

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152632	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/05/2014
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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 GETTLER ST DYER, IN 46311
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V000000	<p>This was a Federal ESRD complaint investigation survey.</p> <p>Complaint # IN00156088 - Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency was cited.</p> <p>Facility #: 011994</p> <p>Survey dates: November 3 and 5, 2014</p> <p>Medicaid Vendor #: 200922510</p> <p>Surveyor: Ingrid Miller, PHNS, RN</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 12, 2014</p>	V000000		
V000543	<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 clinical record review, policy review, and interview, the facility failed</p>	V000543	On 11/14/14 the Director of Operations reviewed with the Clinical Manager and by 11/28/14	11/28/2014

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>to ensure the Registered Nurse (RN) completed an assessment within 1 hour of the patient starting dialysis for 4 of 5 records reviewed (1, 2, 3, and 5).</p> <p>The findings include</p> <p>1. Clinical record #1 included treatment sheets that evidenced the RN failed to assess the patient within 1 hour of the initiation of dialysis treatment.</p> <p>A. The treatment sheet dated 10/6/14 evidenced the dialysis treatment started at 11:36 AM, but the RN failed to assess the patient until 4:02 PM.</p> <p>B. The treatment sheet dated 10/8/14 evidenced the dialysis treatment started at 11:37 AM, but the RN failed to assess the patient until 5:32 PM.</p> <p>C. The treatment sheet dated 10/10/14 evidenced the dialysis treatment started at 11:36 AM, but the RN failed to assess the patient until 1:05 PM.</p> <p>D. The treatment sheet dated 10/13/14 evidenced the dialysis treatment started at 11:41 AM, but the RN failed to assess the patient until 2:58 PM.</p> <p>E. The treatment sheet dated 10/22/14 evidenced the dialysis treatment</p>		<p>the Clinical Manager and or designee will train all Registered Nurse (RN) on:</p> <ul style="list-style-type: none"> <li>· FMS-CS-IC-I-110-149A: Nursing Supervision and Delegation with special attention to: <ul style="list-style-type: none"> <li>o Policy: <ul style="list-style-type: none"> <li>§ Patient evaluation by the nurse must be completed during the patient's treatment, preferably within the first hour</li> </ul> </li> </ul> </li> </ul> <p>The meeting agenda and attendance records will be available at the facility for review.</p> <p>The Clinical Manager and or designee will perform medical record audits for compliance according to the QAI Workflow Calendar, address identified issues, and report findings and actions taken at monthly QAI meetings. In the event of discrepancies or problematic outcomes, the Committee investigates to determine the root cause of the issue and develops, implements, and tracks a corrective action plan through to resolution of the issue at hand. The Medical Director as Chairperson of the QAI Committee oversees QAI activities. The Clinical Manager is responsible and the QAI Committee monitors to ensure the RN completes an assessment within 1 hour of the patient starting dialysis.</p>		

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	<p>started at 11:47 AM, but the RN failed to assess the patient until 1:30 PM.</p> <p>F. The treatment sheet dated 10/27/14 evidenced the dialysis treatment started at 11:36 AM, but the RN failed to assess the patient until 1:05 PM.</p> <p>G. The treatment sheet dated 10/29/14 evidenced the dialysis treatment started at 11:40 AM, but the RN failed to assess the patient until 1:08 PM.</p> <p>H. The treatment sheet dated 10/31/14 evidenced the dialysis treatment started at 11:35 AM, but the RN failed to assess the patient until 1:34 PM.</p> <p>I. The treatment sheet dated 11/3/14 evidenced the dialysis treatment started at 11:50 AM, but the RN failed to assess the patient until 2:18 PM.</p> <p>2. Clinical record #2 included treatment sheets that evidenced the RN failed to assess the patient within 1 hour of the initiation of dialysis treatment.</p> <p>A. The treatment sheet dated 10/15/14 evidenced the dialysis treatment started at 10:50 AM, but the RN failed to assess the patient until 6:09 PM.</p>				

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	<p>B. The treatment sheet dated 10/20/14 evidenced the dialysis treatment started at 11 AM, but the RN failed to assess the patient until 12:46 PM.</p> <p>C. The treatment sheet dated 10/31/14 evidenced the dialysis treatment started 10:55 AM at but the RN failed to assess the patient until 1:32 PM.</p> <p>3. Clinical record #3 included treatment sheets that evidenced the RN failed to assess the patient within 1 hour of the initiation of dialysis treatment.</p> <p>A. The treatment sheet dated 8/1/14 evidenced the dialysis treatment started at 11:43 AM, but the RN failed to assess the patient until 1:42 PM.</p> <p>B. The treatment sheet dated 8/6/14 evidenced the dialysis treatment started at 11:41 AM, but the RN failed to assess the patient until 2:10 PM.</p> <p>C. The treatment sheet dated 8/8/14 evidenced the dialysis treatment started at 11:48 AM, but the RN failed to assess the patient until 1:41 PM.</p> <p>D. The treatment sheet dated 8/13/14 evidenced the dialysis treatment started at 11:33 AM, but the RN failed to assess the</p>						

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	<p>patient until 1:01 PM.</p> <p>E. The treatment sheet dated 8/20/14 evidenced the dialysis treatment started at 11:51 AM, but the RN failed to assess the patient until 2:02 PM.</p> <p>F. The treatment sheet dated 8/22/14 evidenced the dialysis treatment started at 11:44 AM, but the RN failed to assess the patient until 2:01 PM.</p> <p>G. The treatment sheet dated 8/25/14 evidenced the dialysis treatment started at 11:42 AM, but the RN failed to assess the patient until 3:06 PM.</p> <p>H. The treatment sheet dated 8/27/14 evidenced the dialysis treatment started at 11:42 AM, but the RN failed to assess the patient until 2:15 PM.</p> <p>I. The treatment sheet dated 8/29/14 evidenced the dialysis treatment started at 11:44 AM, but the RN failed to assess the patient until 1:21 PM.</p> <p>J. The treatment sheet dated 9/1/14 evidenced the dialysis treatment started at 11:37 AM, but the RN failed to assess the patient until 12:54 PM.</p> <p>K. The treatment sheet dated 9/3/14 evidenced the dialysis treatment started at</p>				

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	<p>11:51 AM, but the RN failed to assess the patient until 1:17 PM.</p> <p>L. The treatment sheet dated 9/5/14 evidenced the dialysis treatment started at 11:45 AM, but the RN failed to assess the patient until 2:12 PM.</p> <p>4. Clinical record #5 included treatment sheets that evidenced the RN failed to assess the patient within 1 hour of the initiation of dialysis treatment.</p> <p>A The treatment sheet dated 7/14/14 evidenced the dialysis treatment started at 12:05 PM, but the RN failed to assess the patient until 3:22 PM.</p> <p>B. The treatment sheet dated 7/18/14 evidenced the dialysis treatment started at 11:33 AM, but the RN failed to assess the patient until 2:03 PM.</p> <p>5. On 11/5/14 at 1:55 PM, the clinical manager indicated the RNs had not documented in a timely manner. The assessments are completed on time, but the documentation is not.</p> <p>6. 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</p>						

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	patient's treatment, preferably within the first hour or as specified by stricter state regulations."				