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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>152510 |   | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____                       |  | X3) DATE SURVEY COMPLETED<br><br>07/01/2013 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>FRESENIUS MEDICAL CARE ANDERSON |   |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1815 JACKSON STREET<br>ANDERSON, IN 46016 |  |   |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE   |  |   |  |
| V000000   | <p>The was a (Core) add-on survey for home hemodialysis.</p> <p>Date: 7/1/2013</p> <p>Facility #: 005155</p> <p>Medicaid Vendor #: 100172360A</p> <p>Surveyor: Susan E. Sparks, RN, PH<br/>Nurse Surveyor<br/>Miriam Bennett, RN, PH Nurse<br/>Surveyor</p> <p>QA: Linda Dubak, R.N.<br/>July 3, 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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| V000501   | <p>494.80<br/>PA-IDT MEMBERS/RESPONSIBILITIES<br/>The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care.</p> <p>Based on clinical record and policy review and interview the facility failed to ensure the interdisciplinary team completed an individualized and comprehensive assessment for 1 of 1 home hemodialysis (HHD) patient. (#1)</p> <p>Findings;</p> <ol style="list-style-type: none"> <li>Clinical record #1, with a plan of care of 4/26/13, with a registered dietitian assessment 5/1/13, a registered nurse assessment 4/26/13, a physician assessment 5/13/13 failed to evidence a social worker assessment.</li> <li>During interview on 7/1/13 at 11:30 AM, employee A, Registered Nurse Manager, indicated a social worker assessment was not documented in</li> </ol> | V000501   | <p>On 7/12/13 the Governing Body met to review the statement of deficiencies and to make certain that all identified deficiencies are being addressed both immediately and with long term resolution</p> <p>The Director of Operations met with the members of the IDT on 7/12/13 to review the requirements of the facility's Interdisciplinary Team as stated in the Conditions for Coverage and detailed in Fresenius policy "Comprehensive Interdisciplinary Assessment and Plan of Care," to ensure that every patient will have a timely, complete and current Comprehensive Assessment and Plan of Care.</p> <p>The Clinical Manager and the Home Program Manager completed 100% review of all patients' Comprehensive Assessments by 7/31/13 to ensure that all disciplines have</p> | 08/31/2013   |  |   |  |

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|   | <p>the record for the date when the patient transitioned from incenter hemodialysis to home hemodialysis.</p> <p>3. A policy titled " Comprehensive Interdisciplinary Assessment and Plan of Care, " FMS-CS-IC-I-110 -125A, revised 04-JUL-2012 states, " The Comprehensive Interdisciplinary Assessment and Plan of Care must be developed by an interdisciplinary team (IDT) consisting of a at a minimum, the patient or patient ' s designee (if patient desires), a registered nurse, the patient ' s attending physician (and physician extender where allowed by State legislation's), qualified Master ' s social worker and qualified registered dietitian. ... CIA and POC for New Patients ... Patients changing modality are classified as <u>new</u> patients and must have comprehensive interdisciplinary assessments and plans of care completed with the same frequency as patients new to dialysis. "</p> |   | <p>completed an assessment. Any patient's assessment found to be out of compliance including patient's # 1 will be presented to the IDT for completion by 8/31/13</p> <p>The Clinical Manager will utilize the QAI tool for Assessment and Care-Plan tracking of all patients monthly to ensure the participation of all members of the IDT.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly utilizing the tracking tool as noted above to include the number of Assessments due, completed and missed to the QAI. Any patient missing any component of the Assessment will be scheduled for completion the following month and corrective action will be taken as appropriate.</p> <p>The Director of Operations is responsible to ensure all documentation required as part of the QAI process; is presented, current, analyzed, trended and a root cause analysis completed as appropriate with the subsequent development of action plans.</p> <p>The QAI Committee is responsible to analyze the results and determine a root cause analysis and new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee.</p> |  |  |   |  |

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