

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152602	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2014
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NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS MONTICELLO	STREET ADDRESS, CITY, STATE, ZIP CODE 810 S SIXTH ST MONTICELLO, IN 47960
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V000000	<p>This visit was an ESRD recertification survey.</p> <p>Facility: #010668</p> <p>Dates: June 2, 3, 4, and 6, 2014</p> <p>Medicaid: # 200859340</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>Census: 22 In-center Hemodialysis</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 18, 2014</p>	V000000		
V000402	<p>494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.</p> <p>Based on observations and staff interview, the facility failed to ensure maintenance was completed timely when needs were identified in 1 of 1 facility reviewed.</p> <p>The findings include:</p>	V000402	<p>V 402 On June 2rd 2014 the Technical Supervisor met with the Biomedical Technician to review the status of the door locks for the door between the treatment and break room as well as the door between the storeroom and patient treatment area. The findings concluded that to ensure patient and staff safety, keypad door locks would</p>	07/11/2014

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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V000543	<p>1. On 6/02/2014 at 1:10 PM, the door, with a thumb style lock, between the treatment room and the break room was observed to lock behind the staff. This door leads to the break room and clinic managers and other disciplines offices.</p> <p>Employee C indicated at 1:10 PM on 6/02/14 that the door was known to lock behind you.</p> <p>2. At 1:20 PM on 6/02/14, three clinical staff were present in the clinic, two patient care technicians (PCT) and one registered nurse (RN). Of the three present, one PCT and the RN left the treatment floor to conduct a water test for total chlorine. The water room was located at the back of the storage room. After the water sample was tested, the door to the storage room was discovered to be locked, locking the surveyor and the two staff in the storage room. Employee A did not have a key. Employee E indicated she had a key and stated, "This door locks behind you" and then indicated the door which led to the break room did the same and had for a period of time indicating that was why she carried a key.</p> <p>494.90(a)(1) POC-MANAGE VOLUME STATUS</p>		<p>be installed on both of these doors.</p> <p>On June 3rd 2014 the Technical Supervisor and Biomedical Technician installed keypad locking devices on the door between the treatment room and break room as well as the door between the storeroom and patient treatment room.</p> <p>On June 3rd and 4th the Technical Supervisor and Biomedical Technician in-serviced all staff members on the new keypad locking devices and provided all staff members with the numerical codes needed to unlock the devices.</p> <p>All training documentation is on file at the facility.</p> <p>The Technical Supervisor or his designee will address any problems with the locks and this will be documented on the "Equipment Problem Log" and corrective measures will be recorded on the ER-1 log and addressed in QAI if unresolved.</p> <p>The Director of Operations is responsible to ensure all documentation required as part of the QAI process; is presented. The QAI committee is responsible to monitor compliance.</p>		

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	<p>The plan of care must address, but not be limited to, the following:</p> <p>(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 clinical record review, policy review, and interview, the facility failed to ensure the Registered Nurse (RN) completed an assessment within 1 hour of starting dialysis for 2 of 4 records reviewed (#1 and 2) and the patients' blood pressures (BP) were monitored every 30 minutes for 2 of 4 records reviewed (#1 and 3) creating the potential to affect all 22 of the facility's current patients.</p> <p>The findings include;</p> <p>1. Clinical record 1 included post treatment record review. Eight of thirteen post treatment records reviewed failed to evidence the RN assessed the patient within one hour of initiation of their hemodialysis treatment.</p> <p>A. The post treatment record dated 4/16/14 evidenced the patient began treatment at 12:19 PM and the RN documented an assessment of the patient at 1:51 PM, one and a half hour after treatment began.</p>	V000543	<p>The Clinical Manager/Education Coordinator will educate and review with all staff "Patient Monitoring During Patient Treatment" FMC-CS-IC-I-110-133A and "Nursing Supervision and Delegation" FMS-CS-IC-I-110-149A with an emphasis on monitoring the patients at the initiation of treatment and every 30 minutes thereafter to include vital signs and safety observations, as well as the requirement for patient evaluation by the nurse preferably during the first hour of treatment by July 11th 2014</p> <p>The Clinical Manager or designee will review treatment sheets daily for 2 weeks, weekly for 2 weeks, then per the QAI calendar to ensure that all vital signs, safety checks, and RN assessments are being completed and documented per policy.</p> <p>Any issues of noncompliance will be referred to the Clinical Manager immediately, the patient situation addressed, the Medical Director and/or attending physician notified as appropriate and corrective action taken as appropriate.</p> <p>All training documentation is on file at the facility.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly to the QAI committee and compliance will be</p>	07/11/2014

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	<p>B. The post treatment record dated 5/07/2014 evidenced the treatment began at 12:02 PM and the RN assessed the patient at 2:27 PM.</p> <p>C. The post treatment record dated 5/09/2014 evidenced treatment began at 8:19 AM and the RN assessed the patient at 12:49 PM.</p> <p>D. The post treatment record dated 5/14/2014 evidenced the patient began treatment at 8:49 AM and the RN assessed the patient at 12:29 PM.</p> <p>E. The post treatment record dated 5/16/2014 evidenced the patient began treatment at 10:19 AM and the RN assessed the patient at 2:12 PM.</p> <p>F. The post treatment record dated 5/21/14 evidenced the patient's BP was monitored at 10:43 AM, then not again until 11:44 AM, BP was assessed at 12:35 PM and then not again until 1:34 PM; BP was assessed at 2:03 PM and then not again until 3:08 PM.</p> <p>G. The post treatment record dated 5/23/2014 evidenced the treatment began at 10:29 AM and the RN assessed the patient at 12:14 PM</p> <p>H. The post treatment record dated</p>		monitored by the QAI committee.				

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	<p>5/28/2014 evidenced the treatment began at 9:52 AM and the RN assessed the patient at 1:12 PM.</p> <p>I. The post treatment record dated 5/30/2014 evidenced the treatment began at 9:06 AM and the RN assessed at 12:36 PM. The BP was monitored at 9:06 AM and the next monitoring of the BP was documented at 10:06 AM.</p> <p>J. The record dated 6/02/2014 evidenced treatment began at 10:01 AM and the RN assessed the patient at 1:48 PM.</p> <p>2. Review of clinical record 2 included post treatment record review. Four of thirteen post treatment records reviewed failed to evidence the RN assessed the patient within one hour of initiation of their hemodialysis treatment.</p> <p>A. The record dated 4/30/2014 evidenced the patient began treatment at 12:19 PM and the RN assessed the patient at 2:58 PM.</p> <p>B. The record dated 5/09/2014 evidenced the patient began treatment at 11:34 AM and the nurse assessed the patient at 1:34 PM.</p> <p>C. The record dated 5/21/2014</p>						

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	<p>evidenced the patient began treatment at 11:16 AM and the RN assessed the patient at 1:03 PM.</p> <p>D. The record dated 5/28/2014 evidenced the patient began treatment at 11:18 AM and the RN assessed the patient at 1:04 PM.</p> <p>3. Clinical record 3 failed to evidence the patient's blood pressure had been checked at least every 30 minutes.</p> <p>A. The post treatment record dated 5/7/14 evidenced the blood pressure was assessed 9:31 AM and the next assessment was at 10:50 AM when the patients treatment ended.</p> <p>B. The post treatment record dated 5/14/14 evidenced the blood pressure was assessed at 8:15 AM, the next BP assessment was at 9:10 AM, and the patients BP was not assessed again until 10:35 AM. Between 8:15 AM and 10:35 AM, there were only 3 BP readings documented.</p> <p>C. The post treatment record dated 5/16/14 evidenced the blood pressure was assessed at 9:33 AM and the patient's BP was not assessed again until 10:16 AM.</p> <p>D. The post treatment record dated</p>			

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	<p>5/19/14 evidenced the blood pressure was assessed at 9:01 AM and the patients BP was not assessed again until 10:01 AM.</p> <p>4. On 6/6/14 at 3 PM the area clinical manager indicated the facility policy was to assess the patients within 1 hour of starting dialysis.</p> <p>5. The facility's policy titled "Nursing Supervision and Delegation," #FMS-CS-IC-I-110-149A, revised 9/25/13 states, "Patient evaluation by the nurse must be completed during the patient's treatment, preferably within the first hour or as specified by stricter state regulations. ... Prior to discharge, the RN [registered nurse] must review the treatment record to: Confirm patient is stable for discharge, Identify facility processes or supervision that could result in adverse events. The record must be reviewed for: ... Low of high blood pressures [BP] ... Blood pressures <100 systolic or greater than 200 ... addressed by the registered nurse with or documentation present. ... Guidelines for PCT [patient care technician] / LPN [licensed practical nurse] / LVN [licensed vocational nurse] / RN: When to Refer a Patient to the Team Leader / Charge Nurse for Further Assessment ... Blood Pressure ... If B/P less than or equal to 100 mm/hg [millimeters of mercury]</p>			

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	<p>systolic during treatment. ... Mental Status Change in level of consciousness, confusion, lethargy, seizure, gait pattern, speech pattern, weakness or numbness at any time."</p> <p>6. The facility's policy titled "Patient Monitoring During Patient Treatment," #FMS-CS-IC-I-110-133 A, revised 7/4/12 states, "Monitor the patient at the initiation of treatment and every 30 minutes, or more frequently as necessary. ... Vital Signs/Mental Status. ... Observe for changes in the patient's respirations, heart rate and blood pressure. Verify and react to unusual findings such as atypical blood pressure readings. Monitor for trends such as hypotension and bradycardia. Respond to changes in vital signs as indicated by patient's symptoms, nursing judgment or as ordered by the physician. Check for any changes in mental status, level of consciousness. ... Notifications. Unusual observations, findings and the inability to reach prescribed orders must be promptly reported to the charge nurse/team leader. Notify the physician as determined by the clinical judgment of the charge nurse/team leader. Documentation. Documentation of monitoring will be completed on the treatment record. Appropriate interventions in response to changes in</p>				

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V000544	<p>vital signs, treatment parameters, or machine adjustments shall be documented in the treatment record."</p> <p>494.90(a)(1) POC-ACHIEVE ADEQUATE CLEARANCE Achieve and sustain the prescribed dose of dialysis to meet a hemodialysis Kt/V of at least 1.2 and a peritoneal dialysis weekly Kt/V of at least 1.7 or meet an alternative equivalent professionally-accepted clinical practice standard for adequacy of dialysis.</p> <p>Based on clinical record and facility policy review and interview, the facility failed to ensure blood flow rates were maintained as ordered in 1 (#1) of 4 records reviewed creating the potential to affect all of the facility's 22 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included physician orders dated April 23, 2014, and May 14, 2014, that identified the blood flow rate (BFR) was 400 milliliters per minute.</p> <p>A. Post dialysis treatment flow sheet dated 5/5/14 evidenced the BFR began at 456 at 12:37 PM, and remained above 450 until 2:10 PM when the BFR was decreased to 410. The record failed to evidence why the BFR was set higher than ordered and failed to evidence an</p>	V000544	<p>The Clinical Manager/Education Coordinator will educate and review with all staff "Comprehensive Interdisciplinary Assessment and Plan of Care" FMS-CS-IC-I-110-125A, "Monitoring During Patient Treatment Policy" FMS-CS-IC-I-110-133A, and "Medical Record Documentation Standards Policy" FMS-CS-IC-II-150-030A by July 11th 2014</p> <p>With a special emphasis on ensuring that the patient's prescribed blood flow rate is delivered according to the physician's prescription.</p> <p>This will be monitored daily by the Charge Nurse using the Rounding Tool. Any Blood Flow Rates found not as prescribed and/or lacking follow up documentation will be corrected immediately and corrective action will be taken as appropriate by the Clinical Manager or Charge Nurse.</p> <p>The Clinical Manager will monitor</p>	07/11/2014

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	<p>order for the BFR to be higher than 400.</p> <p>B. Post dialysis treatment flow sheet dated 5/14/14 evidenced the BFR began at 400 at 9:35 AM, then at 10 AM the BFR was at 300 until 12:34 PM when the BFR was increased to 394. At 12:47 PM, the nurse documented the patient became hypotensive.</p> <p>C. Post dialysis treatment flow sheet dated 5/19/14 evidenced the BFR ran between 193 - 349 throughout the treatment and never reached 400. The record failed to explain why.</p> <p>D. Post dialysis treatment flow sheet dated 5/21/14 evidenced the BFR ran at 200 - 300 throughout the treatment, never reached 400, and the record failed to explain why.</p> <p>2. The Director of Operations was unable to provide any additional documentation and / or information when asked on 6/6/14 at 3 PM.</p> <p>3. The facility's 7-4-12 "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "The patient's individualized comprehensive Plan of Care must include, but is not limited to the following: . . . Dose of</p>		<p>the results of the Rounding Tool audits weekly for 4 weeks and ongoing monitoring will be determined by the QAI Committee upon review of monitoring results and resolution of the issue.</p> <p>All training documentation is on file at the facility.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly in to 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 Body</p>		

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	Dialysis Sustain the prescribed dose of dialysis to meet FMS target HD eKdrt/V of 1.2 . . . Provide necessary care and services to manage the patient's volume status.				