

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152509	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2014
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 920 CHESTER BLVD RICHMOND, IN 47374
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V000000	<p>This visit was an ESRD recertification survey which resulted in an expanded.</p> <p>Survey dates: August 25, 26, 27, 28, and 29, 2014.</p> <p>Facility #: 005154</p> <p>Medicaid Vendor #: 100256910</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Incenter Census 117 Peritoneal Census 24 Total Census 141</p> <p>Fresenius Medical Care Richmond was found to be out of compliance with Conditions for Coverage 494.80: Patient Assessment and 494.90 Patient Plan of Care.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 11, 2014</p>	V000000		
V000500	<p>494.80 CFC-PATIENT ASSESSMENT Based on clinical record and policy</p>	V000500	The Governing Body of FMC Richmond takes seriously its'	09/30/2014

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>review and interview, it was determined the interdisciplinary team failed to ensure the patient assessment was accurate regarding allergies in 5 of 8 in center hemodialysis clinical records reviewed with the potential to affect all 117 in-center hemodialysis patients, (See V 501), failed to ensure he patient's medication history was accurate regarding allergies in 5 of 8 in center hemodialysis clinical records reviewed with the potential to affect all 117 in-center hemodialysis patients(See V 506), and failed to ensure comprehensive assessments were completed every 30 days when patients were determined to be unstable in 3 of 3 clinical records reviewed of unstable patients with the potential to affect all unstable patients. (See V 520)</p> <p>The cumulative effect of these systemic problems resulted in the facility's inability to meet the requirements of this Condition for Coverage 494.80: Patient Assessment.</p>		<p>responsibility to ensure that dialysis and support services are delivered in a manner which ensures the health and safety of its patients. As such, the Governing Body, which includes the facility's Medical Director and CEO, met on September 18, 2014 to discuss the statement of deficiencies and formulate a corrective action plan to bring this facility into compliance with the conditions for coverage. The Governing Body will meet weekly to monitor the progress of this Plan of Correction as related to the SOD, until the Condition level deficiencies are lifted, then monthly for an additional six months to ensure that all corrections are being sustained. The Governing Body will return to quarterly and as needed meetings when resolution has been acknowledged and sustained both by the Governing Body and the QAI Committee.</p> <p>The minutes of this Governing Body Meeting are available for your review at the facility.</p> <p>As a result of the citations from the August 29th survey and to ensure that all patients have a completed comprehensive assessment as required by facility policy, the following has been implemented:</p> <ul style="list-style-type: none"> · Education of each Interdisciplinary Team member's 		

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			<p>responsibility to provide each patient with an integrated completed assessment inclusive of, but not limited to, correct and accurate allergy documentation. Please refer to V 501</p> <ul style="list-style-type: none"> Education of each Interdisciplinary Team member's responsibility to provide each patient with an integrated completed assessment inclusive of, but not limited to, providing a correct medication history regarding allergies. Please refer to V506 Education of each Interdisciplinary Team member's responsibility to ensure that monthly comprehensive assessments will be completed for all patients identified as unstable. Please refer to V520 <p>In addition, it has been determined that 100% of the patients will be reassessed and plans of care completed no later than October 31, 2014. The Clinical Manager has developed a schedule to ensure all assessments and plans of care are completed. Plans of care have been scheduled weekly through October 31, 2014 to ensure compliance.</p> <p>To ensure that expected compliance is achieved as outlined in the developed plan of correction, the Clinical Manager will communicate concerns directly to the Medical Director and Director of Operations.</p>		

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V000501	494.80 PA-IDT MEMBERS/RESPONSIBILITIES The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive		<p>Additionally, the Clinical Manager will formalize a report for the monthly QAI meeting detailing compliance gaps and corrective actions implemented to correct any identified deficiencies. The committee reviews areas of noncompliance, interventions taken, and evaluates to determine if further action is required. The QAI meeting minutes document this activity and are available for review at the facility.</p> <p>Through on going collaboration with the QAI committee, the Governing Body ensures that immediate and ongoing identification of any potential problems occur, are investigated to determine root causes, and are monitored through to resolution by implemented corrective action. Minutes of both the QAI actions along with Governing Body activities are documented and are available for review upon request.</p> <p>Date of Completion: September 30, 2014</p>	

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	<p>assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care.</p> <p>Based on clinical record and policy review and interview, the interdisciplinary team failed to ensure the patient assessment was accurate regarding allergies in 5 of 8 in center hemodialysis clinical records reviewed with the potential to affect all 117 in-center hemodialysis patients. (#1, 2, 5, 6, and 7)</p> <p>Findings:</p> <p>1. Clinical record 1, Admit Date (AD) 5/4/12, has three locations for allergies - back of the record binder, the hospital records, and the physician notes. The book binder indicated allergies as Spironolactone, sulfa, IV Day with Iodine, aspirin, caffeine, Carvidolol, Célèbre, Chartroom, prednisone, and shellfish. The physician notes included all of the allergies, but the physician also listed morphine as an allergy. The hospital list includes morphine,]aspartame, Bactrim, Depo-Medrol, Omnicef, Plavix, and crystal light.</p> <p>2. Clinical record 2, AD 11/5/07, has three locations for allergies - back of the record binder, the hospital records, and the physician notes. The book binder</p>	V000501	<p>It is the facility's policy that each patient will have a Patient Assessment of their individualized needs inclusive of accurate and correct allergy assessment. To ensure that the IDT members fully understand the policy requirement as well as his/her responsibilities, the Regional Quality Manager will complete the following education with the members of the Team on September 30, 2014.</p> <p>On September 30, 2014, the Regional Quality Manager will meet with the members of the facility interdisciplinary team and will review the following facility policies:</p> <ul style="list-style-type: none"> · FMS-CS-IC-I-110-125A -Comprehensive Interdisciplinary Assessment and Plan of Care · FMS-CS-IC-II-150-050-A – Documentation of Patient Allergy Status <p>Upon completion of the IDT assessment, the team collaborates inclusive of patient, physician, nurse, social worker and dietician, to review the assessment for accuracy and develop the plan of care.</p> <p>To specifically address those patients identified as lacking a</p>	09/30/2014			

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	<p>indicated allergies as Felodipine and Erythromycin. The physician notes included these but also listed IV Day with Iodine as an allergy. The hospital list was the same as the binder, but also included gadolinium containing components, Indochina, providine iodine topical, and Prinivil.</p> <p>3. Clinical record 5, AD 4/25/12, has three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated allergies as Penicillin and Sulfa. The physician notes listed the same. The hospital records listed aspirin, Zithromax, and penicillin.</p> <p>4. Clinical record 6, AD 10/11/13, has three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated an allergy to penicillin. The physician notes indicated allergies to ambien and penicillin. The hospital records listed codeine, narcan, and penicillin.</p> <p>5. Clinical record 7, AD 3/30/10, had three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated allergies to Cipro, Keflex, and Oxycontin. The physician notes</p>		<p>completed and accurate Comprehensive Patient Assessment and Medical Record the following actions will occur:</p> <ul style="list-style-type: none"> · On September 13, 2014, 100% of all Medical Records have been audited to review the allergy status of each patient. · No later than September 18, 2014, 100% of the patients will have been interviewed about their known allergies. · On September 19, 2014, the Clinical Manager will have the physician review the outcome of the audits and patient interview to determine each patient's actual allergy. · No later than September 30, 2014, 100% of the Medical Records will be updated with the patients' accurate allergy information. Accurate patient allergy information will be listed in eCube, the paper record, and on the outside of the paper chart. <p>Going forward, the RN will review each discharge summary along with the medication administration record from the hospital and update the medical record as needed. The RN will log each discharge summary and medication administration record from the hospital along with each update made on a tracking log. This log will be second checked by the Charge Nurse or Clinical Manager. The Clinical Manager will bring this log to QAI each</p>				

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	<p>indicated allergies to Cipro, Heparin agents, Keflex, and Oxycontin. The hospital records listed Latex and Keflex.</p> <p>6. A policy titled "Documentation of Patient Allergy Status", dated 19-June-2013, FMS-CS-IC-II-150-050-A, states, "A registered nurse must evaluate patients new to dialysis before initiation of their first treatment to obtain a history of any allergies/sensitivities and document findings. A review of patients' allergies will be required: Prior to initiation of the first dialysis treatment at the facility. At least monthly: In order to accomplish this requirement, it is recommended that allergy status be reviewed along with the monthly reconciliation of home medications. Post hospitalization. Allergies/sensitivities to medications, foods, and biological preparations must be accurately recorded and prominently displayed in the medical records."</p> <p>7. On 8/28/14 at 3 PM, Employee A, Director of Operations, indicated no one is sure how or who put the heparin allergy on the patient #7's chart, but it should have been caught with record review.</p>		<p>month for review.</p> <p>The Clinical Manager is responsible to ensure all discharges and allergies are reviewed, updated, and documented in the medical record each month.</p> <p>The Clinical Manager will report on all reviews during the monthly QAI meeting.</p> <p>The QAI committee tracks results and if there appears to be opportunity for improvement, develops, implements, and tracks a corrective action plan through to resolution of the specific issue. QAI minutes documents their activity and are available for review at the facility.</p> <p>The Clinical Manager is responsible and the QAI committee monitors for compliance.</p> <p>Date of Completion: September 30, 2014</p>		

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V000506	<p>494.80(a)(3) PA-IMMUNIZATION/MEDICATION HISTORY The patient's comprehensive assessment must include, but is not limited to, the following:</p> <p>Immunization history, and medication history. Based on clinical record and policy review and interview, the facility failed to ensure he patient's medication history was accurate regarding allergies in 5 of 8 in center hemodialysis clinical records reviewed with the potential to affect all 117 in-center hemodialysis patients. (1, 2, 5, 6 and 7)</p> <p>Findings:</p> <p>1. Clinical record 1, Admit Date (AD) 5/4/12, has three locations for allergies - back of the record binder, the hospital records, and the physician notes. The book binder indicated allergies as Spironolactone, sulfa, IV Day with Iodine, aspirin, caffeine, Carvidolol, Célèbre, Chartroom, prednisone, and shellfish. The physician notes included all of the allergies, but the physician also listed morphine as an allergy. The hospital list includes morphine,]aspartame, Bactrim, Depo-Medrol,</p>	V000506	<p>It is the facility's policy that each patient will have a Patient Assessment of their individualized needs inclusive of accurate and correct allergy assessment. To ensure that the IDT members fully understand the policy requirement as well as his/her responsibilities, the Regional Quality Manager will complete the following education with the members of the Team on September 30, 2014.</p> <p>On September 30, 2014, the Regional Quality Manager will meet with the members of the facility interdisciplinary team and reviewed the following facility policies:</p> <ul style="list-style-type: none"> · FMS-CS-IC-I-110-125A -Comprehensive Interdisciplinary Assessment and Plan of Care · FMS-CS-IC-II-150-050-A – Documentation of Patient Allergy Status <p>Upon completion of the IDT</p>	09/30/2014

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	<p>Omnicef, Plavix, and crystal light.</p> <p>2. Clinical record 2, AD 11/5/07, has three locations for allergies - back of the record binder, the hospital records, and the physician notes. The book binder indicated allergies as Felodipine and Erythromycin. The physician notes included these but also listed IV Day with Iodine as an allergy. The hospital list was the same as the binder, but also included gadolinium containing components, Indochina, providine iodine topical, and Prinivil.</p> <p>3. Clinical record 5, AD 4/25/12, has three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated allergies as Penicillin and Sulfa. The physician notes listed the same. The hospital records listed aspirin, Zithromax, and penicillin.</p> <p>4. Clinical record 6, AD 10/11/13, has three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated an allergy to penicillin. The physician notes indicated allergies to ambien and penicillin. The hospital records listed codeine, narcan, and penicillin.</p>		<p>assessment, the team collaborates inclusive of patient, physician, nurse, social worker and dietician, to review the assessment for accuracy and develop the plan of care.</p> <p>To specifically address those patients identified as lacking a completed and accurate Comprehensive Patient Assessment and Medical Record the following actions have occurred:</p> <ul style="list-style-type: none"> · On September 13, 2014, 100% of all Medical Records have been audited to review the allergy status of each patient. · No later than September 18, 2014, 100% of the patients will have been interviewed about their known allergies. · On September 19, 2014, the Clinical Manager will have the physician review the outcome of the audits and patient interview to determine each patient's actual allergy. · No later than September 30, 2014, 100% of the Medical Records will be updated with the patients' accurate allergy information. Accurate patient allergy information will be listed in eCube, the paper record, and on the outside of the paper chart. <p>Going forward, the RN will review each discharge summary along with the medication administration record from the hospital and</p>				

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	<p>5. Clinical record 7, AD 3/30/10, had three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated allergies to Cipro, Keflex, and Oxycontin. The physician notes indicated allergies to Cipro, Heparin agents, Keflex, and Oxycontin. The hospital records listed Latex and Keflex.</p> <p>6. A policy titled "Documentation of Patient Allergy Status", dated 19-June-2013, FMS-CS-IC-II-150-050-A, states, "A registered nurse must evaluate patients new to dialysis before initiation of their first treatment to obtain a history of any allergies/sensitivities and document findings. A review of patients' allergies will be required: Prior to initiation of the first dialysis treatment at the facility. At least monthly: In order to accomplish this requirement, it is recommended that allergy status be reviewed along with the monthly reconciliation of home medications. Post hospitalization. Allergies/sensitivities to medications, foods, and biological preparations must be accurately recorded and prominently displayed in the medical records."</p> <p>7. On 8/28/14 at 3 PM, Employee A, Director of Operations, indicated he understood patient harm was a</p>		<p>update the medical record as needed. The RN will log each discharge summary and medication administration record from the hospital along with each update made on a tracking log. This log will be second checked by the Charge Nurse or Clinical Manager. The Clinical Manager will bring this log to QAI each month for review.</p> <p>The Clinical Manager is responsible to ensure all discharges and allergies are reviewed, updated, and documented in the medical record each month.</p> <p>The Clinical Manager will report on all reviews during the monthly QAI meeting.</p> <p>The QAI committee tracks results and if there appears to be opportunity for improvement, develops, implements, and tracks a corrective action plan through to resolution of the specific issue. QAI minutes documents their activity and are available for review at the facility.</p> <p>The Clinical Manager is responsible and the QAI committee monitors for compliance.</p> <p>Date of Completion: September 30, 2014</p>		

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V000520	<p>consideration and the seriousness of what could have happened.</p> <p>494.80(d)(2) PA-FREQUENCY REASSESSMENT-UNSTABLE Q MO In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section, a comprehensive reassessment of each patient and a revision of the plan of care must be conducted-</p> <p>At least monthly for unstable patients including, but not limited to, patients with the following: (i) Extended or frequent hospitalizations; (ii) Marked deterioration in health status; (iii) Significant change in psychosocial needs; or (iv) Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis. Based on clinical record and policy review and interview, the facility failed to ensure comprehensive assessments were completed every 30 days when patients were determined to be unstable in 3 of 3 clinical records reviewed of unstable patients with the potential to affect all unstable patients. (1, 3, and 6)</p> <p>Findings:</p>	V000520	<p>It is the facility's policy that each patient at this dialysis facility will have a completed comprehensive patient assessment and plan of care by the professional team within one month of admission to the facility and monthly if the patient is deemed unstable.</p> <p>On September 30, 2014, the Regional Quality Manager will meet with the members of the facility interdisciplinary team and</p>	09/30/2014

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	<p>1. Clinical record 1, Admit Date (AD) 5/4/12, evidenced a interdisciplinary team evaluation on 6/20/14 stating the patient was unstable. The clinical record failed to evidence comprehensive assessments and plans of care for the months following the 6/20/14 assessment and plan of care.</p> <p>2. Clinical record 3, AD 8/21/13, evidenced a interdisciplinary team evaluation on 1/8/14 stating the patient was unstable. The clinical record failed to evidence a comprehensive assessment and plan of care for 2/14.</p> <p>The clinical record evidenced a interdisciplinary team evaluation on 3/19/14 stating the patient was stable but needed monthly comprehensive assessments due to lung cancer. The clinical record failed to evidence the interdisciplinary team did comprehensive assessments or a Plan of Care for 5/14, 6/14, 7/14, or 8/14.</p> <p>3. Clinical record 6, AD 10/11/13, evidenced a interdisciplinary team evaluation on 5/22/14 stating the patient was unstable. The clinical record failed to evidence a comprehensive assessment and plan of care for 6/14. Someone marked through unstable on the plan of</p>		<p>review the following facility policies with emphasis on determining stability of stable versus unstable.</p> <ul style="list-style-type: none"> FMS-CS-IC-I-110-125A -Comprehensive Interdisciplinary Assessment and Plan of Care <p>To specifically address those patients identified as lacking a completed reassessment the following actions have occurred:</p> <ul style="list-style-type: none"> The Interdisciplinary Team was alerted to those patients identified from the August 29th survey, patients #1 and #3 for the need to have a completed Comprehensive Assessment for the care plan review meeting on September 24, 2014. <p>Effective immediately the Clinical Manager presents a status report of those patients whose assessments where due for completion but lacked completion by all team members, along with any applied intervention to correct the deficiency, at each month's QAI meeting. The QAI Committee addresses any discrepancy/variance to the required process by identifying an opportunity for improvement of the problematic process/outcome and will investigate to determine the root cause. Once the root cause has been identified, the Committee will develop, implement and track a corrective</p>				

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V000540	<p>care and put in stable but did not sign nor date the entry.</p> <p>The clinical record failed to evidence a comprehensive assessment and plan of care for 8/14.</p> <p>4. A policy titled "Comprehensive Interdisciplinary Assessment and Plan of Care", dated 04-Jul-2012, FMC-CS-IC-I-110-125-A, states, "Unstable patients must be reassessed by the IDT and a new comprehensive assessment and Plan of Care completed monthly until the patient is determined by the IDT to be stable."</p> <p>5. On 8/20/14 at 11 AM, Employee B, the Facility Manager, indicated there was some confusion on the forms and making sure monthly assessments are done correctly.</p> <p>494.90 CFC-PATIENT PLAN OF CARE Based on clinical record and policy review and interview, it was determined the interdisciplinary team failed to ensure a plan of care was developed that included an accurate picture of the patient's allergies in 5 of 8 in center</p>	V000540	<p>action plan through to resolution of the issue. QAI Minutes as described above – will document these actions and will be available for review at the facility.</p> <p>Completion Date: September 30, 2014</p> <p>The Governing Body of FMC Richmond takes seriously its' responsibility to ensure that dialysis and support services are delivered in a manner which ensures the health and safety of its patients. As such, the Governing Body, which includes</p>	09/30/2014			

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	<p>hemodialysis clinical records reviewed with the potential to affect all 117 in-center hemodialysis patients (See V 542), failed to ensure the interdisciplinary team set a timetable and outcome in the plan of care for albumin management in 1 of 8 clinical records reviewed for incenter hemodialysis with the potential to affect all 117 patients (See V 545), and failed to ensure the social worker set defined timelines for goals in 7 of 8 incenter hemodialysis patients with the potential to affect all 117 patients (See V 555).</p> <p>The cumulative effect of these systemic problems resulted in the facility's inability to meet the requirements of this Condition for Coverage 494.90 Patient Plan of Care.</p>		<p>the facility's Medical Director and CEO, met on September 18, 2014 to discuss the statement of deficiencies and formulate a corrective action plan to bring this facility into compliance with the conditions for coverage. The Governing Body will meet weekly to monitor the progress of this Plan of Correction as related to the SOD, until the Condition level deficiencies are lifted, then monthly for an additional six months to ensure that all corrections are being sustained. The Governing Body will return to quarterly and as needed meetings when resolution has been acknowledged and sustained both by the Governing Body and the QAI Committee.</p> <p>The minutes of this Governing Body Meeting are available for your review at the facility.</p> <p>As a result of the citations from the August 29th survey and to ensure that all patients have a completed plan of care as required by facility policy, the following has been implemented:</p> <ul style="list-style-type: none"> Education of each Interdisciplinary Team member's responsibility to provide each patient with an integrated plan of care inclusive of, but not limited to, correct and accurate allergy documentation. Please refer to V 	

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			<p>542</p> <ul style="list-style-type: none"> · Education of each Interdisciplinary Team member's responsibility including the Dietician to provide each patient with an integrated plan of care inclusive of, but not limited to, estimated time tables and outcomes for each patient indicator. Please refer to V545. · Education of each Interdisciplinary Team member's responsibility including the Social Worker to ensure that defined timelines for goals are documented. Please refer to V555. <p>In addition, it has been determined that 100% of the patients will be reassessed and plans of care completed no later than October 31, 2014.</p> <p>The Clinical Manager has developed a schedule to ensure all assessments and plans of care are completed. Care plans have been scheduled weekly through October 31, 2014 to ensure compliance.</p> <p>To ensure that expected compliance is achieved as outlined in the developed plan of correction, the Clinical Manager will communicate concerns directly to the Medical Director and Director of Operations. Additionally, the Clinical Manager will formalize a report for the monthly QAI meeting detailing</p>		

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V000542	494.90(a) POC-IDT DEVELOPS PLAN OF CARE The interdisciplinary team must develop a plan of care for each patient. Based on clinical record and policy review and interview, the interdisciplinary team failed to ensure a plan of care was developed that included an accurate picture of the patient's allergies in 5 of 8 in center hemodialysis clinical records reviewed with the	V000542	compliance gaps and corrective actions implemented to correct any identified deficiencies. The committee reviews areas of noncompliance, interventions taken, and evaluates to determine if further action is required. The QAI meeting minutes document this activity and are available for review at the facility. Through on going collaboration with the QAI committee, the Governing Body ensures that immediate and ongoing identification of any potential problems occur, are investigated to determine root causes, and are monitored through to resolution by implemented corrective action. Minutes of both the QAI actions along with Governing Body activities are documented and are available for review upon request. Date of Completion: September 30, 2014 It is the facility's policy that each patient will have a Plan of Care of their individualized needs inclusive of accurate and correct allergy assessment. To ensure that the IDT members fully understand the policy requirement as well as his/her	09/30/2014	

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	<p>potential to affect all 117 in-center hemodialysis patients. (1, 2, 5, 6, and 7)</p> <p>Findings:</p> <p>1. Clinical record 1, Admit Date (AD) 5/4/12, has three locations for allergies - back of the record binder, the hospital records, and the physician notes. The book binder indicated allergies as Spironolactone, sulfa, IV Day with Iodine, aspirin, caffeine, Carvidolol, Célèbre, Chartroom, prednisone, and shellfish. The physician notes included all of the allergies, but the physician also listed morphine as an allergy. The hospital list includes morphine,]aspartame, Bactrim, Depo-Medrol, Omnicef, Plavix, and crystal light.</p> <p>2. Clinical record 2, AD 11/5/07, has three locations for allergies - back of the record binder, the hospital records, and the physician notes. The book binder indicated allergies as Felodipine and Erythromycin. The physician notes included these but also listed IV Day with Iodine as an allergy. The hospital list was the same as the binder, but also included gadolinium containing components, Indochina, providine iodine topical, and Prinivil.</p> <p>3. Clinical record 5, AD 4/25/12, has</p>		<p>responsibilities, the Regional Quality Manager will complete the following education with the members of the Team on September 30, 2014.</p> <p>On September 30, 2014, the Regional Quality Manager will meet with the members of the facility interdisciplinary team and review the following facility policies:</p> <ul style="list-style-type: none"> · FMS-CS-IC-I-110-125A -Comprehensive Interdisciplinary Assessment and Plan of Care · FMS-CS-IC-II-150-050-A – Documentation of Patient Allergy Status <p>Upon completion of the IDT assessment, the team collaborates inclusive of patient, physician, nurse, social worker and dietician, to review the assessment for accuracy and develop the plan of care.</p> <p>To specifically address those patients identified as lacking a completed and accurate Comprehensive Patient Assessment and Medical Record the following actions have occurred:</p> <ul style="list-style-type: none"> · On September 13, 2014, 100% of all Medical Records have been audited to review the allergy status of each patient. · No later than September 18, 2014, 100% of the patients 	

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	<p>three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated allergies as Penicillin and Sulfa. The physician notes listed the same. The hospital records listed aspirin, Zithromax, and penicillin.</p> <p>4. Clinical record 6, AD 10/11/13, has three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated an allergy to penicillin. The physician notes indicated allergies to ambien and penicillin. The hospital records listed codeine, narcan, and penicillin.</p> <p>5. Clinical record 7, AD 3/30/10, had three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated allergies to Cipro, Keflex, and Oxycontin. The physician notes indicated allergies to Cipro, Heparin agents, Keflex, and Oxycontin. The hospital records listed Latex and Keflex.</p> <p>6. A policy titled "Documentation of Patient Allergy Status", dated 19-June-2013, FMS-CS-IC-II-150-050-A, states, "A registered nurse must evaluate patients new to dialysis before initiation of their</p>		<p>will have been interviewed about their known allergies.</p> <ul style="list-style-type: none"> On September 19, 2014, the Clinical Manager will have the physician review the outcome of the audits and patient interview to determine each patient's actual allergy. No later than September 30, 2014, 100% of the Medical Records will be updated with the patients' accurate allergy information. Accurate patient allergy information will be listed in eCube, the paper record, and on the outside of the paper chart. <p>Going forward, the RN will review each discharge summary along with the medication administration record from the hospital and update the medical record as needed. The RN will log each discharge summary and medication administration record from the hospital along with each update made on a tracking log. This log will be second checked by the Charge Nurse or Clinical Manager. The Clinical Manager will bring this log to QAI each month for review.</p> <p>The Clinical Manager is responsible to ensure all discharges and allergies are reviewed, updated, and documented in the medical record each month.</p> <p>The Clinical Manager will report on all reviews during the monthly</p>		

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V000545	<p>first treatment to obtain a history of any allergies/sensitivities and document findings. A review of patients' allergies will be required: Prior to initiation of the first dialysis treatment at the facility. At least monthly: In order to accomplish this requirement, it is recommended that allergy status be reviewed along with the monthly reconciliation of home medications. Post hospitalization. Allergies/sensitivities to medications, foods, and biological preparations must be accurately recorded and prominently displayed in the medical records."</p> <p>7. On 8/28/14 at 3 PM, Employee A, Director of Operations, indicated he understood patient harm was a consideration and the seriousness of what could have happened.</p> <p>494.90(a)(2) POC-EFFECTIVE NUTRITIONAL STATUS The interdisciplinary team must provide the necessary care and counseling services to achieve and sustain an effective nutritional status. A patient's albumin level and body weight must be measured at least monthly. Additional evidence-based professionally-accepted clinical nutrition</p>		<p>QAI meeting.</p> <p>The QAI committee tracks results and if there appears to be opportunity for improvement, develops, implements, and tracks a corrective action plan through to resolution of the specific issue. QAI minutes documents their activity and are available for review at the facility.</p> <p>The Clinical Manager is responsible and the QAI committee monitors for compliance.</p> <p>Date of Completion: September 30, 2014</p>	

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	<p>indicators may be monitored, as appropriate. Based on clinical record and policy review and interview, the facility failed to ensure the interdisciplinary team set a timetable and outcome in the plan of care for albumin management in 1 of 8 clinical records reviewed for incenter hemodialysis with the potential to affect all 117 patients. (1)</p> <p>Findings</p> <p>1. Clinical record 1, Admit Date 5/4/12, evidenced a interdisciplinary team evaluation on 6/20/14 stating the patient was unstable. The Plan of Care failed to evidence an outcome or timetable for albumin management for the plan of care signed 6/20/14.</p> <p>2. A policy titled "Comprehensive Interdisciplinary Assessment and Plan of Care", dated 04-Jul-2012, FMS-CS-IC-I-110-125-A, states, "The comprehensive interdisciplinary assessment must include the following: ... Evaluation of nutritional status by a qualified dietitian ..."</p> <p>3. On 8/28/14 at 3 PM, Employee A, Director of Operations, indicated he didn't know how it was missed.</p>	V000545	<p>As a result of the citations from the August 29th survey and as part of the developed plan of correction, and to ensure that each patient has a plan of care that addresses the individual patient's current nutritional needs, the following actions have occurred:</p> <p>On September 30, 2014, the Regional Quality Manager will meet with the members of the facility interdisciplinary team inclusive of the Dietician and review the following facility policies:</p> <ul style="list-style-type: none"> · FMS-CS-IC-I-110-125A -Comprehensive Interdisciplinary Assessment and Plan of Care <p>To specifically address those patients identified as lacking a completed reassessment the following actions have occurred:</p> <ul style="list-style-type: none"> · The Interdisciplinary Team was alerted to the patient identified from the August 29th survey, patient #1 for the need to have a completed Plan of Care inclusive of outcome or timetable for albumin status at the review meeting on September 24, 2014. <p>The Clinical Manager is responsible to review all plans of care completed for the current month to ensure completeness of</p>	09/30/2014

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V000555	494.90(a)(8) POC-REHAB STATUS ADDRESSED The interdisciplinary team must assist the patient in achieving and sustaining an appropriate level of productive activity, as desired by the patient, including the educational needs of pediatric patients (patients under the age of 18 years), and make rehabilitation and vocational rehabilitation referrals as appropriate. Based on clinical record and policy	V000555	all sections prior to filing in the patients' medical record. The Clinical Manager presents a status report of those patients whose assessments and plans of care where due for completion but lacked completion by all team members, along with any applied intervention to correct the deficiency, at each month's QAI meeting. The QAI Committee addresses any discrepancy/variance to the required process by identifying an opportunity for improvement of the problematic process/outcome and will investigate to determine the root cause. Once the root cause has been identified, the Committee will develop, implement, and track a corrective action plan through to resolution of the issue. QAI Minutes as described above – will document these actions and will be available for review at the facility. Completion Date: September 30, 2014	09/30/2014	

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	<p>review and interview, the facility failed to ensure the social worker set defined timelines for goals in 7 of 8 incenter hemodialysis patients with the potential to affect all 117 patients. (1, 2, 3, 4, 5, 6 and 8)</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Clinical record 1, Admit Date (AD) 5/4/12, evidenced an interdisciplinary team evaluation on 6/20/14 stating the patient was unstable. The Plan of Care failed to evidence a timetable for psychosocial and rehabilitation status outcomes for the plan of care signed 6/20/14. 2. Clinical record 2, AD 11/5/07, evidenced an interdisciplinary team evaluation on 7/22/14 stating the patient was stable. The Plan of Care failed to evidence a timetable for psychosocial and rehabilitation status outcomes for the plan of care signed 7/22/14. 3. Clinical record 3, AD 8/21/13, evidenced an interdisciplinary team evaluation on 1/8/14 stating the patient was unstable. The Plan of Care failed to evidence a timetable for psychosocial and rehabilitation status outcomes for the plan of care signed 1/8/14. 		<p>the August 29th survey and as part of the developed plan of correction, and to ensure that each patient has a plan of care that addresses the individual patient's current psychosocial, rehabilitation and modality needs, the following actions have occurred:</p> <p>On September 30, 2014, the Regional Quality Manager will meet with the members of the facility interdisciplinary team inclusive of the Social Worker and review the following facility policies:</p> <ul style="list-style-type: none"> · FMS-CS-IC-I-110-125A -Comprehensive Interdisciplinary Assessment and Plan of Care <p>To specifically address those patients identified as lacking a completed reassessment the following actions have occurred:</p> <ul style="list-style-type: none"> · The Interdisciplinary Team was alerted to those patients identified from the August 29th survey, patients #1, #2, #3, #4 , #5, #6 and #8 for the need to have a completed Plan of Care for the review meeting on September 24, 2014. <p>In addition, it has been determined that 100% of the patients will be reassessed and plans of care completed no later than October 31, 2014. The Clinical Manager has</p>	

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	<p>The clinical record evidenced a interdisciplinary team evaluation on 3/19/14 stating the patient was unstable but needed monthly comprehensive assessments due to lung cancer. The Plan of Care failed to evidence a timetable for psychosocial status, rehabilitation status, and for modality outcomes for the plan of care signed 3/19/14.</p> <p>4. Clinical record 4, AD 7/1/14, evidenced an interdisciplinary team evaluation on 8/25/14 stating the patient was stable. The Plan of Care failed to evidence a timetable for psychosocial status, rehabilitation status, and modality outcomes for the plan of care signed 8/25/14.</p> <p>5. Clinical record 5, AD 4/25/12, evidenced an interdisciplinary team evaluation on 5/21/14 stating the patient was stable. The Plan of Care failed to evidence a timetable for psychosocial status, rehabilitation status, and modality outcomes for the plan of care signed 5/21/14.</p> <p>6. Clinical record 6, AD 10/11/13, evidenced an interdisciplinary team evaluation on 7/22/14 stating the patient was unstable. Someone marked through unstable and put in stable but did not sign nor date the entry. The Plan of Care</p>		<p>developed a schedule to ensure all assessments and plans of care are completed by October 31, 2014.</p> <p>To ensure that expected compliance is achieved as outlined in the developed plan of correction, the Clinical Manager will communicate concerns directly to the Medical Director and Director of Operations. Additionally, the Clinical Manager will formalize a report for the monthly QAI meeting detailing compliance gaps, and corrective actions implemented to correct any identified deficiencies. The committee reviews areas of noncompliance, interventions taken, and evaluates to determine if further action is required. The QAI meeting minutes document this activity and are available for review at the facility.</p> <p>Through on going collaboration with the QAI committee, the Governing Body ensures that immediate and ongoing identification of any potential problems occur, are investigated to determine root causes, and are monitored through to resolution by implemented corrective action. Minutes of both the QAI actions along with Governing Body activities are documented and are available for review upon request.</p> <p>Date of Completion: September 30, 2014</p>				

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V000726	<p>failed to evidence a timetable for psychosocial status, rehabilitation status, and modality outcomes for the plan of care signed 7/22/14.</p> <p>7. Clinical record 8, AD 3/3/14, evidenced an interdisciplinary team evaluation on 7/22/14 stating the patient was stable. The Plan of Care failed to evidence a timetable for psychosocial status, rehabilitation status, and modality outcomes for the plan of care signed 7/22/14.</p> <p>8. A policy titled "Comprehensive Interdisciplinary Assessment and Plan of Care", dated 04-Jul-2012, FMC-CS-IC-I-110-125A, states, "Plan of Care Requirements The Plan of Care must include measurable and expected outcomes and an estimated timetable to achieve these outcomes."</p> <p>9. On 8/28/14 at 3 PM, Employee A, Director of Operations, indicated the plans of care failed to evidence a timetable for outcomes.</p> <p>494.170 MR-COMPLETE, ACCURATE,</p>			

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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 920 CHESTER BLVD RICHMOND, IN 47374
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	<p>ACCESSIBLE</p> <p>The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>Based on clinical record and policy review and interview, the facility failed to ensure medical records were accurate regarding allergies in 5 of 8 in center hemodialysis clinical records reviewed with the potential to affect all 117 in-center hemodialysis patients.</p> <p>Findings:</p> <p>1. Clinical record 1, Admit Date (AD) 5/4/12, has three locations for allergies - back of the record binder, the hospital records, and the physician notes. The book binder indicated allergies as Spironolactone, sulfa, IV Day with Iodine, aspirin, caffeine, Carvidolol, Célèbre, Chartroom, prednisone, and shellfish. The physician notes included all of the allergies, but the physician also listed morphine as an allergy. The hospital list includes morphine,]aspartame, Bactrim, Depo-Medrol, Omnicef, Plavix, and crystal light.</p> <p>2. Clinical record 2, AD 11/5/07, has three locations for allergies - back of the</p>	V000726	<p>It is the facility's policy that each patient will have a Patient Assessment of their individualized needs inclusive of accurate and correct allergy assessment. To ensure that the IDT members fully understand the policy requirement as well as his/her responsibilities, the Regional Quality Manager will complete the following education with the members of the Team on September 30, 2014.</p> <p>On September 30, 2014, the Regional Quality Manager will meet with the members of the facility interdisciplinary team and review the following facility policies:</p> <ul style="list-style-type: none"> · FMS-CS-IC-I-110-125A -Comprehensive Interdisciplinary Assessment and Plan of Care · FMS-CS-IC-II-150-050-A – Documentation of Patient Allergy Status <p>Upon completion of the IDT assessment, the team collaborates inclusive of patient, physician, nurse, social worker</p>	09/30/2014

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	<p>record binder, the hospital records, and the physician notes. The book binder indicated allergies as Felodipine and Erythromycin. The physician notes included these but also listed IV Day with Iodine as an allergy. The hospital list was the same as the binder, but also included gadolinium containing components, Indochina, providine iodine topical, and Prinivil.</p> <p>3. Clinical record 5, AD 4/25/12, has three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated allergies as Penicillin and Sulfa. The physician notes listed the same. The hospital records listed aspirin, Zithromax, and penicillin.</p> <p>4. Clinical record 6, AD 10/11/13, has three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder indicated an allergy to penicillin. The physician notes indicated allergies to ambien and penicillin. The hospital records listed codeine, narcan, and penicillin.</p> <p>5. Clinical record 7, AD 3/30/10, had three locations for allergies - back of the record binders, the hospital records, and the physician notes. The book binder</p>		<p>and dietician, to review the assessment for accuracy and develop the plan of care.</p> <p>To specifically address those patients identified as lacking a completed and accurate Comprehensive Patient Assessment and Medical Record, the following actions have occurred:</p> <ul style="list-style-type: none"> · On September 13, 2014, 100% of all Medical Records have been audited to review the allergy status of each patient. · No later than September 18, 2014, 100% of the patients will have been interviewed about their known allergies. · On September 19, 2014, the Clinical Manager will have the physician review the outcome of the audits and patient interview to determine each patient's actual allergy. · No later than September 30, 2014, 100% of the Medical Records will be updated with the patients' accurate allergy information. Accurate patient allergy information will be listed in eCube, the paper record, and on the outside of the paper chart. <p>Going forward, the RN will review each discharge summary along with the medication administration record from the hospital and update the medical record as needed. The RN will log each discharge summary and</p>		

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	<p>indicated allergies to Cipro, Keflex, and Oxycontin. The physician notes indicated allergies to Cipro, Heparin agents, Keflex, and Oxycontin. The hospital records listed Latex and Keflex.</p> <p>6. A policy titled "Documentation of Patient Allergy Status", dated 19-June-2013, FMS-CS-IC-II-150-050-A, states, "A registered nurse must evaluate patients new to dialysis before initiation of their first treatment to obtain a history of any allergies/sensitivities and document findings. A review of patients' allergies will be required: Prior to initiation of the first dialysis treatment at the facility. At least monthly: In order to accomplish this requirement, it is recommended that allergy status be reviewed along with the monthly reconciliation of home medications. Post hospitalization. Allergies/sensitivities to medications, foods, and biological preparations must be accurately recorded and prominently displayed in the medical records."</p> <p>7. On 8/28/14 at 3 PM, Employee A, Director of Operations, indicated no one is sure how or who put the heparin allergy on the patient #7's chart, but it should have been caught with record review.</p>		<p>medication administration record from the hospital along with each update made on a tracking log. This log will be second checked by the Charge Nurse or Clinical Manager. The Clinical Manager will bring this log to QAI each month for review.</p> <p>The Clinical Manager is responsible to assure all discharges and allergies are reviewed, updated and documented in the medical record each month.</p> <p>The Clinical Manager will report on all reviews during the monthly QAI meeting.</p> <p>The QAI committee tracks results and if there appears to be opportunity for improvement, develops, implements, and tracks a corrective action plan through to resolution of the specific issue. QAI minutes document their activity and are available for review at the facility.</p> <p>The Clinical Manager is responsible and the QAI committee monitors for compliance.</p> <p>Date of Completion: September 30, 2014</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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