

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152537		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/12/2012	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE CROWN POINT				STREET ADDRESS, CITY, STATE, ZIP CODE 851 W BURRELL DR CROWN POINT, IN 46307			
(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
V0000	<p>This was an ESRD federal recertification survey.</p> <p>Survey dates: April 4/10/12, 4/11/12, and 4/12/12</p> <p>Facility # 005142</p> <p>Medicaid # 100275180D</p> <p>Surveyor: Susan E. Sparks, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>April 16, 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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V0408	<p>494.60(d) PE-EMERGENCY PREPAREDNESS-PROCEDURES The dialysis facility must implement processes and procedures to manage medical and non medical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.</p> <p>Based on observation, agency document and policy review, and interview, the agency failed to ensure there was a sufficient amount of non-expired emergency / evacuation supplies to accommodate evacuated patients should an evacuation be necessary in 1 of 1 facilities reviewed with the potential to affect all 56 patients.</p> <p>Findings:</p> <p>1. On March 12, 2012, at 10:30 AM, the facility evacuation cart was inspected. It is a plastic box approximately 24 inches long, 18 inches high, and 12 inches wide. The "Emergency Supplies Checklist" dated 4/2/12 indicated the box contained 24 gloves, 2 protective eyewear, 1 airways, 6 masks, 1 tongue blade, 1 protective mouth piece for CPR, 4 - 16 gauge fistula needles, 4 tourniquets, 12 gauze 3 x 3, 6 - 1000 cc bags 0.9%</p>	V0408	<p>On 4/18/12 the Governing Body met to review required supplies needed to evacuate a shift of patients if necessary. The Governing Body determined that 24 bags of saline will be added to the emergency evacuation supply box and approved the updated Emergency Box Checklist. Governing Body Meeting minutes document this activity and are available for review at the facility. By this same date the emergency evacuation box was updated to include all approved supplies, including 24 saline bags, and a new checklist reflecting existing supplies was implemented.</p> <p>Each month the Clinical Manager or designee will document presence of emergency evacuation supplies verifying supplies in box match the list. The Clinical Manager will review checklist and immediately follow up on identified issues. In addition the Clinical Manager will report issues and actions taken</p>	04/18/2012			

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	<p>Normal Saline, 6 IV administrations sets, 1 arm board, 24 alcohols wipes, 2 rolls tape 1 silk/1 paper, 1 stethoscope, 1 portable BP cuff and sphygmomanometer, and 12 disposable clamps-blue.</p> <p>2. The FMS Emergency and Disaster Patient Information Sheet dated 3/1/2011 indicated that M (Monday) - W (Wednesday) - F(Friday) 1st Shift has twelve patients, M-W-F 2nd Shift has eighteen patients; T (Tuesday) - T (Thursday) - S (Saturday) 1st Shift has fourteen patients and T-T-S 2nd Shift has thirteen patients.</p> <p>3. A policy titled "Guidelines for Emergency Preparedness", RCG-7-EM-1.13, dated 16-Mar-2011, states, "Taking emergency box, bag and/or emergency cart with staff and patient schedules and contact numbers to designated meeting area."</p> <p>4. On March 12, 2012, at 10:30 AM, the Clinical Manager indicated the supplies in the emergency box were not sufficient to evacuate all the patients.</p>		as indicated to the QAI Committee. In the event of discrepancies or problematic outcomes the committee investigates to determine the root cause of deficiencies and develops, implements, and tracks a corrective action plan through to resolution. The Clinical Manager is responsible and the QAI Committee monitors to ensure there is a sufficient amount of non-expired emergency/evacuation supplies to accommodate evacuated patients should an evacuation become necessary.		