

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152631	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/16/2014
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE HOBART	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 S WISCONSIN ST HOBART, IN 46342
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V000000	<p>This was a Federal ESRD complaint investigation survey.</p> <p>Complaint # IN00150383 - Substantiated: No deficiencies related to the allegation are cited. An unrelated deficiency was cited.</p> <p>Survey dates: 7/7/14 and 7/8/14</p> <p>Facility #: 011693</p> <p>Medicaid #: 201169780B</p> <p>Surveyor: Ingrid Miller, PHNS, RN</p> <p>54 active patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 10, 2014</p>	V000000		
V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P The medical director must-</p> <p>(2) Ensure that-</p> <p>(i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p>	V000715	The Medical Director of the facility takes seriously his responsibility	07/14/2014

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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	<p>Based on clinical record and facility policy review and interview, the medical director failed to ensure the facility's policy for early termination and arriving late for treatment and monitoring patients during treatments had been adhered to in 2 of 4 records reviewed (#2 and #3) creating the potential to affect all of the facility's 54 current patients.</p> <p>The findings include</p> <ol style="list-style-type: none"> 1. The facility's policy "Early Termination or Arriving Late for treatment" with a review date of July 4, 2012, states, "If a patient requests to leave treatment early: patients requesting to terminate treatment early will be referred to the supervising registered nurse. The registered nurse (RN) will evaluate the patient and discuss with the patient their reasons for requesting to terminate their treatment earlier than prescribed ... the RN who evaluates the patient must document the rationale for early termination and reinforce the consequences of not receiving the entire prescribed treatment. The RN is responsible to notify the physician, and document on the 'AMA', or against Medical advice form." 2. The facility policy "Patient Monitoring during patient treatment" 		<p>to ensure all policies and procedures related to patient care are adhered to. Immediately upon receiving the Statement of Deficiencies, the Clinical Manager reviewed the citations with the Medical Director and responsible staff.</p> <p>On 7/14/14 the Director of Operations reviewed with the Clinical Manager and the Clinical Manager trained direct patient care staff on:</p> <ul style="list-style-type: none"> · #FMS-CS-IC-I-110-144A Early Termination or Arriving Late for Treatment: <ul style="list-style-type: none"> o Patients requesting to terminate treatment early will be referred to the supervising registered nurse. o The registered nurse(RN) will evaluate the patient and discuss with the patient their reasons for requesting to terminate their treatment earlier than prescribed o The RN who evaluates the patient must document the rationale for early termination and reinforce the consequences of not receiving the entire prescribed treatment o The RN is responsible to notify the physician, and document on the AMA or Against Medical Advice form · #FMS-CS-IC-I110-133A Patient Monitoring During Patient Treatment <ul style="list-style-type: none"> o Monitoring the patient and the 		

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	<p>with a review date of July 4, 2012, stated, "Monitor the patient and the initiation of treatment and every 30 minutes, or more frequently as necessary ... unusual observations, findings and the inability to reach prescribed treatment must be promptly reported to the charge nurse / team leader. Notify the physician as determined by the the clinical judgement of the charge nurse / team leader."</p> <p>3. Clinical record #2 failed to evidence the patient had been monitored every 30 minutes as required by facility policy.</p> <p>a. A flow sheet dated 6/6/14 evidenced the patient had been checked at 11:30 AM and not again until 12:36 PM, a period of 66 minutes between checks and 1:33 PM and not again until 2:12 PM, a period of 39 minutes between checks.</p> <p>b. On 7/7/14 at 2:40 PM, the clinical manager indicated the facility policy requires the patient be checked every 30 minutes while on treatment.</p> <p>4. Clinical record #3 failed to evidence the patient had been evaluated by a RN after the patient decided to leave treatment early. The RN did not discuss the early termination with the physician. There was no documentation by an RN</p>		<p>initiation of treatment and every 30 minutes, or more frequently as necessary</p> <ul style="list-style-type: none"> o Unusual observations, findings and the inability to reach prescribed orders must be promptly reported to the charge nurse/team leader. Notify the physician as determined by the clinical judgment of the charge nurse/team leader. <p>The meeting agenda and attendance records are available for review at the facility. The Clinical Manager and or designee will audit patient medical records for compliance according to the QAI Workflow Calendar, address identified issues, and report findings at monthly QAI meetings. In the event of discrepancies or problematic outcomes, the Committee investigates to determine the root cause of the issue and develops, implements, and tracks a corrective action plan through to resolution of the issue at hand. The Medical Director as Chairperson of the QAI Committee oversees QAI activities. The Clinical Manager is responsible and the QAI Committee inclusive of the Medical Director monitors to ensure polices related to early termination and arriving late for treatment and patient monitoring during treatment are adhered to.</p>		

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	<p>about the patient's decision to leave treatment early. The patient's orders evidenced treatment time was to be 4 hours and treatment on 6/2/14 was 2 hours 50 minutes.</p> <p>a. A clinical record document titled "Early Termination of Treatment against medical advice" with a date of 6/2/14 at 9:30 AM contained signatures of Employee B, clinic manager, and Employee H, Patient care technician. The document evidenced patient #3 requested to leave early due to a doctor's appointment and patient was educated on consequences of cutting treatment early.</p> <p>b. A flow sheet dated 6/2/14 evidenced the patient had been placed on dialysis treatment at 6:24 AM and terminated treatment at 9:14 AM for a total of 2 Hours and 50 minutes.</p> <p>c. On 7/8/14 at 10:55 AM, Employee B, clinical manager, indicated not talking to patient #3 about the patient's decision to leave early or evaluating the patient after the patient's decision to leave early.</p> <p>d. On 7/8/14 at 10:55 AM, Employee A, charge nurse, indicated policy was not followed when patient #3 left early against medical advice on 6/2/14. The nurse was to evaluate the patient and call</p>			

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	the physician and this did not occur. The nurse was Employee B, the clinical manager.				