

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152612	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2013
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE NEPHROLOGY MISHAWAKA HOM	STREET ADDRESS, CITY, STATE, ZIP CODE 250 DAY RD STE 300 MISHAWAKA, IN 46545
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V000000	<p>This was a federal ESRD recertification survey.</p> <p>Survey Dates: 3/5/13 - 3/8/13</p> <p>Facility #: 6661</p> <p>Medicaid Vendor #: 200032320</p> <p>Surveyors: Ingrid Miller, RN, Public Health Nurse Surveyor</p> <p>Census by Service Type:</p> <p>Number of home Peritoneal Dialysis Patients: 75 Number of home hemodialysis patients: 6</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 13, 2013</p>	V000000	CM will review the statement of deficiency and POC with the Medical Director and IDT at QAI meeting and Governing Body Meeting March 26, 2013.	

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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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.</p> <p>Based on document review, policy review, clinical record review and interview, the facility failed to ensure Kt/V laboratory values were monitored quarterly for 1 of 6 peritoneal dialysis (PD) clinical records reviewed (#4) creating the potential to affect all of the facility's 75 PD patients.</p> <p>Findings</p> <p>1. Clinical record #4, start of care 7/20/2010, included physician's orders dated 1/1/13 that evidenced CCPD (continuous cycling peritoneal dialysis) was to be completed 7 times a week. The patient's record evidenced an annual plan of care dated 6/6/12 that identified the goal for wKt/v (weekly sum of the dialysis adequacy) 2.0 or higher for peritoneal dialysis and that this level should be assessed quarterly. The plan of care evidenced the wKt/v was 2.75 on 4/10/12. The record failed to evidence</p>	V000544	V544 Chart audit completed by CM/ designee on all patients to ensure quarterly adequacy results are completed and results documented per policy and procedure. Patients identified as not having quarterly results will be targeted for adequacy completion by May, 2013. The CM met with the staff to review findings of the audit and assign responsibility for coordination of adequacy testing on identified patients. Additionally, the CM reviewed the revised process and tracking tools to use to update the patient's Plan of Care (POC) and track completion of prescribed adequacy testing. Prior to patient's scheduled clinic visit, a POC update form will be placed on the patient's chart so that the IDT can update the POC based on patient assessment and findings. Additionally, an Adequacy Completion Tracking tool has been created to ensure that prescribed adequacy testing is completed in designated time frame. During the patient's clinic visit, the RN will review the Adequacy Completion Tracking tool to evaluate completion of scheduled adequacy testing;	05/31/2013			

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	<p>the wKt/v had been monitored since 4/10/12.</p> <p>a. A physician's clinic note titled "Nephrology Physicians LLC" with a date of 2/27/13 and signed by the patient's nephrologist stated, "The patient was seen in PD clinic today ... Last clearance 04/10/12 ... Kt/V 2.75 ... total clearance L / wk [liter / week] ... Adequacy target met ... no urine ; need clearances."</p> <p>b. A clinical record document titled "Patient Plan of care" and signed by Employee I, Registered Nurse, and dated 3/8/13 stated, "[Patient #4] is overdue for clearance collection; it was due 8/2012."</p> <p>2. On 3/8/13 at 11:20 AM, Employee A, clinical nurse manager, indicated the Kt/V level had not been assessed since 4/10/12.</p> <p>3. The dialysis policy titled "Kinetic Modeling for CAPD and CCPD" with an effective date of October 21, 2009, stated, "Policy ... Perform adequacy testing [Kinetic Modeling] per physician order: within 1 month of starting treatment, within 1 month of any peritoneal dialysis [PD] prescription change, every 4 months thereafter, at other times as clinically indicated."</p>		<p>incomplete adequacy testing will be rescheduled for completion within a 4 week timeframe. The patient's nurse is responsible for coordinating the process with the IDT to ensure completion of the adequacy testing. The POC update will be reviewed after clinic by the IDT within 72 hours and POC will be updated by the IDT as needed. The CM/designee will review the Adequacy Completion Tracking tool on a monthly basis to identify patients scheduled for testing; additionally, the designated patient's medical record will be reviewed to ensure completion of adequacy testing and documentation of results, along with POC updates as identified. Audit results will be reviewed with IDT during monthly QAI meetings.</p>				

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V000559	<p>494.90(b)(3) POC-OUTCOME NOT ACHIEVED-ADJUST POC</p> <p>If the expected outcome is not achieved, the interdisciplinary team must adjust the patient's plan of care to achieve the specified goals. When a patient is unable to achieve the desired outcomes, the team must-</p> <p>(i) Adjust the plan of care to reflect the patient's current condition; (ii) Document in the record the reasons why the patient was unable to achieve the goals; and (iii) Implement plan of care changes to address the issues identified in paragraph (b)(3)(ii) of this section.</p> <p>Based on policy review, clinical record review, document review, and interview, the dialysis facility failed to ensure the plan of care was adjusted for 1 of 6 peritoneal dialysis clinical records reviewed (#4) to include identification of problems related to adequacy testing which failed to be performed with the potential to affect all patients with peritoneal dialysis and adequacy testing.</p> <p>Findings</p> <p>1. Clinical record #4, start of care 7/20/2010, included physician's orders dated 1/1/13 that evidenced CCPD (continuous cycling peritoneal dialysis) was to be completed 7 times a week. The patient's record evidenced an annual plan of care dated 6/6/12 that identified the</p>	V000559	<p>V0559</p> <p>CM reviewed Policy & Procedure for Adequacy testing with the staff; CM will schedule in-services with Home Staff to review documentation on Interdisciplinary Assessment and Plan of Care. Home patients will be given written instructions for adequacy testing by the RN during the clinic visit prior to scheduled testing. Instructions will be documented in the patient's EMR. During the patient's clinic visit, the RN will review the Adequacy Completion Tracking tool to evaluate completion of scheduled adequacy testing; incomplete adequacy testing will be rescheduled for completion within a 4-8 week timeframe. The patient's nurse is responsible for coordinating the process with the IDT to ensure completion of the adequacy testing.</p> <p>The Plan of Care update will be</p>	04/30/2013			

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	<p>goal for wKt/v (weekly sum of the dialysis adequacy) 2.0 or higher for peritoneal dialysis and that this level should be assessed quarterly. The plan of care evidenced a the wKt/v was 2.75 on 4/10/12. The record failed to evidence the wKt/v had been monitored since 4/10/12. The patient's plan of care failed to evidence it had been adjusted to include a specific goal of performing adequacy testing as required and interventions to help the patient comply with the Kt/V testing.</p> <p>a. A clinical note titled "RN Home Therapy Progress note" with a date of 10/22/12 and signature of Employee H, stated, "Education provided regarding clearance collection."</p> <p>b. A physician's note titled "Nephrology Physicians LLC " with a date of 10/22/12 and signature of the nephrologist stated, "Needs clearances."</p> <p>c. A physician's chart note titled "Nephrology Physicians LLC" and dated 1/29/13 stated, "[patient #4] has not done clearances since 4/2012 ... need to do clearances, rx [prescription] compliance."</p> <p>d. A physician's clinic note titled "Nephrology Physicians LLC" with a date of 2/27/13 and signed by the patient's</p>		<p>reviewed after clinic by the IDT within 72 hours and Plan of Care will be updated by the IDT as needed. Patients not meeting adequacy outcome will have action and timeline identified and adjusted on the Plan of Care by the physician and the IDT.</p> <p>The CM/designee will review the Adequacy Completion Tracking tool on a monthly basis to identify patients scheduled for testing; additionally, the designated patient's medical record will be reviewed to ensure completion of adequacy testing and documentation of results, along with Plan of Care updates as identified. Audit results will be reviewed during monthly QAI meetings.</p>				

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	<p>nephrologist stated, "The patient was seen in PD clinic today ... Last clearance 04/10/12 ... Kt/V 2.75 ... total clearance L / wk [liter /week] ... Adequacy target met ... no urine ; need clearances."</p> <p>e. A clinical record document titled "Patient Plan of care" and signed by Employee I, Registered Nurse, and dated 3/8/13 stated, "[Patient #4] is overdue for clearance collection; it was due 8/2012."</p> <p>2. On 3/8/13 at 11:20 AM, Employee A, clinical nurse manager, indicated the Kt/V level had not been assessed since 4/10/12 and the patient's plan of care had not been adjusted to include a specific goal of performing adequacy testing as required and interventions to help the patient comply with the Kt/V testing.</p> <p>3. The dialysis policy titled "Kinetic Modeling for CAPD and CCPD" with an effective date of October 21, 2009, stated, "Policy ... Perform adequacy testing [Kinetic Modeling] per physician order: within 1 month of starting treatment, within 1 month of any peritoneal dialysis [PD] prescription change, every 4 months thereafter, at other times as clinically indicated."</p> <p>4. The policy titled "Comprehensive Interdisciplinary Assessment and Plan of</p>						

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	care" with an effective date of July 4, 2012, stated, "The assessment / update section of the Plan of Care should be updated monthly for patients identified as stable, but that are not meeting the expected goal within the established time frame ... Failure to Achieve Plan of Care Outcome ... If the patient specific outcome as determined by the attending physician, IDT [interdisciplinary team] is not achieved within the identified timeframe, the interdisciplinary team must adjust the patient's plan of care as described in the plan of care updates of this policy in an effort to achieve the specified goal."			