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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>152511 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>06/11/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>LAWRENCEBURG DIALYSIS CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>721 RUDOLPH WAY<br>GREENDALE, IN 47025 |
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| V000000            | <p>This visit was a federal ESRD complaint investigation.</p> <p>Complaint IN00128488 - Substantiated: Federal deficiencies related to the allegation are cited.</p> <p>Date: June 10 and 11, 2013</p> <p>Facility #: 005156</p> <p>Medicaid # 200471780</p> <p>Surveyor: Susan Sparks, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>June 14, 2013</p> | V000000       |   |                      |

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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| V000543  | <p>494.90(a)(1)<br/>POC-MANAGE VOLUME STATUS<br/>The plan of care must address, but not be limited to, the following:<br/>(1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status;<br/>Based on clinical record and policy review and interview, the facility failed to ensure they followed their own policy to manage the patient's volume status in 2 of 4 clinical records reviewed with the potential to affect all 43 patients.</p> <p>Findings:</p> <p>1. Clinical record # 2, date of first dialysis 4/12/10, evidenced a physician order for a dry weight of 65.5 kilogram (kg). The clinical record evidenced the patient arrived for dialysis on 4/15/13 at 67.5 kg and left dialysis at 65.9 kg. Dialysis was started at 10:28 AM. At 12:07 PM the clinical record evidences the patient's blood pressure was 73/47.</p> <p>A. Incenter Hemodialysis Policies &amp; Procedures, Procedure: 1-09-01, dated March 2013, states, "Administer a saline bolus of approximately 200 ml and minimize ultrafiltration (UF). Notify nurse of patient's hypotension. Continue monitoring blood pressure."</p> | V000543   | <p>6/19/2013 Lawrenceburg Dialysis 00938V543 Facility Administrator (FA) will hold a mandatory in-service for all clinical teammates on 6/24/2013. In-service will include review of surveyor findings in Clinic Record #2 &amp; #4, but is not limited to: Review of policy and procedure # 1-09-01 Hypotension: emphasizing 1) teammates must administer normal saline bolus of approximately 200 ml and minimize ultrafiltration 2) teammates must notify nurse of patient's hypotension 3) teammates must continue to monitor blood pressure 4)the nurse must document any nursing interventions performed. Review of policy # 1-03-09 Intradialytic Treatment Monitoring. The in-service will emphasize 1)significant changes are reported to the licensed nurse and documented 2) the licensed nurse notifies the physician as needed of the changes in patient status 3) all findings, interventions and patient response will be documented in the patient's medical records. Review of policy # 1-14-02 Assessment and Plan of Care When Utilizing</p> | 07/11/2013  |  |   |  |

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|  | <p>The clinical record failed to evidence the ultrafiltration had been minimized throughout the rest of the treatment. The saline bolus was administered per policy.</p> <p>B. The clinical record evidences the patient was confused at 13:13 and the clinical nurse was notified. The record failed to evidence the nurse intervened to address the confusion.</p> <p>The Facility Administrator indicated on 6/11/13 at 11:30 AM there was no documentation in the clinical record as to nursing intervention.</p> <p>C. At 13:28, the patient's blood pressure was 82/53 and at 13:29 200 milliliters of normal saline was given. Ultrafiltration was not reduced.</p> <p>D. At 14:31, dialysis was terminated with a blood pressure of 94/60. The assessing nurse indicated the patient was oriented to self, but confused at times.</p> <p>2. Clinical record # 4, date of first dialysis 7/30/12, evidenced a physician order for a dry weight of 86 kg on 5/13/13. The clinical record failed to evidence the patient achieved the dry weight on 5/13/13, 5/15/13, 5/17/13, 5/20/13, 5/22/13, 5/24/13, 5/27/13,</p> |   | <p>Falcon Dialysis. IDT member must assess and plan care to address Dose of Dialysis. The IDT must provide the necessary care and services to manage the patient's volume status. If the expected outcome is not achieved, the IDT will adjust the patient's plan of care, document in the patient's medical record the reasons why the patient was unable to achieve the goals and implement plan of care changes to address the issues identified. Attendance of the in-service will be evidenced by teammates' signature on the Clinical In-service Form. The FA or designee will conduct an audit on 25% of the current census of snappy post hemodialysis treatment records daily x2 weeks, then 25% weekly x4 weeks, then 10% monthly x 2 months. The FA or designee will conduct a monthly audit on the progress notes/plan of care updates of patients identified by the IDT as not meeting dry weight for 3 months. The FA will review audits with the clinical teammates during homeroom meetings and with the Medical Director during monthly QIFMM. The FA is responsible for compliance with this Plan of Correction.<br/>Completion Date: 07/11/13</p> |   |  |   |  |

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|                    | 5/29/13, 5/31/13, 6/3/13, 6/5/13, 6/7/13, and 6/10/13. The clinical record failed to evidence any intervention for the high ending dry weight. |               |   |                      |