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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152509 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 07/12/2012 | |
| NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE RICHMOND | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 920 CHESTER BLVD RICHMOND, IN 47374 | | | |
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| V0000 | <p>This visit was an ESRD federal recertification survey.</p> <p>Survey dates: July 9, 10, 11, 12, and 13, 2012.</p> <p>Facility #: 005154</p> <p>Medicaid Vendor #: 100256910</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Census: 137</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 17, 2012</p> | | | V0000 | | | |

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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| V0501 | <p>494.80 PA-IDT MEMBERS/RESPONSIBILITIES 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, the facility failed to ensure the interdisciplinary team completed an individualized and comprehensive assessment in 2 of 2 records reviewed of peritoneal dialysis patients. (#1 and 2)</p> <p>Findings:</p> <ol style="list-style-type: none"> Clinical record # 1, with a plan of care of 3/27/2012, failed to evidence a social worker assessment. Clinical record # 2, with a plan of care of 12/20/2011, failed to evidence a social worker assessment. The registered dietitian assessment was completed by employee B after the plan of care and dated 12/21/11. A policy titled "Comprehensive Interdisciplinary Assessment and Plan of | V0501 | <p>The Director of Operations met with the members of the IDT on July 13, 2012 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 August 1, 2012 to ensure that all disciplines have completed an assessment. Any patient's assessment found to be out of compliance including patient's # 1 and 2 will be presented to the IDT for completion by August 28, 2012.</p> <p>The Clinical Manager will utilize</p> | 08/28/2012 | | | |

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| | Care", FMS-138=020-091, 02-Feb-2011, states, "Within 12 months of the completion of the 3 month assessment and then annually thereafter the interdisciplinary team working collaboratively will: Reassess the patient to evaluate the criteria listed above." | | <p>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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| V0520 | <p>494.80(d)(2) PA-FREQUENCY REASSESSMENT-UNSTABLE Q MO In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section, a comprehensive reassessment of each patient and a revision of the plan of care must be conducted-</p> <p>At least monthly for unstable patients including, but not limited to, patients with the following: (i) Extended or frequent hospitalizations; (ii) Marked deterioration in health status; (iii) Significant change in psychosocial needs; or (iv) Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis.</p> <p>Based on clinical record and policy review and interview, the facility failed to ensure the interdisciplinary team completed a comprehensive reassessment after a major event for 2 of 14 records reviewed with the potential to effect all 137 patients. (#8 and 9)</p> <p>Findings:</p> <p>1. Clinical record 8, with a plan of care (POC) dated 5/17/12, evidenced the patient as being unstable due to frequent hospitalizations. The clinical record failed to evidence the interdisciplinary team developed and implemented a written and individualized comprehensive plan of care on a monthly basis after the patient was discharged from a 3 hospital</p> | V0520 | <p>On July 13, 2012, the Director of Operations reviewed the "Comprehensive Interdisciplinary Assessment and Plan of Care" policy with all members of the IDT in reference to patients who should be considered unstable with emphasis on those patients with frequent hospitalizations.</p> <p>The Clinical Manager and Home Program Manager completed 100% review of all patients' Comprehensive Assessments by August 1, 2012 to ensure that any patient, who meets the criteria for being unstable, has been identified and monthly Assessments and Plans of Care are occurring. Any patient identified as unstable, who has not been seen on a monthly basis, will be scheduled for initiation of monthly reviews by</p> | 08/28/2012 | | | |

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| | <p>stays in a 30 day period.</p> <p>2. Clinical record 9, with a POC dated 4/15/12, evidenced the patient as being unstable due to an extended hospitalization. The clinical record failed to evidence the interdisciplinary team developed and implemented a written and individualized comprehensive plan of care on a monthly basis after the patient was hospitalized for over 30 days.</p> <p>3. On July 12, 2012, at 4 PM, the Clinical Manager, Employee A, indicated the Interdisciplinary Team had not done a monthly revision of the plan of care and monthly comprehensive assessments for these unstable patients.</p> <p>4. A policy titled "Comprehensive Interdisciplinary Assessment and Plan of Care", FMS-138-020-091, Revised 01-Feb-2011, states, "Unstable patients must be reassessed by the IDT and a new comprehensive assessment and Plan of Care completed monthly until the patient is determined by the IDT to be stable. The following are unstable criteria: Extended or Frequent hospitalizations: Hospitalization of more than 15 days with discharge occurring within the last 30 days, or ... "</p> | | <p>August 28, 2012.</p> <p>Ongoing, all members of the IDT will review patient status monthly to identify any patient who is not meeting their patient specific goal. Any patient deemed unstable will then be reassessed and a new Plan of Care developed for the purpose of making an adjustment to the Plan of Care.</p> <p>The Clinical Manager with the assistance of the facility secretary will utilize the QAI tool for hospitalizations, in addition to all members of the IDT reviewing all patient's to identify any patient who meet the unstable criteria for Assessment and Care-Plan tracking of all patients monthly to ensure the timely monthly completion of any unstable patient's Comprehensive Re-Assessment.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly utilizing the audit to include the number of unstable Assessments due, completed and missed to the QAI. Any unstable patient that was missed 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</p> | | |

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| | | | <p>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 then develop a new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee</p> | | |