Health Meetings to review anemia management with Medical Director. Clinical Nurse Manager or designee will conduct Medical Records Audits monthly for 10% of current patients monthly to ensure patient's individualized plan of care includes measureable goals and specific to patient's needs. AFA will</p>		

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V000540	<p>494.90 CFC-PATIENT PLAN OF CARE</p> <p>Based on observation, record review, and interview, it was determined the facility failed to ensure the interdisciplinary team updated a plan of care for 1 of 4 hemodialysis records reviewed creating the potential to affect all 43 dialysis patients (See V 542), failed to update the plan of care to identify the current blood flow rate in 1 out 4 observations with the potential to effect the facilities 39 hemodialysis patients (See V 543), failed to ensure the interdisciplinary team sustained the patient's hemoglobin in 1 of 5 records reviewed creating the potential to effect all 39 hemodialysis patients (See V 547), and failed to ensure the interdisciplinary team updated a plan of care for 1 out 4 records reviewed (#2) creating the potential to affect all 43 dialysis patients (See V 558)</p> <p>The cumulative effect of these systemic problems resulted in the facility's inability to meet the requirements of this Condition for Coverage 494. 90: Patient Plan of Care.</p>	V000540	<p>review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect. The AFA and Medical Director are responsible for compliance with this Plan of Correction</p> <p>DaVita Valparaiso takes the conditions of coverage very seriously, immediate steps were taken to ensure facility continuously assesses patients' outcomes, updates patients' plan of care to meet goals. These actions are outlined in depth in the plan of correction for V542, V543, V547, and V558.</p> <p>Governing Body (GB) meeting was held on 10/6/2014 to review the deficiencies received as a result of survey concluded on 9/26/2014. Members of the GB including the Medical Director, AFA, Clinical Nurse Manager and Regional Operations Director (ROD) have agreed to discuss weekly to monitor facility's ongoing progress towards compliance including but not limited to: 1) Ensuring IDT develops comprehensive assessments and individualized plan of care for all patients per policy; 2) Ensuring IDT assesses and monitors patient outcomes, identifies need for adjustment of patient plan of care when goals are not met, and implements changes based on patients current health status. GB</p>	10/26/2014

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V000542	<p>494.90(a) POC-IDT DEVELOPS PLAN OF CARE The interdisciplinary team must develop a plan of care for each patient. Based on observation, record review, and interview, the interdisciplinary team failed to update a plan of care for 1 of 4 hemodialysis records reviewed (#2) creating the potential to effect all 43 dialysis patients.</p> <p>Findings include:</p> <p>1. Patient # 2 was observed bleeding excessively from his discontinued cannulation site on September 18, 2014, at 11:35 AM. The patient was holding pressure to the site, but it continued to bleed while he attempted to get the</p>	V000542	<p>will review FHM minutes to ensure minutes reflect, action plans initiated, evaluated for effectiveness, new plans developed as applicable. Once compliance is achieved, Plan of Correction will be monitored during GB meetings at a minimum of quarterly. This plan of correction will also be reviewed during Facility Health Meetings and the AFA will report progress, as well as any barriers to maintaining compliance, with supporting documentation included in the meeting minutes.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p> <p>IDT initiated Comprehensive Re-Assessment and Plan of Care for Patient #2 on 9/19/2014 to include detailed evaluation of recent hospitalization, current health status, factors associated with anemia including hypo response and developed individualized treatment plan to meet patient needs.</p> <p>On 9/18/2014 Facility Administrator, RN called patients physician, and nurse in charge at correctional facility to notify of patients difficulties post treatment achieving hemostasis. Minimum of weekly licensed nurse or designee will communicate with correctional</p>	10/26/2014

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	<p>attention of the technicians and nurses who were with other patients. The blood pooled into the blue chux padding for several minutes before the technician came to assist him. After the situation was addressed, he was handcuffed (which is noted because the patient would be unable to apply pressure if it began to bleed again) and transported to the county facility where he is currently staying. The nurse did not communicate any risks to the officers transporting the patient.</p> <p>2. In an interview with employee B, on September 22 at 1:30, "It is my role to be certain to track when the plan of care is due to be updated. This patient is essentially a visitor, but I am also the person responsible at the facility where he regularly dialyzes and there is not a more current plan of care than the one we have here. Usually the computer will flag when it is due and in the patients case that did not happen."</p> <p>3. The plan of care reviewed with the facility team, including the facility administrator, was dated and signed 7/17/2012. All of 8 psychosocial categories and all 4 of the anemia goals were marked as "met" at that last date.</p>		<p>facility regarding patient update or upon any adverse occurrence to patient which will be noted in communication log to be kept at RN station. AFA will review weekly for ongoing communication compliance.</p> <p>Effective 10/11/2014 charge nurse will be responsible to educate correctional officers transporting Patient #2 regarding risks and instructions on how to assist patient if bleeding occurs during transport. Officers will sign in-service sheet acknowledging education.</p> <p>Clinical Nurse Manager and AFA will hold mandatory in-service for all IDT members on 10/08/2014 to review Policy & Procedure #1-14-02 Patient Assessment and Plan of Care Utilizing Falcon Dialysis emphasizing 1) IDT must ensure that a comprehensive assessment followed by initial plan of care based on the findings from comprehensive assessment is conducted on all new patients within 30 calendar days or 13 outpatient dialysis sessions beginning with the first outpatient dialysis treatment, 2) If Comprehensive Assessment and Plan of Care is received with experienced dialysis patient is transferring in from one facility to another, and was completed by IDT in the last year, the IDT must review patient assessment and plan of care to determine that documents reflect patient's current status and needs. If documents are inadequate or patient</p>				

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			<p>deemed unstable, IDT will assess patient within usual 30 days. If documents are adequate and patient is stable, IDT must conduct re-assessment within 3 months of admission. IDT must meet within 15 days of completion of re-assessment to complete and initiate plan of care. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>Tracking tool initiated for purposes of planning and tracking patient's Interdisciplinary Assessment/Re Assessment and Plan of Care due dates to ensure completion on time. AFA and Registered Dietician will be responsible to monitor and review tracking tool in weekly Core Team meetings.</p> <p>Anemia Manager will be responsible to attend monthly Facility Health Meetings to review anemia management with Medical Director. Registered Dietician or designee will conduct Medical Records Audits monthly for 100% of new admissions and 10% of current patients monthly to verify IDT Assessments and Plans of Care are in place, up-to-date, and documentation appropriate. AFA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p>	

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V000543	<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 observation, interview, and review of records and documents, the facility failed to update the plan of care to identify the current blood flow rate in 1 out 4 observations with the potential to effect the facilities 39 hemodialysis patients. (#5)</p> <p>Findings:</p> <p>1. On September 19, 2014, at 7:30 AM, patient # 5 had a prescription for 350 blood flow rate but the dialysis machine was set and the patient was currently dialyzing at a blood flow rate of 500 ml/min (milliliters per minute).</p> <p>2. On September 19, 2014, at 8:05 AM, the Registered Nurse, employee E, stated, "This patient has a larger gauge now and so the blood range can go up to 500 during treatment based on those guidelines. The Patient Care Technician can change that. "</p>	V000543	<p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p> <p>Clinical Nurse Manager contacted Patient #5 physician on 9/19/2014 obtaining new order for Blood Flow Rate (BFR). IDT will initiate plan of care update to address care and services to achieve and sustain prescribed dose of dialysis including blood flow rates.</p> <p>Clinical Nurse Manager and AFA will hold mandatory in-service for all IDT members by 10/26/2014 to review <i>Policy & Procedure #I-14-02 Patient Assessment and Plan of Care Utilizing Falcon Dialysis</i> emphasizing team must address Dose of Dialysis, IDT must provide the necessary care and services to manage prescribed dose of dialysis including patient blood flow rates. IDT must follow-up and readjust plan of care to address changes in dialysis prescription. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>AFA will hold mandatory in-service for all clinical TMs by 10/08/2014.</p>	10/26/2014

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	3. Davita Facility Needle Gauge Blood Flow Parameters lists a suggested blood flow and states "Fistula Needle Gauge and Blood Flow are determined by Physician order."		<p>In-service will include review of <i>Policy & Procedure # 1-03-09 Intradialytic Treatment Monitoring</i>, emphasizing TMs must verify patient prescriptions and set all treatments as prescribed. Nurses are responsible for ensuring patients are achieving prescribed dose of dialysis and physician orders are followed. TMs must monitor patient's blood flow rates at a minimum of every 30 minutes, report and document flow rates outside of ordered parameters to licensed nurse; licensed nurse must take appropriate action. TMs educated that vascular access needle gauge and blood flow rate are determined by a Physician order.</p> <p>Charge nurse is responsible for daily monitoring. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>AFA or designee to conduct daily audits on 10% of patient treatment flow sheets daily x 1 week, then weekly x 2 weeks, then monthly to verify prescribed dose of dialysis including blood flow rates. Registered Dietician or designee will conduct Medical Records Audits monthly for 10% of current patients monthly to verify IDT Assessments and Plans of Care are in place, up-to-date, and documentation appropriate. AFA will review results of all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meeting, minutes will reflect.</p>	

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V000547	<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.</p> <p>Based on observation and review of records, the interdisciplinary team failed to sustain the patient's hemoglobin in 1 of 5 records reviewed creating the potential to effect all 39 hemodialysis patients. (Patient 2)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient # 2 was observed bleeding from his cannulation site on September 18, 2014, at 11:35 PM. The patient was holding pressure to the site, but it continued to bleed until the technician came to assist. 2. The record evidenced lab results from 	V000547	<p>. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p> <p>IDT initiated Comprehensive Re-Assessment and Plan of Care for Patient #2 on 9/19/2014 to include detailed evaluation of recent hospitalization, current health status, factors associated with anemia including hypo response and developed individualized treatment plan to meet patient needs.</p> <p>Clinical Nurse Manager and AFA will hold mandatory in-service for all IDT members by 10/26/2014 emphasizing the facility must establish targets in anemia management that reflect professionally-accepted clinical practice standards. The IDT must have a plan for managing patients' anemia. The laboratory reports, orders for ESAs and medication</p>	10/26/2014

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	<p>9/11/14 were a hematocrit of 25.8 and Hemoglobin of 7.9. A Progress note from Employee D dated 9/18/14 at 08:49 AM evidenced, "Category name: Anemia. Text: Venofer increased to 100 mg [milligram] x 10 doses per _ NP [nurse practitioner]."</p> <p>A. The comprehensive assessment dated 8/28/2014 at 09:31 AM by the NP stated, "Stable, no complaints, Meds, labs and data trends reviewed ... HGB: Unsatisfactory Continue management per protocols. Iron: Satisfactory Continue management per protocols Comments-adjust Epo."</p> <p>B. Medication list identifies the patient takes 5 mg of coumadin daily. (Side effect of potential bleeding.)</p> <p>C. The record evidenced that patient had been hospitalized. Hospital records obtained after facility interview evidenced hospitalization 9/2/14 to 9/7/14 and stated, "Coumadin use for AFIB [atrial fibrillation] /AFLUTTER [atrial flutter] ... Patient was given blood transfusion and had complete workup for GI [gastrointestinal] bleed."</p> <p>D. Physician patient notes include Epopgen dose changes 2200 units 2x each week, 5/14/14, 5500 units 3x each week</p>		<p>administration records must be considered as a part of the anemia management program. Each patient's laboratory values must be monitored and values outside the target levels must be addressed, doses adjusted, and ESAs administered as ordered. Review of <i>Policy & Procedure #1-14-02 Patient Assessment and Plan of Care Utilizing Falcon Dialysis</i> with attention that the IDT or individual IDT member must develop and implement a written, individualized comprehensive plan of care that must include measurable and expected outcomes and timetables for achieving goals including anemia regarding Hgb. values. IDT must identify reasons for patient not meeting goal including evaluation of factors associated with anemia and possible causes of hypo response to ESAs ensuring goals, plans and interventions are patient specific. IDT must follow up and readjust plan of care as necessary and document as such in patient's medical record.</p> <p>AFA held mandatory in-services for all Registered Nurses by 10/10/2014 including review of SHAPE protocol 6.3.1, emphasizing the clinical team must provide the necessary care and services to achieve and sustain the clinically appropriate hemoglobin/hematocrit level. The patient's hemoglobin/hematocrit must be measured at least bi-monthly. The clinical team must conduct evaluation of the patients</p>	

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NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE RENAL CARE VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 606 LINCOLN WAY VALPARAISO, IN 46383
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V000558	<p>6/10/14, 11000 3x each week 6/26/14, 15400 3x each week, 6/27/14. and 14,300 units 7/11/14 and currently continues on 14,300 units 3x each week.</p> <p>E. The record failed to evidence the causes of a hyporesponse to erythropoiesis stimulation agents.</p> <p>2. The most recent plan of plan of care from the patient's chart was dated and signed 7/17/2012. All 4 of the anemia goals were marked as "met" at that time.</p> <p>494.90(b)(2) POC-IMPLEMENT UPDATE-15 DAYS P PT ASSESS Implementation of monthly or annual updates of the plan of care must be performed within 15 days of the completion of the additional patient assessments</p>		<p>anemia management needs. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet</p> <p>Anemia Manager to meet with AFA bi-weekly to review anemia management program, up to date laboratory reports, patients not meeting facility goals, evaluation of possible factors associated with anemia, contact physician as needed and follow physician orders.</p> <p>Anemia Manager will be responsible to attend monthly Facility Health Meetings to review anemia management with Medical Director. Registered Dietician or designee will conduct Medical Records Audits monthly for 10% of current patients monthly to ensure patient's individualized plan of care includes measureable goals and specific to patient's needs. AFA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p>	

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	<p>specified in §494.80(d). Based on observation, record review, and interview, the interdisciplinary team failed to update a plan of care for 1 out of 4 records reviewed (#2) creating the potential to affect all 43 dialysis patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient # 2 was observed bleeding excessively from his discontinued cannulation site on September 18, 2014, at 11:35 AM. The patient was holding pressure to the site, but it continued to bleed while he attempted to get the attention of the technicians and nurses who were with other patients. The blood pooled into the blue chux padding for several minutes before the technician came to assist him. After the situation was addressed, he was handcuffed (which is noted because the patient would be unable to apply pressure if it began to bleed again) and transported to the county facility where he is currently staying. The nurse did not communicate any risks to the officers transporting the patient. <p>The patient's chart, on September 19, 2014, evidenced an updated progress note report from employee C that stated, "He hemodialyzed at Portage on 9/2/2014 and was hospitalized post treatment due to</p>	V000558	<p>IDT initiated Comprehensive Re-Assessment and Plan of Care for Patient #2 on 9/19/2014 to include detailed evaluation of recent hospitalization, current health status, factors associated with anemia including hypo response and developed individualized treatment plan to meet patient needs.</p> <p>On 9/18/2014 Facility Administrator, RN called patients physician, and nurse in charge at correctional facility to notify of patients difficulties post treatment achieving hemostasis; Minimum of weekly licensed nurse or designee will communicate with correctional facility regarding patient update or upon any adverse occurrence to patient which will be noted in communication log to be kept at RN station. AFA will review weekly for ongoing communication compliance.</p> <p>Effective 10/11/2014 charge nurses will be responsible to educate correctional officers transporting Patient #2 regarding risks and instructions on how to assist patient if bleeding occurs during transport. Officers will sign in-service sheet acknowledging education.</p> <p>Clinical Nurse Manager and AFA will hold mandatory in-service for all IDT members by 10/26/2014 to review <i>Policy & Procedure #1-14-02 Patient Assessment and Plan of Care Utilizing Falcon Dialysis</i></p>	10/26/2014

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	<p>bleeding."</p> <p>2. In an interview with employee B, on September 22 at 1:30, "It is my role to be certain to track when the plan of care is due to be updated. This patient is essentially a visitor, but I am also the person responsible at the facility where he regularly dialyzes and there is not a more current plan of care than the one we have here. Usually the computer will flag when it is due and in the patients case that did not happen."</p> <p>3. The plan of care reviewed with the facility team, including the facility administrator, was dated and signed 7/17/2012. All of 8 psychosocial categories and all 4 of the anemia goals were marked as "met" at that last date.</p>		<p>emphasizing 1) If Comprehensive Assessment and Plan of Care is received with experienced dialysis patient is transferring in from one facility to another, and was completed by IDT in the last year, the IDT must review patient assessment and plan of care to determine that documents reflect patient's current status and needs. If documents are inadequate or patient deemed unstable, IDT will assess patient within usual 30 days. If documents are adequate and patient is stable, IDT must conduct re-assessment within 3 months of admission. IDT must meet within 15 days of completion of re-assessment to complete and initiate plan of care. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>Tracking tool initiated for purposes of planning and tracking patient's Interdisciplinary Assessment/Re Assessment and Plan of Care due dates to ensure completion on time. AFA and Registered Dietician will be responsible to monitor and review tracking tool in weekly Core Team meetings.</p> <p>Anemia Manager will be responsible to attend monthly Facility Health Meetings to review anemia management with Medical Director. Registered Dietician or designee will conduct Medical Records Audits monthly for 100% of new admissions and 10% of current patients monthly</p>		

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V000726	<p>494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE</p> <p>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 observation, record review, and interview, the facility failed to maintain pertinent and up to date records regarding the care and condition in 2 out 4 records reviewed (#2 and #3) creating the potential to affect all 43 dialysis patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient # 2 was observed bleeding from his discontinued cannulation site on September 18, 2014, at 11:35 AM. 	V000726	<p>to verify IDT Assessments and Plans of Care are in place, up-to-date, and documentation appropriate. AFA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p> <p>Licensed nurse contacted Patient #3 physician on 9/23/2014; evaluation of patient history and confirmed no patient allergy to Heparin; order received for Heparin prescription and patient medical record updated to reflect. Allergy sticker removed from patient chart. IDT will update Patient # 3 plan of care to reflect changes to patient prescription and current medications.</p> <p>IDT initiated Comprehensive Re-Assessment and Plan of Care for Patient #2 on 9/19/2014 to include</p>	10/26/2014

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	<p>A. The patients chart did not include, on September 18, 2014, information about a recent hospitalization, discharge summary, medication update, procedures, or lab results from a recent hospitalization for bleeding.</p> <p>B. The patient's chart, on September 19, 2014, evidenced an updated progress note report from employee C that stated, "He hemodialyzed at Portage on 9/2/2014 and was hospitalized post treatment due to bleeding."</p> <p>C. In a review of the patient's chart on September 19, 2014, a current INR, an ordering physician for the coumadin, when the coumadin dose was last changed or monitored, or the rationale listed for the current dose of coumadin listed in the patients chart was not present.</p> <p>On September 19, 2014, at 12:30 PM, the medical director, employee N, stated,"Though it is my preference to monitor the INR and the coumadin here at our facility, it is the primary physician, or the physician who ordered it (the coumadin), to monitor, and adjust the dose if needed."</p>		<p>detailed evaluation of recent hospitalization, current health status, factors associated with anemia including hypo response and developed individualized treatment plan to meet patient needs.</p> <p>Log initiated for all patients currently on Coumadin Therapy to include most recent lab draw, current prescribed dose and date of current order, ordering physician for Coumadin, rationale for Coumadin therapy. Licensed nurse is responsible for monitoring this log, updating to include new patients, verifying that all the information in log and changes are also reflected in patient's progress notes/medication list etc.</p> <p>Clinical Nurse Manager and AFA will hold mandatory in-service for all IDT members by 10/26/2014 reviewing <i>Policy & Procedure #1-14-02 Patient Assessment and Plan of Care Utilizing Falcon Dialysis</i>. Tracking tool initiated for purposes of planning and tracking patient's Interdisciplinary Assessment/Re Assessment and Plan of Care due dates to ensure completion on time. AFA and Registered Dietician will be responsible to monitor and review tracking tool in weekly Core Team meetings.</p> <p>AFA held mandatory in-services for all Administrative/Clinical TMs by 10/10/2014 reviewing <i>Policy &</i></p>				

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	<p>D. The most recent plan of plan of care from the patients chart was dated and signed 7/17/2012.</p> <p>2. Patient # 3's medical record identified the patient had a allergy to heparin on the Pretreatment Evaluation form dated 6/26/14 and a sticker was observed on the outside of the chart.</p> <p>A. All the patient's treatment records evidenced the patient #3 was administered heparin during dialysis treatments.</p> <p>B. The facility administrator, employee P, stated on 9/23/14 at 9 AM, "That sticker should be removed, [after investigation] the patient is not allergic to heparin." An order dated 8/7/2014 by employee D states, "Order is discontinued, reaction is itching, Swathi aware."</p>		<p><i>Procedure #3-02-01 Medical Record Maintenance</i>, with emphasis on maintaining complete and up to date records on all patients. Orders must be properly documented, transcribed, verified and implemented timely for patient care. Licensed nurses are responsible to review patient orders and medical records to ensure complete and accurate documentation. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>AFA or designee to conduct daily audits on 10% of patient treatment flow sheets daily x 1 week, then weekly x 2 weeks, then monthly to verify patient prescription delivered as prescribed, significant changes in patient indicators are reported to licensed nurse, appropriate action is taken, and documented. Clinical Nurse Manager or designee will conduct Medical Records Audits monthly for 100% of new admissions and 10% of current patients monthly to verify records are current and up to date with pertinent patient information. AFA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p> <p>The AFA and Medical Director are responsible for compliance with this Plan of Correction</p>		

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

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FORM APPROVED

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