

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152500	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2015
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2480 N MERIDIAN ST INDIANAPOLIS, IN 46208
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V 0000 Bldg. 00	<p>This was a Federal ESRD complaint investigation survey.</p> <p>Complaint #: IN00175781; Substantiated, deficiencies related to the complaint are cited. Unrelated deficiencies are also cited.</p> <p>Survey Date: 9-30-15</p> <p>Facility #: 005147</p> <p>Medicare Provider # 15-2500</p> <p>Medicaid Vendor #: 100172360C</p>	V 0000		
V 0401 Bldg. 00	<p>494.60 PE-SAFE/FUNCTIONAL/COMFORTABLE ENVIRONMENT</p> <p>The dialysis facility must be designed, constructed, equipped, and maintained to provide dialysis patients, staff, and the public a safe, functional, and comfortable treatment environment.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the treatment floor and areas around the dialysis station had been kept clean and free of debris in 1 of 1 day observed.</p> <p>The findings include:</p> <p>1. On 9-30-15 at 11:25 AM, the</p>	V 0401	<p>Clinical Manager conducted a mandatory inservice on 10/22/2015 to review the Statement of Deficiencies and Plan of Correction. The Clinical Manager reviewed the Housekeeping Policy, FMS-CS-IC-II-155-116A, with emphasis on requirements to "maintain a clean, safe and aesthetically pleasant</p>	10/22/2015

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>following was observed:</p> <p>A. A 4 inch by 6 inch piece of white paper was observed on the floor under the clean supply counter.</p> <p>B. At station number 35 observation noted 4 pieces of yellow popcorn and 3 pieces of 1/2 inch by 1 inch pieces of white paper on the floor.</p> <p>C. At station number 37 observation noted an alcohol pad package, three 2 x 2 gauze pads, a 4 ounce clear plastic cup, and a 3 inch by 5 inch piece of white paper on the floor.</p> <p>D. At station number 34 observation noted two 2 x 2 yellow pieces of paper, a safety fistula needle package, a test strip, and a plastic wrapper on the floor.</p> <p>E. At station number 38 observation noted a test strip, a 1/2 inch by 4 inch strip of white paper, and a red tubing cap on the floor.</p> <p>F. At station number 32 observation noted 2 opaque plastic caps and 4 pieces of 1/2 inch by 1 inch strips of white paper on the floor.</p> <p>G. At station number 41 observation noted a needle cover and a blue</p>		<p>environment for patients,staff and visitors and to keep all areas, including the treatment room, clean and organized” and the Work Surface Cleaning and Disinfection Without VisibleBlood Procedure, FMS-CS-IC-II-155-110C1 with emphasis on “Pick up trash and all visible medical debris from around the patient chair.” Trash cans were purchased and placed between patient stations for convenient disposal of non-infectious waste. The Clinical Manager instructed staff ontheir use during the mandatory inservice on 10/22/2015. The Clinical Manager or designee will conduct a daily audit during shift change to observe and ensure that the treatment floor and areasaround the dialysis station are kept clean and free of debris. Ongoing monitoring will be conducted through the Clinic Audit Checklist, “Cleaning and Disinfection of the Dialysis Station Audit”, and results reported monthly to the QAI Committee. The Director of Operations is responsible to ensure all documentation required as part of the QAI process is presented, current,analyzed, trended and a root cause analysis completed as appropriate, with thesubsequent development of action plans. The QAI Committee is responsible toanalyze the results and determine a root cause analysis and new Plan of Action if</p>	

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	<p>tourniquet on the floor.</p> <p>H. At station number 22 observation noted 2 alcohol pad packages and a 2 x 2 gauze with a pea-sized pink spot on the floor.</p> <p>I. At station number 30, observation noted four 1/2 inch by 2 inches strips of white paper on the floor.</p> <p>J. At station number 25 observation noted 4 strips of white paper 1/2 inch by 2 inches , an alcohol pad package, a test strip, and a white plastic cover approximately 1 inch in length on the floor.</p> <p>K. At station number 26 observation noted an unopened alcohol pad package, a 2 x 2 white gauze, a white strip of paper 1/2 inch by 2 inches, and a small piece of a blue glove on the floor.</p> <p>L. At station number 20 observation noted five 1/2 inch by 1 inch strips of white paper and a tubular shaped plastic cover approximately 2 inches long on the floor.</p> <p>M. At station number 10 observation noted 4 strips of white paper 1/2 inch by 1 inch long, a piece of plastic wrap, and white clamp on the floor.</p>		<p>resolution is not occurring. Ongoing compliance will be monitored by the QAI Committee and Governing Body. The Clinical Manager is responsible and theQAI Committee and the Governing Body monitor for ongoing compliance.</p>		

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V 0407 Bldg. 00	<p>N. At station number 12 observation noted a protein bar wrapper, a partial alcohol pad package, and 2 x 2 piece of gauze with tape still attached.</p> <p>2. The clinic manager was unable to provide any additional documentation and/or information when asked on 9-30-15 at 2:45 PM.</p> <p>3. The facility's 3-20-13 "Housekeeping" policy number FMS-CS-IC-II-155-116A states, "All areas must be kept clean and organized, including but not limited to the treatment area, water/supply room and offices . . . Facility staff are accountability for cleaning rooms/areas not assigned to the contracted cleaning staff. Such cleaning should be done regularly using a schedule developed by the facility."</p> <p>494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement). Based on record review and interview, the facility failed to ensure patients had been monitored at least every 30 minutes per the facility's own policy in 5 (#s 1, 2,</p>	V 0407	The Clinical Manager conducted a mandatory inservice on 10/22/2015 to review the Statement of Deficiencies and Plan of Correction. The Clinical Manager reviewed the "Patient	10/22/2015

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	<p>3, 4, and 5) of 5 clinical records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 failed to evidence the patient's blood pressure and pulse had been monitored and safety checks had been completed at least every 30 minutes.</p> <p>A. A hemodialysis treatment sheet dated 9-9-15 evidenced the patient's blood pressure and pulse had been checked at 2:03 PM and not again until 3:25 PM. The treatment sheet evidenced safety checks had been completed at 2:03 PM and not again until 2:54 PM.</p> <p>B. A hemodialysis treatment flow sheet dated 9-11-15 evidenced the patient's blood pressure and pulse had been checked and safety checks had been completed at 12:46 PM and not again until 2:02 PM.</p> <p>C. A hemodialysis treatment flow sheet dated 9-14-15 evidenced vital signs and safety checks had been completed at 11:07 AM at the initiation of treatment. The flow sheet evidenced the blood pressure and pulse and safety checks had not been completed again until 12:37 PM.</p>		<p>Monitoring During Treatment" policy,FMS-CS-IC-I-110-133A with emphasis on, "Monitor the patient at the initiationof treatment and every 30 minutes or more frequently as necessary." The Clinical Manager implemented a daily process for the Patient Care Technicians to audit each other's patient records for compliance with documentation every 30 minutes of vital signs, machine settings, safety checks, mental status or level of consciousness. In addition, the Clinical Manager or designee will audit the flow sheets weekly to determine compliance with the aforementioned items for a period of four (4) weeks. The audit will becomprised of 10% of the patient census and done weekly using an audit tool to track compliance. In the event that a staff member is found not to follow the facility policy, the Clinical Manager will be notified and is responsible to address the findings with the identified staff member. The Clinical Manager's action will be structured to reinforce by further education following through as necessary with the application of progressive disciplinary action. The audit findings will be summarized andpresented to the QAI Committee at its monthly meeting. Upon determination of 100% compliance by the QAI Committee, the monitoring will revert to the standard monthly</p>	

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	<p>D. A hemodialysis treatment flow sheet dated 9-16-15 evidenced vital signs and safety checks had been completed at 11:22 AM at the intimation of treatment. The flow sheet evidenced the blood pressure and pulse and safety checks had not been completed again until 12:15 PM.</p> <p>E. A hemodialysis treatment flow sheet dated 9-18-15 evidenced the patient's blood pressure and pulse had been checked and safety checks completed at 2:34 PM. The flow sheet evidenced the vital signs and safety checks had not been completed again until 3:33 PM.</p> <p>F. A hemodialysis treatment flow sheet dated 9-23-15 evidenced vital signs and safety checks had been completed at 11:23 AM at the intimation of treatment. The flow sheet evidenced the blood pressure and pulse and safety checks had not been completed again until 12:18 PM.</p> <p>2. Clinical record number 2 failed to evidence the patient's blood pressure and pulse had been monitored and safety checks had been completed at least every 30 minutes.</p>		QAI MedicalRecord Audit. The Clinical Manager is responsible to ensure implementation of the corrective actions and the Director of Operations will monitor for ongoing compliance through Governing Body oversight and the QAI process.		

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	<p>A. A hemodialysis treatment flow sheet dated 9-7-15 evidenced vital signs and safety checks had been completed at 12 PM at the intimation of treatment. The flow sheet evidenced the blood pressure and pulse and safety checks had not been completed again until 1:07 PM.</p> <p>B. A hemodialysis treatment flow sheet dated 9-25-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks completed at 1:30 PM. The flow sheet evidenced the vital signs and safety checks had not been completed again until 2:34 PM.</p> <p>3. Clinical record number 3 failed to evidence the patient's blood pressure and pulse had been monitored and safety checks had been completed at least every 30 minutes.</p> <p>A hemodialysis treatment flow sheet dated 9-26-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks completed at 6:43 AM at the initiation of treatment. The flow sheet evidenced the patient's blood pressure and pulse had not been checked again until 8:03 AM.</p> <p>4. Clinical record number 4 failed to evidence the patient's blood pressure and</p>			

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	<p>pulse had been monitored and safety checks had been completed at least every 30 minutes.</p> <p>A. A hemodialysis treatment flow sheet dated 9-9-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks had been completed at 11:30 AM at the initiation of treatment. The flow sheet evidenced the blood pressure and pulse had not been monitored again until 12:36 PM and the safety checks had not been completed until 12:37 PM.</p> <p>The flow sheet evidenced the patient's pulse and blood pressure had been monitored at 1:06 PM and not again until 2:18 PM. Safety checks had been completed at 12:37 PM and not again until 2:04 PM.</p> <p>B. A hemodialysis treatment flow sheet dated 9-14-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks had been completed at 12:02 PM and not again until 1:04 PM.</p> <p>C. A hemodialysis treatment flow sheet dated 9-18-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks completed at 12:02 PM. The flow sheet</p>			

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	<p>evidenced safety checks had not been completed again until 1:00 PM. The next documented safety check was at 2:02 PM. The flow sheet evidenced the blood pressure and pulse had not been monitored again until 2:02 PM.</p> <p>D. A hemodialysis treatment flow sheet evidenced the patient's blood pressure and pulse had been monitored and safety checks had been completed at 12:08 PM. The flow sheet evidenced the vital signs and safety checks had not been completed again until 1:06 PM.</p> <p>E. A hemodialysis treatment flow sheet dated 9-25-15 evidenced the patient's blood pressure and pulse had been monitored and the safety checks completed at 11:18 AM and not again until 12:20 PM.</p> <p>5. Clinical record number 5 failed to evidence the patient's blood pressure and pulse had been monitored and safety checks had been completed at least every 30 minutes.</p> <p>A. A hemodialysis treatment flow sheet dated 8-25-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks had been completed at 1:34 PM and not again until 2:34 PM.</p>			

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	<p>B. A hemodialysis treatment flow sheet dated 9-8-15 evidenced the patient's blood pressure and pulse had been monitored at 2:01 PM and not again until 3:16 PM.</p> <p>C. A hemodialysis treatment flow sheet dated 9-12-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks had been completed at 11:28 AM at the initiation of the treatment. The flow sheet evidenced the patient's blood pressure and pulse had not been monitored again until 12:33 PM.</p> <p>D. A hemodialysis treatment flow sheet dated 9-22-15 evidenced the patient's blood pressure and pulse had been monitored at 1:08 PM and not again until 2:05 PM.</p> <p>E. A hemodialysis treatment flow sheet dated 9-29-15 evidenced the patient's blood pressure and pulse had been monitored and safety checks had been completed at 12:44 PM at the intimation of the treatment. The flow sheet evidenced the blood pressure and pulse had not been monitored again until 1:36 PM.</p> <p>6. The clinic manager indicated, on</p>			

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V 0543 Bldg. 00	<p>9-30-15 at 2:45 PM, she was aware there were "issues" with greater than 30 minutes between treatment checks.</p> <p>7. The facility's 8-20-14 "Patient Monitoring During Patient Treatment" policy number FMS-CS-IC-I-110-133A states, "Monitor the patient at the initiation of treatment and every 30 minutes, or more frequently as necessary."</p> <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; Based on record review and interview, the facility failed to ensure the necessary care and services had been provided to manage patients' fluid volume and estimated dry weight in 4 (#s 2, 3, 4, and 5) of 5 clinical records reviewed and failed to ensure the physician had been notified and medications had been administered as ordered to address elevated intradialytic (during the treatment) blood pressures in 1 (# 5) of 1 record reviewed of patients with intradialytic blood pressure medication</p>	V 0543	Physician orders for maximum fluid removal will be obtained and entered into the electronic medical record for all patients on or before 10/30/2015. Physician orders for post weight exceeding estimated dry weight will be obtained and entered into the electronic medical record for all patients on or before 10/30/2015. The Clinical Manager and Charge Nurse met with the staff nurses on 10/1/15 and 10/2/15 to review the requirement to contact the physician whenever a patient's vital signs are outside of	10/30/2015			

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	<p>orders.</p> <p>The findings include:</p> <p>Regarding EDW and fluid removal:</p> <p>1. Clinical record number 2 included physician orders dated 9-2-15 that identified the desired weight at the end of each treatment (the estimated dry weight, EDW) was 56 kilograms (kg). The record included hemodialysis treatment flow sheets that evidenced the physician ordered EDW had not been achieved and that greater than 5% (2.8 kg) of the EDW had been removed during the treatments.</p> <p>A. A hemodialysis treatment flow sheet dated 9-7-15 evidenced the patient's weight at the end of the treatment was 59.5 kg and that 4 kg of fluid had been removed during the treatment.</p> <p>B. A hemodialysis treatment flow sheet dated 9-9-15 evidenced the patient's weight at the end of the treatment was 58.5 kg.</p> <p>C. A hemodialysis treatment flow sheet dated 9-11-15 evidenced 3.1 kg had been removed during the treatment.</p> <p>D. A hemodialysis treatment flow sheet dated 9-14-15 evidenced the</p>		<p>parameters identified in the physician order and to review the requirement to administer Clonidine per physician order. The Clinical Manager or designee will audit the flow sheets weekly to determine compliance with: 1) fluid removal per physician order, 2) post weight greater than estimated dry weight and actions taken per physician order, 3) notification of physician for vital signs outside of ordered parameters and 4) administration of Clonidine per physician order for a period of four (4) weeks. The audit will be comprised of 10% of the patient census and done weekly using an audit tool to track compliance. In the event that a staff member is found not to follow the facility policy, the Clinical Manager will be notified and is responsible to address the findings with the identified staff member. The Clinical Manager's action will be structured to reinforce by further education following through as necessary with the application of progressive disciplinary action. Upon determination of 100% compliance by the QAI Committee, the monitoring will revert to the standard monthly QAI Medical Record Audit. The Clinical Manager is responsible to ensure implementation of the corrective actions and the Director of Operations will monitor for ongoing compliance through Governing Body oversight and the</p>	

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	<p>patient's weight at the end of the treatment was 62 kg and 3.9 kg had been removed during the treatment.</p> <p>E. A hemodialysis treatment flow sheet dated 9-16-15 evidenced the patient's weight at the end of the treatment was 59.3 kg.</p> <p>F. A hemodialysis treatment flow sheet dated 9-21-15 evidenced 6.0 kg of fluid had been removed during the treatment.</p> <p>G. A hemodialysis treatment flow sheet dated 9-23-15 evidenced the patient's weight at the end of the treatment was 58.6 kg and 3.1 kg had been removed.</p> <p>H. A hemodialysis treatment flow sheet dated 9-28-15 evidenced 4.5 kg of fluid had been removed during the treatment.</p> <p>2. Clinical record number 3 included physician orders dated 9-5-15 that identified the EDW as 69.5 kg. The record included hemodialysis treatment flow sheets that evidenced greater than 5% (3.5 kg) of the EDW had been removed during the treatments.</p> <p>A. A hemodialysis treatment flow</p>		QAI process.	

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	<p>sheet dated 9-24-15 evidenced 4.6 kg of fluid had been removed during the treatment.</p> <p>B. A hemodialysis treatment flow sheet dated 9-29-15 evidenced 4.7 kg of fluid had been removed during the treatment.</p> <p>3. Clinical record number 4 included physician orders dated 8-28-15 that identified the EDW as 46 kg. The record included hemodialysis treatment flow sheets that evidenced the EDW had not been attained and that greater than 5% (2.3 kg) of the EDW had been removed during the treatment.</p> <p>A. A hemodialysis treatment flow sheet dated 9-9-15 evidenced the patient's weight at the end of the treatment was 48 kg.</p> <p>B. A hemodialysis treatment flow sheet dated 9-18-15 evidenced 3.0 kg of fluid had been removed during the treatment.</p> <p>4. Clinical record number 5 included physician orders dated 12-13-14 that identified the EDW as 70 kg. The record included hemodialysis treatment flow sheets that evidenced the EDW had not been attained and that greater than 5%</p>			

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	<p>(3.5 kg) of the EDW had been removed during the treatment.</p> <p>A. A hemodialysis treatment flow sheet dated 8-25-15 evidenced 4.4 kg of fluid had been removed during the treatment.</p> <p>B. A hemodialysis treatment flow sheet dated 8-29-15 evidenced 4.0 kg of fluid had been removed during the treatment.</p> <p>C. A hemodialysis treatment flow sheet dated 9-10-15 evidenced the patient's weight at the end of the treatment was 73.6 kg and 6.9 kg of fluid had been removed during the treatment.</p> <p>D. A hemodialysis treatment flow sheet dated 9-12-15 evidenced 6.2 kg of fluid had been removed during the treatment.</p> <p>E. A hemodialysis treatment flow sheet dated 9-15-15 evidenced 5.9 kg of fluid had been removed during the treatment.</p> <p>F. A hemodialysis treatment flow sheet dated 9-22-15 evidenced 8.6 kg of fluid had been removed during the treatment.</p>			

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	<p>G. A hemodialysis treatment flow sheet dated 9-29-15 evidenced 6.5 kg of fluid had been removed during the treatment.</p> <p>5. The clinic manager was unable to provide any additional documentation and/or information when asked on 9-30-15 at 2:45 PM.</p> <p>Regarding blood pressure medication administration and physician notification:</p> <p>1. Clinical record number 5 included physician orders dated 5-9-14 that identified Clonidine 0.1 milligrams (mg) was to be administered as needed for systolic blood pressure greater than 180 after one hour on dialysis and the dose could be repeated 1 time as needed. The orders included special instructions that state, "OK to start tmt [treatment] if SBP [systolic blood pressure] <= [less than or equal to] 200 and non symptomatic. Then give Clonidine as ordered."</p> <p>A. A hemodialysis treatment flow sheet dated 8-29-15 evidenced the patient's blood pressure was 230/115 at 1:04 PM prior to the treatment. The flow sheet evidenced Clonidine 0.1 mg had been administered at 1:03 PM. The flow sheet evidenced the patient's blood pressure was 210/104 at 1:33 PM, 201/95</p>			

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	<p>at 2:00 PM, and 192/96 at 2:33 PM.</p> <p>1.) The flow sheet failed to evidence the physician had been notified of the patient's blood pressure of greater than 200 pre-dialysis.</p> <p>2.) The flow sheet failed to evidence the Clonidine had been administered one hour after the patient had been on dialysis.</p> <p>3.) The flow sheet failed to evidence the Clonidine had been administered a second time as ordered for systolic blood pressure of greater than 180.</p> <p>B. A hemodialysis treatment flow sheet dated 9-1-15 evidenced the patient's blood pressure was 242/120 at 12:24 PM pre-dialysis. The flow sheet evidenced the patient's blood pressure was 209/101 at 12:34 PM, 190/86 at 12:59 PM, 183/91 at 2:07 PM, 185/86 at 2:27 PM, 184/96 at 2:58 PM, and 181/95 at 3:44 PM.</p> <p>1.) The flow sheet failed to evidence the physician had been notified of the pre-dialysis systolic blood pressure of greater than 200.</p> <p>2.) The flow sheet failed to evidence Clonidine 0.1 mg had been</p>			

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	<p>administered as ordered for a systolic blood pressure of greater than 180 after one hour on dialysis.</p> <p>C. A hemodialysis treatment flow sheet dated 9-10-15 evidenced the patient's blood pressure was 202/94 pre-dialysis. The flow sheet failed to evidence the physician had been notified of a systolic blood pressure of greater than 200 pre-dialysis.</p> <p>D. A hemodialysis treatment flow sheet dated 9-12-15 evidenced the patient's blood pressure was 232/108 at 11:17 AM pre-dialysis. The flow sheet evidenced the blood pressure was 216.100 at 11:28 AM, 186/80 at 12:33 PM, and 186/88 at 1:06 PM.</p> <p>1.) The flow sheet failed to evidence the physician had been notified of the pre-dialysis systolic blood pressure reading of greater than 200.</p> <p>2.) The flow sheet failed to evidence Clonidine 0.1 mg had been administered as ordered for a systolic reading of greater than 180 after one hour on dialysis.</p> <p>E. A hemodialysis treatment flow sheet dated 9-15-15 evidenced the patient's blood pressure was 209/99 at</p>			

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	<p>1:12 PM pre-dialysis. The flow sheet evidenced the patient's blood pressure was 209/100 at 1:19 PM, 213/94 at 1:35 PM, 201/91 at 2:04 PM, 201/93 at 2:34 PM, 188/86 at 3:06 PM, 193/79 at 3:30 PM, and 186/87 at 4:03 PM.</p> <p>1.) The flow sheet failed to evidence the physician had been notified of the systolic blood pressure of greater than 200 pre-dialysis.</p> <p>2.) The flow sheet failed to evidence Clonidine 0.1 mg had been administered as ordered for systolic blood pressure readings of greater than 180 after one hour on dialysis.</p> <p>F. A hemodialysis treatment flow sheet dated 9-22-15 evidenced the patient's blood pressure was 210/107 at 12:24 PM pre-dialysis. The flow sheet evidenced the patient's blood pressure was 199/98 at 1:08 PM, 197/96 at 2:05 PM, 206/98 at 2:42 PM, 195/93 at 3:03 PM, and 200/97 at 3:56 PM.</p> <p>1.) The flow sheet failed to evidence the physician had been notified of the systolic blood pressure of greater than 200 pre-dialysis.</p> <p>2.) The flow sheet evidenced Clonidine 0.1 mg had been administered</p>			

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	<p>as ordered for systolic blood pressure readings of greater than 180 at 1:47 PM. The flow sheet failed to evidence the Clonidine had repeated times one per the physician's order.</p> <p>G. A hemodialysis treatment flow sheet dated 9-26-15 evidenced the patient's blood pressure was 221/107 at 12:53 PM pre-dialysis. The flow sheet evidenced the blood pressure was 214/107 at 1:00 PM, 194/97 at 1:29 PM, 182/98 at 2:03 PM, 195/93 at 2:31 PM, and 188/94 at 3:01 PM.</p> <p>1. 1.) The flow sheet failed to evidence the physician had been notified of the systolic blood pressure of greater than 200 pre-dialysis.</p> <p>2.) The flow sheet failed to evidence Clonidine 0.1 mg had been administered as ordered for systolic blood pressure readings of greater than 180 after one hour on dialysis.</p> <p>2. The clinic manager indicated, on 9-30-15 at 2:45 PM, the record failed to evidence the Clonidine had been administered as ordered. The manager stated, "The physician should have been notified when the pre-dialysis systolic blood pressure was greater than 200."</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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