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
	152611		08/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESENIUS MEDICAL CARE NEPHROLOGY MARSHALL COUN	2855 MILLER DR STE 209 PLYMOUTH, IN 46563

(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: August 19, 20, and 21, 2015 Facility #: 006823 Medicaid Vendor #: 200864860 QR; KH, R.N.	V 0000		
V 0543 Bldg. 00	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 review and interview, the facility failed to ensure the patient's blood pressure had been monitored at least every 30 minutes in 3 of 5 in-center hemodialysis patient's records reviewed. (#2-4) Findings include: 1. Clinical record #2 included hemodialysis treatment flow sheets dated 7/20, 7/31, 8/12, 8/14, and 8/17/15 that	V 0543	The Director of Operations and Clinical Manager met with the Medical Director on August 26, 2015 to review the survey statement of deficiencies and plan of correction. The Clinical Manager will provide an in-service to the patient care staff on Thursday, August 27, 2015 to review the requirements of the following policy: #FMS-CS-IC-I-110-133A "Monitoring During Patient Treatment Policy" emphasizing that vital signs will be monitored at the initiation of dialysis and every 30 minutes, or more	09/18/2015

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.

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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE NEPHROLOGY MARSHALL COUN		STREET ADDRESS, CITY, STATE, ZIP CODE 2855 MILLER DR STE 209 PLYMOUTH, IN 46563	

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	evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment. A. A hemodialysis treatment flow sheet dated 7/20/15 evidenced vital signs and a safety check had been completed at 2:32 PM and not again until 3:33 PM, a period of 61 minutes between checks. B. A hemodialysis treatment flow sheet dated 7/31/15 evidenced vital signs had been completed at 1:03 PM and not again until 2:02 PM, a period of 59 minutes between checks. C. A hemodialysis treatment flow sheet dated 8/12/15 evidenced vital signs and a safety check had been completed at 2:04 PM and not again until 3:04 PM, a period of 60 minutes between checks. D. A hemodialysis treatment flow sheet dated 8/14/15 evidenced vital signs and a safety check had been completed at 3:05 PM and not again until 3:49 PM, a period of 44 minutes between checks. E. A hemodialysis treatment flow sheet dated 8/17/15 evidenced vital signs and a safety check had been completed at 12:56 PM and not again until 1:41 PM, a period of 45 minutes between checks.		frequently, as needed. In addition, documentation of the vital signs and machine parameters will be recorded in the patient's medical record within 15 minutes of being performed. The staff members will verbalize understanding of the policy. The Clinical Manager or designee will audit 1 flow sheet on every patient x 1 week to ensure compliance with the policy. After evaluation and at the conclusion of the 1 week period, the Clinical Manager or designee will audit 50% of all patient dialysis flow sheets x 1 week, followed by 5% of the patient census dialysis flow sheets monthly thereafter. Any evidence of non-compliance will be addressed immediately including corrective action as appropriate. Frequency of ongoing audits will further be determined by the QAI committee upon review of the audit results and resolution of the issue. The Clinical Manager is responsible for reviewing and analyzing all data prior to the QAI meeting and presenting it monthly to the QAI team. The Director of Operations is responsible to ensure the Clinical Manager presents all data as defined within the plan of correction to the QAI committee. The QAI committee is responsible to provide oversight and ensure resolution is occurring.	

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	2. Clinical record #3 included hemodialysis treatment flow sheets dated 7/18, 7/21, and 7/23/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment. A. A hemodialysis treatment flow sheet dated 7/18/15 evidenced vital signs and a safety check had been completed at 11:05 AM and not again until 12:33 PM, a period of 88 minutes between checks. B. A hemodialysis treatment flow sheet dated 7/21/15 evidenced vital signs and a safety check had been completed at 2:05 PM and not again until 3:19 PM, a period of 74 minutes between checks. C. A hemodialysis treatment flow sheet dated 7/23/15 evidenced vital signs and a safety check had been completed at 1:33 PM and not again until 3:03 PM, a period of 90 minutes between checks. 3. Clinical record #4 included hemodialysis treatment flow sheets dated 7/21, 7/25, 7/28/, 7/30, and 8/15/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment. A. A hemodialysis treatment flow sheet dated 7/21/15 evidenced vital signs			

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	and a safety check had been completed at 7:05 AM and not again until 8:03 AM, a period of 58 minutes between checks. The vital signs and a safety check were then completed at 8:36 AM and not again until 9:40 AM, a period of 64 minutes between checks. B. A hemodialysis treatment flow sheet dated 7/25/15 evidenced vital signs and a safety check had been completed at 7:34 AM and not again until 8:33 AM, a period of 59 minutes between checks. C. A hemodialysis treatment flow sheet dated 7/28/15 evidenced vital signs and a safety check had been completed at 6:04 AM and not again until 7:05 AM, a period of 61 minutes between checks. D. A hemodialysis treatment flow sheet dated 7/30/15 evidenced vital signs and a safety check had been completed at 6:05 AM and not again until 7:08 AM, a period of 63 minutes between checks. E. A hemodialysis treatment flow sheet dated 8/15/15 evidenced vital signs and a safety check had been completed at 5:56 AM and not again until 7:11 AM, a period of 75 minutes between checks. 4. On 8/21/15 at 2:25 PM, employee A (Registered Nurse, Clinic Manager)			

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	indicated vital signs should be assessed every 30 minutes during treatment, per facility policy. 5. The facility policy with a revision date of July 4, 2012 titled "Patient Monitoring During Patient Treatment" states, "Policy Monitor the patient at the initiation of treatment and every 30 minutes, or more frequent as necessary."			