STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	152524		09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DSI NORTHWEST INDIANAPOLIS RENAL CENTER	6488 CORPORATE WAY INDIANAPOLIS, IN 46278

(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
V 0000 Bldg. 00	This was a Federal ESRD [CORE] recertification survey. Survey Dates: 9/1/2015 - 9/3/2015 Facility#: 006144 Medicaid Vendor #: 201073800	V 0000	The Local Governing Body of DSI Northwest Indianapolis Renal Center takes seriously its responsibility to ensure the health and safety of its patients and staff, and to ensure that patients receive dialysis and support services in a safe and sanitary environment. As such, the Governing Body met on 9/23/2015 to review the findings of the Statement of Deficiencies and further participate in the development, evaluation, and implementation of the following Plan of Correction that resulted from the 9/3/2015 recertification survey. The Local Governing Body will hold all staff accountable for following all policies and procedures. The Clinic Manager will monitor all activities on an ongoing basis, through monthly QAPI process.	
V 0113 Bldg. 00	494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. Based on observation, interview, and record review, the facility failed to ensure staff had changed their gloves and cleansed their hands in accordance with facility policy in 4 of 14 infection control observations completed.	V 0113	All in-center staff including Employees E, K, G & R will be in-serviced on 9/24/2015 on DSI Policy & Procedures #800-01: Dialysis Infection Control Precautions & #800-28: Hand	10/03/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/03/2015
NAME OF PROVIDER OR SUPPLIER DSI NORTHWEST INDIANAPOLIS RENAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6488 CORPORATE WAY INDIANAPOLIS, IN 46278	

(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
	The findings include: 1. Employee E, a patient care technician (PCT), was observed to discontinue the dialysis treatment on patient number 9 using a central venous catheter (CVC) on 9-1-15 at 1:50 PM. The PCT was observed to fill 2 syringes with normal saline, take the patient's temperature, and touch the dialysis machine. The PCT connected 1 syringe to the arterial line and began the reinfusion process. The PCT failed to change her gloves and cleanse her hands prior to starting the reinfusion process. 2. Employee K, a PCT, was observed to discontinue the dialysis treatment on patient number 13 on 9-2-15 at 9:40 AM. The PCT was observed to place a glove on her right hand after cleansing her hands. The PCT was not observed to place a glove on her left hand. The PCT lowered the footrest of the dialysis chair using her left hand. The PCT then donned a clean glove onto the left hand without cleansing her hand. The PCT was then observed to remove the venous needle from the access site. 3. Employee R, a registered nurse (RN), was observed to administer intravenous medications (Zemplar and Epogen) to		Hygiene (Hand washing and Hand Rubs). A copy of policies #800-01 and #800-28 will be given to all staff nurses and patient care technicians. The in-service will include but not be limited to the following: Hand hygiene is required after every direct contact with a patient, between patient contacts, even if the contact is casual and when un-gloved hands have touched a potentially contaminated surface; a new pair of gloves must be used each time for access site care, vascular access cannulation, administration of parenteral/IV medications with the intention to ensure that clean gloves which have not previously touched potentially contaminated surfaces are in use whenever there is a risk for cross contamination to a patients' blood stream to occur; & hand hygiene is required after contact with objects, including equipment, located in the patient's environment. The Clinic Manager or designee will monitor all staff daily x 2 week or until 100% compliance has been established, weekly x 2 and then monthly as per the Quality Management (QM) Workbook Infection Control Staff audit schedule. Any staff found not to be in compliance with Policy & Procedure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DSI NORTHWEST INDIANAPOLIS RENAL CENTER	6488 CORPORATE WAY INDIANAPOLIS, IN 46278

(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
	patient number 11 on 9-21-15 at 11:40 AM. The RN was observed to cleanse her hands and don clean gloves after preparing the medications. The RN took the medications to the dialysis station, touched the computer keyboard and the mouse and then administered the medications without cleansing her hands and changing her gloves. 4. Employee G, an RN, was observed to administer intravenous medications (Epogen, Venofer, and Zemplar) to patient number 14 on 9-2-15 at 11:50 AM. The RN was observed to cleanse her hands and don clean gloves after preparing the medications. The RN took the medications to the dialysis station, touched the computer keyboard and the mouse and then administered the medications without cleansing her hands and changing her gloves. 5. The clinic manager indicated, on 9-3-15 at 11:10 AM, the RNs should have cleansed their hands and changed their gloves after touching the computer keyboard and mouse and prior to administering the medications. 6. The facility's 5-1-15 "Dialysis Infection Control Precautions" policy/procedure number 800-01 states, "Hand hygiene is required after every		will be subject to progressive disciplinary action. The Clinic Manager or designee will review education, audit results and disciplinary action in the monthly QAPI and Local Governing Body (LGB) meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	152524		09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DSI NORTHWEST INDIANAPOLIS RENAL CENTER	6488 CORPORATE WAY INDIANAPOLIS, IN 46278

(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
	direct contact with a patient, between patient contacts, even if the contact is casual and when un-gloved hands have touched a potentially contaminated surface. A new pair of clean gloves must be used each time for access site care, vascular access cannulation, administration of parenteral/IV [intravenous] medications. The intention is to ensure that clean gloves which have not previously touched potentially contaminated surfaces are in use whenever there is a risk for cross contamination to a patient's blood stream to occur."			
V 0122 Bldg. 00	494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing- (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. Based on observation, interview, and record review, the facility failed to ensure staff had cleaned and disinfected the dialysis station in accordance with facility policy in 2 of 2 cleaning and disinfecting of the dialysis station observations completed.	V 0122	All in-center staff including Employee E & Employee L will be in-serviced on 9/24/2015 on DSI Policy & Procedures #800-01: Dialysis Infection Control Precautions & #300-14: Cleaning the External Machine & Surrounding Areas. Copies of the policies will be given to all staff &	10/03/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/03/2015
NAME OF PROVIDER OR SUPPLIER DSI NORTHWEST INDIANAPOLIS RENAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6488 CORPORATE WAY INDIANAPOLIS, IN 46278	

(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
	The findings include: 1. Employee L, a registered nurse (RN), was observed to clean and disinfect the dialysis chair at station number 3 on 9-1-15 at 2:20 PM. The RN was not observed to clean the outside of the sides of the chair or the fronts of the arms of the chair where patients place their hands. The RN was not observed to clean and disinfect the computer keyboard or the mouse. 2. Employee E, a patient care technician (PCT), was observed to clean the disinfect the dialysis machine and chair at station number 9 on 9-1-15 at 2:25 PM. The PCT cleaned the dialysis chair first. The PCT failed to clean the outside of the sides of the chair under the drop down tray tables and failed to clean the fronts of the arms of the chair where patients place their hands. A. The PCT was then observed to use the same bleach-soaked cloth as was used to clean the chair to clean the dialysis machine. The PCT cleaned the front of the machine and then emptied the prime waste bucket. The PCT was observed to replace the prime waste bucket onto the machine without cleaning it.		the in-service will include but not be limited to the following: Removal & disinfection of the prime bucket between each patient treatment; cleaning & disinfection of the treatment station at the end of each dialysis treatment; Disinfect the front, top, and sides of the dialysis machine which includes but is not limited to the Hansen connectors, dialysis hoses, prime buckets; Disinfect the computer, mouse, keyboard & screen; dialysis chairs once chair is vacated should be reclined and fully wipe/disinfect all surfaces including back; inside of seat cushion, arm rests, chair tables, chair frame and footrests, side tables top, and the bottom & sides of chair underneath side tables; Hansen connectors, dialysis hoses, prime buckets, outside surface of dialysate concentrate containers, (if applicable); Pay special attention to cleaning the control panels on dialysis machines and other surfaces that are frequently touched and potentially contaminated with blood; Clean chair/bed beginning at the top and finishing at the bottom. The Clinic Manager or designee will monitor all staff daily x 2 week or until 100% compliance has been established, weekly x 2 and then monthly as per the Quality Management (QM) Workbook Infection Control Staff audit schedule. Any staff found not to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DSI NORTHWEST INDIANAPOLIS RENAL CENTER	6488 CORPORATE WAY INDIANAPOLIS, IN 46278

(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
	B. Without changing her gloves or cleansing her hands, the PCT was observed to complete the cleaning of the machine. The PCT was not observed to clean the Hansen connectors on the machine. The PCT was not observed to clean the computer keyboard or the mouse. 3. The clinic manager indicated, on 9-3-15 at 11:10 AM, the PCT and the RN had not cleaned and disinfected the dialysis station in accordance with facility policy. 4. The facility's 5-1-15 "Dialysis Infection Control Precautions" policy/procedure number 800-01 states, "Clean and disinfect the treatment station at the end of each dialysis treatment . . . Disinfect the front, top, and sides of the dialysis machine, computer, mouse, keyboard, screen, dialysis chair (when chair if vacated) . . . recline chair and fully wipe all surfaces including back; inside of seat cushion, arm rests, chair tables, chair frame and footrest . . . designated computer equipment . . .Hansen connectors . . . prime bucket."		be in compliance with Policy & Procedure will be subject to progressive disciplinary action. The Clinic Manager or designee will review education, audit results and disciplinary action in the monthly QAPI and Local Governing Body (LGB) meetings.	
V 0550 Bldg. 00	494.90(a)(5) POC-VASCULAR ACCESS-MONITOR/REFERRALS The interdisciplinary team must provide			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 09/03/2015
NAME OF PROVIDER OR SUPPLIER DSI NORTHWEST INDIANAPOLIS RENAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6488 CORPORATE WAY INDIANAPOLIS, IN 46278	

(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
	vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement.			
	Based on observation, record review and interview, the facility failed to ensure pre-cannulation access care had been completed in accordance with facility policy .in 2 of 2 preparing the access for cannulation observations and failed to ensure post-access care dressings had been changed in 2 of 2 post access care observations completed. The findings include: 1. The facility ' s 5-1-15 " Cannulation with Safety Needle Device " policy number 300-11 states, " Ask the patient if they have washed their access. If not, encourage patient to wash their access. " 2. Employee E, a patient care technician (PCT), was observed to initiate the dialysis treatment on patient number 11 using an arteriovenous fistula on 92-15 at 10:15 AM. Observation noted the patient's left arm was wrapped in a clear plastic wrap and a white cream was observed on the arm on the skin. The patient indicated the patient had used a	V 0550	The Governing Body will meet on 9/23/15 to amend DSI Policy & Procedure #300-15: Decannulation with Safety Needle Device to include "A band aid will be placed over needle exit site and all gauze used to obtain hemostasis will be changed prior to each patient leaving unit to ensure hemostasis has been achieved and site is assessed to ensure there is no potential for further bleeding." All in-center staff including Employees E & K will be in-serviced on 9/24/2015 on the DSI Policy & Procedure #300-11: Cannulation with Safety Needle Device and the revised DSI Policy & Procedure #300-15: Decannulation with Safety Needle Device. Copies of each policy will be given to all staff & the in-service will include but not be limited to the following: The requirement to ask the patient if they have washed their access & if not the patient should be asked and/or encouraged to wash their access with soap & water and staff should assist as needed; Also, a	10/03/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/03/2015
NAME OF PROVIDER OR SUPPLIER DSI NORTHWEST INDIANAPOLIS RENAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6488 CORPORATE WAY INDIANAPOLIS, IN 46278	

(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
	"numbing cream" prior to coming to the facility on the skin over the access. The PCT removed the plastic wrap from the access and wiped the cream from the skin with a dry gauze. The PCT was not observed to cleanse the skin over the access with soap and water prior to inserting the needles into the access. 3. Employee E, a PCT, was observed to discontinue the dialysis treatment on patient number 12 on 9-1-15 at 2:45 PM. Observation noted an arteriovenous fistula in the patient's left upper arm. The PCT removed the venous needle and placed a folded 2 x 2 gauze and a Band Aid over the needle removal site. The patient held pressure for approximately 10 minutes. After the bleeding had stopped, the PCT was observed to place more tape over the Band Aid and was not observed to change the dressing prior to the patient leaving the facility. The same process was repeated and observed for the removal of the arterial needle. The PCT failed to replace the gauze used to stop the bleeding with a clean gauze prior to the patient leaving the facility. 4. Employee K, a PCT, was observed to discontinue the dialysis treatment on patient number 13 on 92-15 at 9:40 AM. The PCT removed the venous needle and		patient should be asked to wash access & staff should assist patient if needed in washing their access with soap and water when numbing cream has to be removed by staff member to decrease bacteria on skin and help reduce possibility of infection; and all gauze used to obtain hemostasis will be changed prior to each patient leaving unit to ensure that hemostasis has been achieved and site is bandaged with a clean dressing. The Clinic Manager or designee will monitor all staff daily x 2 week or until 100% compliance has been established, weekly x 2 and then monthly as per the Quality Management (QM) Workbook Infection Control Staff audit schedule. Any staff found not to be in compliance with Policy & Procedure will be subject to progressive disciplinary action. The Clinic Manager or designee will review education, audit results and disciplinary action in the monthly QAPI and Local Governing Body (LGB) meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DSI NORTHWEST INDIANAPOLIS RENAL CENTER	6488 CORPORATE WAY INDIANAPOLIS, IN 46278

(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
	placed a folded 2 x 2 gauze and a Band Aid over the needle removal site. The patient held pressure for approximately 10 minutes. After the bleeding had stopped, the PCT was observed to place more tape over the Band Aid and was not observed to change the dressing prior to the patient leaving the facility. The same process was repeated and observed for the removal of the arterial needle. The PCT failed to replace the gauze used to stop the bleeding with a clean gauze prior to the patient leaving the facility. 5. Patient number 15 was observed to leave the dialysis facility at the completion of the treatment on 9-2-15 at 10:50 AM. Observation noted gauze and tape over the 2 needle removal sites. Blood was visible through the gauze. The PCT, employee K, had failed to replace the gauze over the needle removal sites with clean gauze prior to the patient leaving the facility. 6. The clinic manager indicated, on 9-3-15 at 11:10 AM, the PCTs should have replaced the dressings with clean gauze prior to the patients leaving the facility.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DSI NORTHWEST INDIANAPOLIS RENAL CENTER	6488 CORPORATE WAY INDIANAPOLIS, IN 46278

(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
V 0628 Bldg. 00	494.110(a)(2) QAPI-MEASURE/ANALYZE/TRACK QUAL INDICATORS The dialysis facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves. Based on record review and interview, the facility failed to track and analyze completion and collected data from the KDQOL-36 (Kidney Disease Quality of Life) assessment to identify opportunities for improving care during 3 (May, June, and July 2015) of 3 months reviewed. Findings include: 1. The facility's QAPI (quality assurance performance improvement) meeting minutes dated 6/26/2015, indicated that 100% of eligible patients completed the KDQOL-36 and that 11 surveys were returned for May. The meeting minutes failed to evidence the number of surveys distributed, to evaluate trends in patient participation and how the assessment scores were analyzed to affect individual and aggregate quality of care at the facility. 2. The QAPI meeting minutes dated	V 0628	A meeting of the QAPI Committee and Local Governing Body will be held on 9/23/15. All QAPI required committee members will be present. The Director of Operations will in-service the members of the committee on DSI Policy & Procedure #900-01: Quality Assessment and Performance Improvement Program (QAPI). A copy of DSI Policy & Procedure #900-01, will be given to all committee members, including the Master's prepared Social Worker & the in-service will include but not be limited to the following: The scope of the QAPI Program at minimum includes the setting of measurable goals in consideration of current standards as outlined by K-DOQI, local Network Chapters, legitimate Nephrology research and Federal, State and local regulation addressing at least physical and mental functioning with the KDQOL-36 survey being administered annually and after initial 90 days; report aggregate data and % of patient completing survey.	10/03/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152524	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 09/03/2015
NAME OF PROVIDER OR SUPPLIER DSI NORTHWEST INDIANAPOLIS RENAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6488 CORPORATE WAY INDIANAPOLIS, IN 46278	

(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
	7/29/2015 indicated that 100% of eligible patients completed the KDQOL-36 and that 0 surveys were returned in June . The meeting minutes failed to evidence the number of surveys distributed, to evaluate trends in patient participation and failed to evidence how the assessment scores were analyzed to affect individual and aggregate quality of care at the facility. 3. The QAPI meeting minutes dated 8/19/2015 indicated that 100% of eligible patients completed the KDQOL-36 and that 1 surveys was returned in June . The meeting minutes failed to evidence the number of surveys distributed, to evaluate trends in patient participation and failed to evidence how the assessment scores were analyzed to affect individual and aggregate quality of care at the facility. 4. The facility director, employee Q, indicated during and interview on 9/3/2015 at 11:50 A.M., that the report included only the number of surveys returned not the number distributed and that the minutes did not reflect care or facility process analyses for the collected data.		The Local Governing Body than adopted the following facility specific KDQOL-36 goals: 80% completion rate with <20% refusal to complete rate. The monthly QAPI minutes will also include documentation to identify the percentage of excluded patients for each month. The QAPI minutes will reflect these goals & the Master prepared Social Worker will be responsible for collecting the data, reporting the monthly percentages and initiating action plans if indicated. The clinic manager will alter QAPI meeting minutes to reflect changes as indicated above. Effective immediately and ongoing the QAPI committee will address KDQOL-36 as an aggregate percentage of completed, refused and excluded patients monthly verses individual scores. The Director of Operations or designee will monitor monthly x 6 or until 100% compliance is established, then quarterly per the QM Workbook QAPI audit. The CM or designee will review all education & audit results in the monthly QAPI & LGB meetings.	