

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152600	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/24/2014
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NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS FRANKFORT	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 S JACKSON ST FRANKFORT, IN 46041
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V000000	<p>[CORE]</p> <p>This visit was an ESRD recertification survey.</p> <p>Survey dates: February 20, 21, and 24, 2014</p> <p>Facility #: 007333</p> <p>Medicaid Vendor #: 100269080A</p> <p>Surveyors: Bridget Boston, RN, Public Health Nurse Surveyor Tonya Tucker, RN, Public Health Nurse Surveyor</p> <p>Census: 28</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 3, 2014</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 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 and interview, the facility failed to ensure the interdisciplinary team completed an individualized and comprehensive assessment within 30 days or 13 dialysis sessions for 1 of 1 record reviewed of patients with admission within the last 90 days with the potential to affect all new admissions to the facility. (#2)</p> <p>Findings;</p> <p>1. Clinical record #2, admission date 1/3/14 and a plan of care of dated 2/19/14, evidenced the registered dietitian, employee D, assessment and social worker, employee C, assessment dated 1/15/14; the registered nurse, employee E, assessment was dated</p>	V000501	<p>V501 PA-IDT Members Responsibilities The CM will educate the RD, MSW, and Nursing staff, including staff E, on the Comprehensive Interdisciplinary Assessment and Plan of Care policy #FMS-CS-IC-110-125A in a staff meeting on March 14, 2014. Emphasis will be placed on the requirement that all new ESRD patients will have an individualized and comprehensive assessment completed by each discipline including nursing within 30 days or 13 treatments whichever is the longer time period. On 2/28/14, 100% of the current patient records were audited to assure the presence of a complete individualized assessment. The CM on 2/28/14, revised the Comprehensive Interdisciplinary Assessment/Plan of Care tracking tool to accurately identify due dates to assure that the IDT including all</p>	03/14/2014			

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V000542	<p>2/19/14.</p> <p>2. During interview on 2/21/14 at 2:12 PM, employee A, the operations manager, indicated the registered nurse assessment was not completed timely.</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 interdisciplinary team (IDT) working collectively, within the later of either 30 calendar days or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session, will: Complete the comprehensive Interdisciplinary Assessment upon which the Plan of Care will be based ."</p> <p>494.90(a) POC-IDT DEVELOPS PLAN OF CARE The interdisciplinary team must develop a plan of care for each patient. Based on clinical record and facility</p>	V000542	<p>RNs complete a comprehensive assessment within the required time frame. The CM will take the responsibility of notifying each discipline when patient assessments are due.</p> <p>The CM will audit 100% of the completed assessments monthly for 3 months and report the findings to the QAI committee. When 100% compliance is achieved with reference to the timeliness of the assessments, the frequency of ongoing audits will be recommended by the QAI committee.</p> <p>Documentation of the education, tracking tool, and audits are maintained at the facility for review. The CM is responsible.</p> <p>V 542: <u>POC-IDT Develops Plan of Care Monthly for Unstable Patients</u></p>	03/17/2014	

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	<p>policy review and staff interview, the facility failed to ensure comprehensive assessments had been completed monthly in 1 (# 4) of 1 record reviewed of unstable patients creating the potential to affect any future unstable patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 4 included a comprehensive interdisciplinary assessment dated 11/6/13 that identified the patient as unstable. The record failed to evidence the plan of care was reviewed and updated based on the 11/6/13 assessment. The record included another assessment dated 12/3/13 which indicated the patient was unstable and an updated plan of care dated 12/17/13 which indicated the patient was then deemed stable. 2. On 2/24/14 at 2:50 PM, the operations manager and the regional operations manager, indicated there was not a plan of care found based on the 11/6/13 unstable Comprehensive Interdisciplinary Assessment. They indicated the staff were educated to complete a comprehensive assessment and plan of care monthly until the interdisciplinary team determined and deemed the patient to be stable. 		<p>On March 4, 2014 the IDT met and reviewed the stability status for 100% of the current patients, including patient #4, to assure monthly Comprehensive Interdisciplinary Assessments and Plans of Care have been completed on any patient meeting the unstable criteria. Any patient deemed unstable will be scheduled to have a Comprehensive Interdisciplinary Assessment completed by the IDT and a Plan of Care developed and reviewed in the Plan of Care meeting by March 17, 2014 and monthly until deemed stable.</p> <p>The CM will educate the RD, MSW, and Nursing staff, including staff E, on the Comprehensive Interdisciplinary Assessment and Plan of Care policy #FMS-CS-IC-110-125A in a staff meeting on March 14, 2014.</p> <p>Emphasis will be placed on the unstable criteria as outlined in the CFC, and the requirement that all unstable patients are to have an individualized comprehensive assessment and plan of care completed monthly until deemed stable. On 2/28/14, 100% of the current patient records were audited to assure the presence of a care plan on all unstable patients. The IDT will review 100% of the patient's stability status monthly. The CM will add any patient deemed unstable to the tracking tool on a monthly basis and notify the IDT of which Comprehensive</p>		

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V000543	<p>3. The facility's titled "Comprehensive Interdisciplinary Assessment and Plan of Care, "FMS-CS-IC-I-110-125A, revised 04-JUL-2012 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. consisting of a at a minimum, the patient or patient's designee (if patient desires), a registered nurse. ... The interdisciplinary team (IDT) working collectively, within the later of either 30 calendar days or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session, will: Complete the comprehensive Interdisciplinary Assessment upon which the Plan of Care will be based ."</p> <p>494.90(a)(1) POC-MANAGE VOLUME STATUS The plan of care must address, but not be limited to, the following: (1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status; Based on clinical record and facility policy review and interview, the facility failed to ensure the interdisciplinary team addressed the patients' volume</p>	V000543	<p>Interdisciplinary Assessments and Plans of Care are due. The CM will audit 100% of the completed Plans of Care monthly for 3 months to assure the presence of a Plan of Care for all unstable patients monthly. The results of the audit will be reported to the QAI committee. When 100% compliance is achieved with reference to the timeliness of the assessments, the frequency of ongoing audits will be recommended by the QAI committee. Any failure to follow the policy will be addressed with either further education and/or corrective action. Documentation of the education, tracking tool, and audits are maintained at the facility for review. The CM is responsible</p> <p>V543 Immediately after the survey on February 24, 2014, the CM met with the RNs and reviewed their responsibility to assure the patients</p>	04/10/2014			

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	<p>status by addressing those patients whose body weight pre - treatment was below their physician ordered estimated dry weight goal post treatment in 1 (# 4) of 4 records reviewed creating the potential to affect all of the facility's 28 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 4 included the most recent physician order dated January 16, 2014, that identified the estimated dry weight (EDW) was 96 kilograms. The record indicated the patient was hospitalized January 29 through February 5, 2014.</p> <p>A. A post dialysis treatment flow sheet dated 2/6/14 evidenced the pre-treatment weight was 90.80 and the post treatment weight was 89.0.</p> <p>B. A post dialysis treatment flow sheet dated 2/11/14 evidenced the pre-treatment weight was 89.50 and the post treatment weight was 88.80.</p> <p>C. A post dialysis treatment flow sheet dated 2/13/14 evidenced the pre-treatment weight was 88.30 and the post treatment weight was 86.50.</p> <p>D. A post dialysis treatment flow</p>		<p>pre and post dialysis weights are assessed and the medical staff are notified of abnormal findings including but not limited to pre and post weights above or below the ordered dry weight. Additionally, on March 14,2014 during Staff meeting, the CM will educate all DPC staff and review the following policies again emphasizing the importance of managing fluid volume through assessments and plans of care and notifying the physician of abnormal findings:</p> <p>FMS-CS-IC-I-110-131C Patient Evaluation Pre Dialysis Treatment Policy FMS-CS-IC-I-110-132A Patient Evaluation Post Dialysis Treatment Policy FMS-CS-IC-I-110-125A Comprehensive Interdisciplinary Assessment and Plan of Care Policy</p> <p>By March 25, 2014, the CM/designee will review 100% of the patient's current volume status using the Hemodialysis Treatment report. Any volume status found outside of the patient ordered dry weight will be assessed and reviewed with the physician. The RN will update the patient's plan of care to reflect the change in dry weight. The education coordinator will further educate all DPC staff by April 10, 2014 as a follow up to the CM training on March 14, 2014. Education to include proper documentation and notification of</p>				

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	<p>sheet dated 2/13/14 evidenced the pre-treatment weight was 88.50 and the post treatment weight was 87.70.</p> <p>E. A post dialysis treatment flow sheet dated 2/18/14 evidenced the pre-treatment weight was 87.70 and the post treatment weight was 87.20.</p> <p>F. A post dialysis treatment flow sheet dated 2/20/14 evidenced the pre-treatment weight was 88.60 and the post treatment weight was 90.50.</p> <p>2. The Director of Operations, employee B, was unable to provide any additional documentation and / or information when asked on 2/24/14 at 2:50 PM. She indicated the patient's target EDW should have been addressed.</p> <p>3. The facility's 7-4-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "The patient's individualized comprehensive Plan of Care must include, but is not limited to the following: Current health status ... Evaluation of the appropriateness of the dialysis prescription ... fluid management needs ... Evaluation of the the patient's ... goals."</p>		<p>abnormal findings including pre and post weights above or below ordered dry weight.</p> <p>To assure compliance to the above policies regarding fluid management, the CM will review the "Hemodialysis Treatment" report for each patient monthly for 3 months. The CM will analyze the pre and post weights for each treatment and identify abnormal findings reported to the MD and updates to the Plan of Care when necessary. The results of the analysis will be reported to the QAI committee monthly. When 100% compliance is achieved with the accuracy in reporting and action, then ongoing audits will be conducted at the frequency recommended by the QAI committee. Any failure to follow the policy will be addressed with either further education and/or corrective action</p> <p>Documentation of the education and audits are maintained at the facility for review. The CM is responsible.</p>				

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V000544	<p>494.90(a)(1) POC-ACHIEVE ADEQUATE CLEARANCE Achieve and sustain the prescribed dose of dialysis to meet a hemodialysis Kt/V of at least 1.2 and a peritoneal dialysis weekly Kt/V of at least 1.7 or meet an alternative equivalent professionally-accepted clinical practice standard for adequacy of dialysis. Based on clinical record and facility policy review and interview, the facility failed to ensure blood flow rates were maintained as ordered in 1 (# 2) of 4 records reviewed creating the potential to affect all of the facility's 28 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Clinical record number 2 included physician orders dated January 17, 23, and 28 and February 12, 2014 that identified the blood flow rate (BFR) was 300 milliliters per minute. <ul style="list-style-type: none"> A. A post dialysis treatment flow sheet dated 1/25/14 evidenced the BFR ran at 400 throughout the treatment. B. A post dialysis treatment flow sheet dated 1/30/14 evidenced the BFR was 400 throughout the treatment. C. A post dialysis treatment flow sheet dated 2/1/14 evidenced the BFR 	V000544	<p>V544 POC Achieve Adequate Clearance Immediately after the survey on February 24, 2014, the CM met with the RNs and reviewed their responsibility to assure the patient treatment follows the ordered prescription including the blood flow rate, and that the medical staff are notified of abnormal findings including but not limited failure to achieve the ordered blood flow rate. Additionally, on March 14, 2014, the CM will educate all DPC staff on the Patient Evaluation Pre Dialysis Treatment policy FMS-CS-IC-I-110-133A with emphasis on achieving the prescribed blood flow rate and notifying the physician of abnormal findings. Additionally the CM and DO/OM will educate the RNs on 3/14/14, on the FMS-CS-IC-I-110-149A, Nursing Supervision and Delegation policy emphasizing their responsibility to provide oversight, which includes making patient rounds preferably within 1 hour of dialysis treatment initiation and reviewing patient treatment information including</p>	03/14/2014
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	<p>was 400 throughout the treatment.</p> <p>D. A post dialysis treatment flow sheet dated 2/4/14 evidenced the BFR ran at 400 throughout the treatment.</p> <p>E. A post dialysis treatment flow sheet dated 2/6/14 evidenced the BFR ran at 400 throughout the treatment.</p> <p>F. A post dialysis treatment flow sheet dated 2/8/14 evidenced the BFR ran at 400 seven minutes after treatment began and continued throughout the treatment.</p> <p>G. A post dialysis treatment flow sheet dated 2/11/14 evidenced the BFR ran at 400 throughout the treatment.</p> <p>H. A post dialysis treatment flow sheet dated 2/13/14 evidenced the BFR ran at 400 throughout the treatment.</p> <p>I. A post dialysis treatment flow sheet dated 2/15/14 evidenced the BFR ran at 400 throughout the treatment.</p> <p>J. A post dialysis treatment flow sheet dated 2/18/14 evidenced the BFR ran at 350 throughout the treatment.</p> <p>2. The Director of Operations was unable to provide any additional</p>		<p>blood flow rate.</p> <p>The RN as team leader will complete the RN supervision tool on each patient each shift verifying the treatment parameters are set according to the orders and/or the documentation of any actions taken.</p> <p>To assure compliance with the above mentioned policies, the CM/designee will review the RN supervision tool daily, and in addition will audit 10% of the treatment sheets weekly for 3 weeks, then monthly for 1 month. The results of the audits will be reported to the QAI committee monthly. When 100% compliance is achieved with reference to following the prescribed treatment parameters, the QAI committee will determine the frequency of ongoing audits.</p> <p>Documentation of the education and audits are maintained at the facility for review. The CM is responsible.</p>		

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	<p>documentation and / or information when asked on 2/24/14 at 12:50 PM.</p> <p>3. The facility's 7-4-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "The patient's individualized comprehensive Plan of Care must include, but is not limited to the following: . . . Dose of Dialysis Sustain the prescribed dose of dialysis to meet FMS target HD eKdrt/V of 1.2 . . . Provide necessary care and services to manage the patient's volume status."</p>			