

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152596	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2013
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NAME OF PROVIDER OR SUPPLIER WESTVIEW DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 3749 COMMERCIAL DR INDIANAPOLIS, IN 46222
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V0000	<p>This was a federal ESRD recertification survey</p> <p>Survey Dates: 2/5/13 - 2/7/13</p> <p>Facility #: 002935</p> <p>Medicaid Vendor #: 200841720</p> <p>Surveyors: Kelly Ennis, RN, BSN, Public Health Nurse Surveyor</p> <p>Census by Service Type:</p> <p>Number of In-Center Hemodialysis Patients: 99</p> <p>Number of Home Hemodialysis Patients: 8</p> <p>Number of Peritoneal Dialysis Patients: 11</p> <p>Total: 118</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 11, 2013</p>	V0000		

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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V0516	<p>494.80(b)(1) PA-FREQUENCY-INITIAL-30 DAYS/13 TX An initial comprehensive assessment must be conducted on all new patients (that is, all admissions to a dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session.</p> <p>Based on facility policy review, clinical record review, and interview, the facility failed to ensure an initial comprehensive assessment was conducted on new patients within 30 days or 13 hemodialysis sessions in 2 of 2 home hemodialysis (HHD) records reviewed with the potential to affect all 8 HHD patients of the facility. (#1 and #2).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Facility policy "Patient Assessments and Plan of Care When Utilizing Falcon Dialysis", policy number 1-01-14 with a revision date of September 2012, states, "A comprehensive assessment will be conducted on all new patients within 30 calendar days (or 13 outpatient dialysis sessions for hemodialysis) beginning with the first outpatient treatment or per state guidelines ... Modality Change: Within 30 days of change in modality (or within 13 treatments)." 2. Clinical Record #1, start of care 	V0516	<p>Clinical Services Specialist (CSS), GroupFacility Administrator for HomeModalities (GFA) and Program Manager(PM) held mandatory in-service 2/7/2013for all clinical and non-clinicalteammates(TMs) reviewing Procedure #12-01-37 Patient Assessmentand Plan of Care When Utilizing FalconDialysis. 2/12/2013 by the CSS for all hometraining nurses on Policy #12-01-37. Inserviceincluded but was not limited to areview of: 1) Interdisciplinary team (IDT)is responsible for completing anindividualized and comprehensiveassessment of the patient asdocumentation of the patient's healthstatus and needs; 2) IDT assessment willbe utilized in creating a individualizedcomprehensive plan of care to address thepatient's needs and will includemeasurable and expected outcomes andtimetables to achieve outcomes set forthby the IDT; 3) initial comprehensiveassessment and plan of care must becompleted on all new patients within 30calendar days or 13 outpatienthemodialysis sessions</p>	02/07/2013			

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	<p>11/8/12, failed to evidence the assessment and was completed within 30 days or 13 treatments. The assessment was not completed on the patient until 12/17/12.</p> <p>On 2/7/13 at 10:00 AM, employee X, Clinical Educator, indicated the Assessments were not completed within the required timeframe.</p> <p>3. Clinical Record #2, start of care 9/17/12, failed to evidence the assessment was completed within 30 days or 13 treatments. The assessment was not completed on the patient until 12/14/12.</p> <p>On 2/6/13 at 4:00 PM, employee Y, Program Manager for HHD, indicated the were not completed within the required timeframe.</p>		<p>beginning with the first outpatient dialysis treatment. Clinically-n-service Form signed by TMs serving as evidence of TM education. 100% chart audit of existing Homepatients will be conducted and any deficiencies corrected. GFA, PM or designee will conduct medical records audit for 10% of current patients monthly to ensure individualized and comprehensive assessments and plan of care are in place, up-to-date and properly documented. GFA will review results of audits with Medical Director during monthly Quality Improvement Facility Management Meetings (QIFMM), with supporting documentation included in the meeting minutes. GFA and PM are responsible for compliance with this Plan of Correction</p>	

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V0543	<p>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;</p> <p>Based on facility policy and clinical record review and interview with facility staff, the facility failed to ensure patients' blood pressure and weight were monitored each treatment in 1 of 2 home hemodialysis (HHD) clinical records reviewed with the potential to affect all 8 HHD patients of the facility. (#1)</p> <p>Findings:</p> <p>1. Facility policy titled "Home Hemodialysis Daily/Monthly Reconciliation, Audit and Close Process" policy number 3-02-24, with a revision date of September 2012 states, "The licensed teammate responsible for the Reconciliation Process will review the patient's faxed Flowsheet for completeness ... If there is questionable documentation by the patient, then the Home Hemodialysis (HHD) Nurse should contact the patient to verify information and document the clarification within the medical record, i.e. Progress Notes."</p>	V0543	<p>Patient # 1 presented at Westview atHome clinic on 2/7/2013 and received retraining of proper flow sheet documentation. Patient asked and consented to sign Patient Responsibilities During Home Dialysis Procedure #12-01-19A when present for clinic. Patient had previously signed aforementioned document on 12/26/2013 as noted in hardcopy medical record. Patient provided letter from Home Hemodialysis Team stating patient responsibilities for inhome dialysis as delineated by Procedure 12-01-19A. Licensed nurse reviewed with patient "Performing Your Treatment" section of Home Hemodialysis (HHD) Destinations Handbook. Patient education was provided for completion and accuracy of flowsheet with the successful completion of the "Your Treatment, Before and After" Quiz. CSS, GFA, and PM held mandatory in-service 2/7/2013 for all clinical and nonclinical TMs reviewing Procedure #3-02-24 Home Hemodialysis Daily/Monthly Reconciliation, Audit and Close Process. Additional in-service</p>	02/07/2013			

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	<p>2. Review of clinical record number 1 revealed the patient's post treatment vital signs, to include blood pressure and weight, were not recorded on 1/1/13, 1/3/13, 1/5/13, 1/6/13, 1/9/13, 1/10/13, 1/11/13, 1/12/13, 1/14/13, 1/17/13, 1/18/13, 1/19/13, 1/23/13, 1/25/13, 1/26/13, and 1/29/13.</p> <p>A. On 02/06/2013 at 11:48 AM, employee Y, Program Manager for HHD, indicated if the post treatment vital signs were not recorded by the patient, the Registered Nurse (RN) should have educated the patient on this.</p> <p>B. On 2/6/13 at 12:15 PM, employee Y, Program Manager for HHD, indicated she spoke with the RN who reviews the HHD treatment records. The RN indicated they have educated patient to take vitals post treatment.</p> <p>C. On 02/06/2013 at 12:52 PM, employee Y, Program Manager for HHD, indicated no documentation could be found to show the RN educated the patient to take blood pressure and weight post treatment.</p>		<p>held on 2/12/2013 by CSS for all home training nurses on Policy #3-02-24. In-service included but was not limited to: 1) TMs must review flowsheets for 100% accuracy, legibility and completeness; 2) TMs must review patient flowsheet for accuracy of treatment, total dosage of medications and route, events, and pre and post treatment data to include blood pressures and weight; 3) reconciliation of flowsheet within the electronic record must be completed by a licensed TM whom will review the patient's flowsheet for completeness and accuracy; 4) if there is questionable documentation by the patient, then the home hemodialysis trained nurse must contact patient to verify information and document that education was given regarding total completion of patient flowsheet. Clinically In-service Form signed by TMs serving as evidence of TM education. Home hemodialysis nurse or designee will audit 100% of flowsheets sent in by the home hemodialysis patient weekly as per new Snappy Home Charting guidelines with Go-Live date of 2/28/2013 for all DaVita Team Fusion Home hemodialysis units. GFA will review results of audits with Medical Director during monthly QIFMM, with supporting documentation included in the meeting minutes. GFA and PM</p>		

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V0557	<p>494.90(b)(2) POC-INITIAL IMPLEMENTED-30 DAYS/13 TX Implementation of the initial plan of care must begin within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session.</p> <p>Based on facility policy, clinical record review, and interview, the facility failed to ensure an initial plan of care was developed for new patients within 30 days or 13 hemodialysis sessions in 2 of 2 home hemodialysis (HHD) records reviewed with the potential to affect all 8 HHD patients of the facility. (#1 and #2).</p> <p>The findings include:</p> <p>1. Facility policy "Patient Assessments and Plan of Care When Utilizing Falcon Dialysis", policy number 1-01-14 with a revision date of September 2012, states, "An initial Plan of Care, based on the findings from the comprehensive assessment, will be completed on all patients new to dialysis within 30 calendar days (or 13 outpatient dialysis sessions for hemodialysis) beginning with the first outpatient dialysis treatment or per state guidelines ... Modality Change: Within 30 days of change in modality (or</p>	V0557	<p>CSS, GFA,PM held mandatory in-service 2/7/2013 for all clinical/non-clinical TMs reviewing Patient Assessment and Plan of Care When Utilizing Falcon Dialysis. <i>Policy & Procedure #12-01-37 Additional in-service held 2/12/2013 by CSS for all home training nurses on Policy #12-01-37. In-service included review of: 1) IDT is responsible for completing individualized and comprehensive assessment of patient as documentation of the patient's health status and needs; 2) IDT assessment will be utilized in creating a individualized comprehensive plan of care to address the patient's needs and will include measurable and expected outcomes and timetables to achieve outcomes set forth by IDT; 3) initial comprehensive assessment and plan of care must be completed on all new patients within 30 calendar days or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis treatment. Clinical In-service Form signed by TM serving as evidence of TM</i></p>	02/28/2013

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	<p>within 13 treatments)."</p> <p>2. Clinical Record #1, start of care 11/8/12, failed to evidence the plan of care was completed within 30 days or 13 treatments. The plan of care was not completed on the patient until 12/17/12.</p> <p>On 2/7/13 at 10:00 AM, employee X, Clinical Educator, indicated the Plan of Care was not completed within the required timeframe.</p> <p>3. Clinical Record #2, start of care 9/17/12, failed to evidence the plan of care was completed within 30 days or 13 treatments. The plan of care was not completed on the patient until 12/14/12.</p> <p>On 2/6/13 at 4:00 PM, employee Y, Program Manager for HHD, indicated the Plan of Care was not completed within the required timeframe.</p>		<p><i>education. GFA, PM or designee will conduct medical records audit for 20% of current patients monthly to ensure individualized and comprehensive assessments and plan of care are in place, up-to-date and properly documented. GFA will review results of audits with Medical Director during monthly QIFMM, with supporting documentation included in the meeting minutes. GFA and PM are responsible for compliance with this Plan of Correction.</i></p>	

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V0715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P The medical director must- (2) Ensure that- (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> <p>Based on facility policy and procedure review, interview, and clinical record review, the medical director failed to ensure the facility had provided services in accordance with its own policies with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <p>1. The medical director failed to ensure the facility policy titled "Patient Assessments and Plan of Care When Utilizing Falcon Dialysis", policy number 1-01-14 with a revision date of September 2012, was followed. (See V 516 and V 557)</p> <p>2. The medical director failed to ensure the facility policy titled "Home Hemodialysis Daily / Monthly Reconciliation, Audit and Close Process" policy number 3-02-24 with a revision date of September 2012, was followed.</p>	V0715	<p>Governing Body Meeting was held on 2/25/2013 and the Statement of Deficiencies for the Re-certification Survey conducted on 2/7/2013 was reviewed with the Medical Director, In-Center Facility Administrator (FA), Group Facility Administrator for Home Modalities (GFA) and Program Manager (PM). Deficiencies reviewed regarding Initial IDT Assessment and Plan of Care Frequency, Managing Patient Volume Status and Dose of Dialysis. Medical Director acknowledges responsibility to ensure facility TMs are trained to follow policy and procedure and deficiencies identified were followed with a plan of correction. GFA and PM will report progress towards audits and adherence to the plan of correction during monthly QIFMM, minutes will reflect. GFA, PM and Medical Director are responsible for compliance with this Plan</p>	02/25/2013			

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