

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/01/2012
NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE COLUMBUS BARTHOLOMEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2325 18TH ST STE 120 COLUMBUS, IN 47201		
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V0000	<p>This was a federal ESRD recertification survey.</p> <p>Facility #: 005146</p> <p>Survey Dates: 5-30-12, 5-31-12, and 6-1-12</p> <p>Medicaid Vendor #: 200202800A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 6, 2012</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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V0541	<p>494.90 POC-GOALS=COMMUNITY-BASED STANDARDS</p> <p>The interdisciplinary team as defined at §494.80 must develop and implement a written, individualized comprehensive plan of care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include measurable and expected outcomes and estimated timetables to achieve these outcomes. The outcomes specified in the patient plan of care must be consistent with current evidence-based professionally-accepted clinical practice standards.</p> <p>Based on clinical record and facility policy review and interview, the facility failed to ensure plans of care included estimated timetables to achieve desired goals in 3 (#s 1, 3, and 4) of 7 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included a plan of care dated 5-29-12. The plan failed to evidence estimated timetables to achieve desired goals.</p> <p>A. The plan identified a blood pressure and fluid management goal of "estimated dry weight will be established." The plan failed to evidence an estimated timetable to achieve the desired blood pressure and fluid</p>	V0541	<p>On 7/17/12 the Director of Operations met with the members of the IDT to emphasize the requirements as defined within the Conditions of Coverage and Fresenius policy "Comprehensive Interdisciplinary Assessment and Plan of Care" that all patients must have a Plan of Care that is specific to address the patient's needs and is based upon that patient's specific Comprehensive Assessment and that all disciplines must participate in the development.. The patient's Plan of Care must include specific measurable outcomes and timetables estimated to obtain each patient's outcomes. Emphasis was placed upon setting goals and timetables for blood pressure and fluid management, anemia and fall risk.</p>	07/31/2012			

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	<p>management goal.</p> <p>B. The plan identified an anemia goal of a hemoglobin value between 9 and 11 grams per deciliter (g/dL). The plan failed to evidence an estimated timetable to achieve the desired goal.</p> <p>2. Clinical record number 3 included a plan of care dated 4-24-12. The plan failed to evidence estimated timetables to achieve desired goals.</p> <p>A. The plan identified a blood pressure and fluid management goal of "Patient shall attain BP control and consistently attain EDW [estimated dry weight]." The plan failed to evidence an estimated timetable to achieve the desired goal.</p> <p>B. The plan identified an anemia management goal of "Patient shall attain Hgb 9-11 g/dl and TSAT% 30-50." The plan failed to evidence an estimated timetable to achieve the desired goal.</p> <p>C. The plan identified a fall risk goal of "Pt [patient] to remain fall free." The plan failed to evidence an estimated timetable to achieve the desired goal.</p> <p>3. Clinical record number 4 included a plan of care dated 3--27-12 that identified</p>		<p>The Clinical Manager and Home Program Manager completed 100% review of all patients' Plans of Care by 7/23/12, to ensure that all Plans of Care desired outcomes/goals and estimated timetables to achieve those outcomes/goals are addressed. Any patient's Plan of Care found to be out of compliance including patients # 1, 3, and 4 will be presented to the IDT for completion by 7/31/12.</p> <p>The Clinical Manager and Home Program Manager will review all Plans of Care monthly to ensure that desired outcomes/goals and estimated timetables have been included. Any POC's found out of compliance will be scheduled for completion within the next 30 days and corrective action will be taken as appropriate.</p> <p>The Clinical Manager and Home Program Manager are responsible to report a summary of findings monthly to the QAI. The QAI Committee is responsible to analyze the results and determine a root cause analysis and new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee.</p> <p>The Director of Operations is responsible to ensure the results of the audits will be reviewed during the monthly QAI meeting and reported to the Governing</p>				

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	<p>an anemia goal of "Patient shall attain Hgb 9-11 and TSAT 30-50." The plan failed to evidence an estimated timetable to achieve the desired goal.</p> <p>4. The facility administrator, employee B, was unable to provide any additional documentation and/or information when asked on 6-1-12 at 10:40 AM.</p> <p>5. The facility's 2-2-11 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-138-020-091 states, "The Plan of Care must include measurable and expected outcomes and an estimated timetable to achieve these outcomes."</p>		Body.		

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V0551	<p>494.90(a)(5) POC-VA MONITOR/PREVENT FAILURE/STENOSIS The patient's vascular access must be monitored to prevent access failure, including monitoring of arteriovenous grafts and fistulae for symptoms of stenosis.</p> <p>Based on clinical record and facility policy review and interview, the facility failed to ensure plans of care provided for the monitoring of patients' accesses in 2 (#s 6 and 7) of 7 records reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number 6 included a plan of care dated 1-30-12 that identified the patient had a peritoneal catheter. The plan failed to include interventions to monitor and maintain the access.</li> <li>2. Clinical record number 7 included a plan of care dated 11-28-11 that identified the patient had a peritoneal catheter. The plan failed to include interventions to monitor and maintain the access.</li> <li>3. The home program nurse, employee G, indicated, on 5-31-12 at 11:15 AM, the plans of care did not provide for the monitoring of the patients' peritoneal catheter.</li> <li>4. The facility's 2-2-11 "Comprehensive Interdisciplinary Assessment and Plan of</li> </ol>	V0551	<p>To specifically address the monitoring of the patient's vascular access (including PD catheters) to prevent access failure as part of the developed patient care plan, the following has occurred:</p> <ul style="list-style-type: none"> <li>· Reeducation of the IDT and attending physicians to facility policy on 7/17/12</li> <li>· Review of 100% of the patient records</li> <li>· Scheduled a care plan meeting for 7/31/12 for any patient found to be out of compliance including patient 6 and 7.</li> <li>· Implemented a monthly monitoring process</li> </ul> <p>The Home Program Manager is responsible to report a summary of findings monthly to the QAI. The QAI Committee is responsible to analyze the results and determine a root cause analysis and new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee.</p> <p>The Director of Operations is responsible to ensure the results of the audits will be reviewed during the monthly QAI meeting</p>	07/31/2012			

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	Care" policy number FMS-138-020-091 states, "The patient's individualized comprehensive Plan of care must include, but is not limited to the following: . . . Provide PD Catheter access monitoring for patency, catheter, tunnel, or exit site infection."		and reported to the Governing Body.		

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V0552	<p>494.90(a)(6) POC-P/S COUNSELING/REFERRALS/HRQOL TOOL The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.</p> <p>Based on clinical record and facility policy review and interview, the facility failed to ensure plans of care provided for the monitoring of patients' psychosocial status in 7 (#s 1, 2, 3, 4, 5, 6, &amp; 7) of 7 records and failed to ensure the facility specific standard assessment tool had been utilized to measure the patients' psychosocial status in 2 (#s 2 and 6) of 7 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included a comprehensive interdisciplinary assessment dated 5-29-12 that states, "[The patient] is not happy to be back. [The patient] has a PD [peritoneal dialysis] cath [catheter] placed that should be ready to use in a wk [week] or two. Had a transplant for 15 yrs."</p> <p>The plan of care dated 5-29-12 failed</p>	V0552	<p>On 7/17/12, the Director of Operations reviewed the "Comprehensive Interdisciplinary Assessment and Plan of Care" policy with the Dietitian, Social Worker and Nursing Staff in reference to the requirement to include interventions in each patient's Plan of Care for identified psychosocial needs.</p> <p>The Clinical Manager and Home Program Manager completed 100% chart review of all patients' Plans of Care by 7/23/12, to ensure each patient has had an evaluation of their psychosocial status and any identified psychosocial need has been addressed by the IDT. Any patient/Plan of Care missing evidence of social work interactions will be presented at the Interdisciplinary Team meeting by 7/31/12 including patient's # 1 through 7. Patient specific issues as identified will be included in the patient's specific Plan of Care.</p>	07/31/2012			

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	<p>to evidence interventions to monitor the patient's psychosocial status.</p> <p>2. Clinical record number 2 included a comprehensive interdisciplinary assessment dated 1-30-12 that identifies "Access to medication" as a "concern to the patient." The assessment states, [The patient] took survey home to complete."</p> <p>A. The plan of care dated 1-30-12 failed to evidence interventions to monitor the patients' psychosocial status.</p> <p>B. The record failed to evidence the medical social worker had utilized the standardized measurement assessment tool used by this facility to measure and maintain the patient's psychosocial status.</p> <p>3. Clinical record number 3 included a plan of care dated 4-24-12. The plan failed to evidence interventions to monitor the patient's psychosocial status.</p> <p>4. Clinical record number 4 included a plan of care dated 3-27-12. The plan failed to evidence interventions to monitor the patient's psychosocial status.</p> <p>5. Clinical record number 5 included a plan of care dated 2-27-12. The plan failed to evidence interventions to monitor the patient's psychosocial status.</p>		<p>Monthly monitoring of all Plans of Care completed that month will be done by the Clinical Manager and Home Program Manager, to ensure the patients' psychosocial needs have been identified, are addressed and Plans of Care are being updated timely and appropriately. Any POCs found out of compliance will be scheduled for completion within the next 30 days and corrective action will be taken as appropriate.</p> <p>Ongoing, the Clinical Manager and Home Program Manager will ensure compliance by auditing 25% of all medical records monthly for a period of 3 months focusing on the patient's psychosocial status and interventions. Frequency of ongoing monitoring will be determined by the QAI Committee based on resolution of the issues.</p> <p>The Clinical Manager (CM) and Home Program Manager is responsible to analyze and trend all data and monitoring/audit results as related to this Plan of Correction prior to presenting the monthly data to the QAI Committee for oversight and review.</p> <p>The Director of Operations is responsible to ensure all documentation required as part of</p>		

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	<p>6. Clinical record number 6 included a plan of care dated 1-30-12. The plan failed to evidence interventions to monitor the patient's psychosocial status.</p> <p>The record included a comprehensive interdisciplinary assessment dated 1-30-12 that identified the patient had been provided with the facility's standardized mental assessment tool. The record failed to evidence the medical social worker had utilized the standardized measurement assessment tool used by this facility to measure and maintain the patient's psychosocial status.</p> <p>7. Clinical record number 7 included a plan of care dated 11-28-11. The plan failed to evidence interventions to monitor the patient's psychosocial status.</p> <p>8. The medical social worker, employee R, indicated, on 5-31-12 at 12:30 PM, the plans of care did not include interventions to monitor the patients' psychosocial status.</p> <p>9. The facility's 2-2-11 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-138-020-091 states, "The patient's individualized comprehensive Plan of Care must include, but is not limited to the following: . . .</p>		<p>the QAI process; is presented, current, analyzed, trended and a root cause analysis completed as appropriate with the subsequent development of action plans.</p> <p>The QAI Committee is responsible to analyze the results and determine a root cause analysis then develop a new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee</p>		

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	Provide necessary monitoring social work interventions . . . Oversee measurement of appropriate psychosocial status using KDQOL tool at regular intervals, or more frequently as needed."			

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V0559	<p>494.90(b)(3) POC-OUTCOME NOT ACHIEVED-ADJUST POC</p> <p>If the expected outcome is not achieved, the interdisciplinary team must adjust the patient's plan of care to achieve the specified goals. When a patient is unable to achieve the desired outcomes, the team must-</p> <p>(i) Adjust the plan of care to reflect the patient's current condition; (ii) Document in the record the reasons why the patient was unable to achieve the goals; and (iii) Implement plan of care changes to address the issues identified in paragraph (b) (3)(ii) of this section.</p> <p>Based on clinical record and facility policy review and interview, the facility failed to ensure plans of care identified reasons goals had not been reached and had been adjusted to address the identified reasons in 1 (# 2) of 7 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 2 included a "Monthly Nutrition Progress Note" dated 3-26-12 that states, "IDWG [intradialytic weight gain] 6 kg [kilograms] on lab day." A nutrition progress note dated 4-25-12 states, "some days IDWG above 5 kg but fewer and appears trying a little better to reach goal." A nutrition progress note dated 5-22-12 states, "continues 5+ gains on weekend."</p>	V0559	<p>The Director of Operations met with the facility's Interdisciplinary Team on 7/17/12 to review their requirements as stated in the Conditions for Coverage and detailed in Fresenius policy "Comprehensive Interdisciplinary Assessment and Plan of Care" FMS-CS-I-110-125A, to ensure that every patient will have a timely, complete and current Comprehensive Assessment and Plan of Care available emphasizing that each Plan of Care will be updated with reasons why an expected outcomes is not achieved.</p> <p>The Clinical Manager and Home Program Manager completed a 100% chart review of all patients Plans of Care by 7/23/12 focusing on the patient's intradialytic weight gains. Any patient found with weight gains that do not meet their patient specific goals</p>	07/31/2012	

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	<p>The record failed to identify the reasons why the patient was unable to refrain from higher than desired IDWGs and failed to evidence the plan of care had been adjusted to address any identified reasons.</p> <p>2. The facility administrator, employee B, was unable to provide any additional documentation and/or information when asked on 6-1-12 at 10:40 AM.</p> <p>3. The facility's 2-2-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-138-020-091 states, "If the patient is unable to achieve the desired outcomes, the team must adjust the Plan of Care to reflect the patient's current condition, and Document in the medical record the reason(s) why the patient is unable to achieve the goal. Implement the Plan of Care changes to address the identified issues."</p>		<p>will be presented at the Interdisciplinary Team meeting by 7/31/12 including patient's #2. Patient specific issues as identified will be included in the patient's specific Plan of Care.</p> <p>All members of the IDT, including the Dietitian and Social Worker, will review specific patient issues on a monthly basis. Any patients not meeting any of their specific goals, including intradialytic weight gains will be included on a monthly list of patients. The Clinical Manager will include patients on the list on the agenda for review by the Interdisciplinary team at the monthly care plan meeting for the purpose of making an adjustment to the Plan of Care. Recommendations of the IDT and actions taken monthly will be documented in each patient's specific Plan of Care update/progress note section.</p> <p>Monthly monitoring of all Plans of Care completed that month will be done by the Clinical Manager and Home Program Manager, to ensure that patients not meeting a goal have been identified, are addressed and Plans of Care are being updated timely and appropriately. Any Plan of Care found out of compliance will be scheduled for completion within the next 30 days and corrective action will be taken as appropriate.</p>		

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			<p>Ongoing, the Clinical Manager and Home Program Manager will ensure compliance by auditing 25% of all medical records monthly for a period of 3 months focusing on all patients meeting goals and interventions when that does not occur.. Frequency of ongoing monitoring will be determined by the QAI Committee based on resolution of the issues.</p> <p>The Clinical Manager (CM) and Home Program Manager is responsible to analyze and trend all data and monitoring/audit results as related to this Plan of Correction prior to presenting the monthly data to the QAI Committee for oversight and review.</p> <p>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 the subsequent development of action plans.</p> <p>The QAI Committee is responsible to analyze the results and determine a root cause analysis then develop a new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee</p>		