

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152603	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER FRANKLIN DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1140 W JEFFERSON ST STE A FRANKLIN, IN 46131
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V 000 Bldg. 00	<p>This was a Federal ESRD complaint investigation survey.</p> <p>Complaint #: IN00156001; Substantiated, Federal deficiencies related to the allegation are cited.</p> <p>Survey Date: 3-13-15</p> <p>Facility #: 011351</p> <p>Medicaid Vendor #: 200849390</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 18, 2015</p>	V 000		
V 543 Bldg. 00	<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 and facility policy review and interview, the facility failed to provide the necessary care and services to manage the patients' dry weights and fluid status in 2 (#s 3 and 5)</p>	V 543	V543 Interdisciplinary Team (IDT) will initiate and develop Comprehensive Re-Assessment followed by Individualized Plan of Care for Patient #3 to reflect evaluation of patient's current fluid volume status including	04/13/2015

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>of 5 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 3 included physician orders dated 2-18-15 that identified the estimated dry weight (the desired weight at the end of the dialysis treatment, EDW) as 70 kilograms (kg). Physician orders dated 2-27-15 indicated the EDW had been decreased to 69 kg.</p> <p>A. A hemodialysis treatment flow sheet dated 2-18-15 evidenced the patient's weight at the beginning of the treatment was 76.5 kg and 70.5 kg at the end of the treatment. The flow sheet evidenced 6 kg of weight had been removed during the treatment (greater than 5% of the EDW).</p> <p>B. A hemodialysis treatment flow sheet dated 2-23-15 evidenced the patient's weight at the beginning of the treatment was 77.5 kg and was 73.4 kg at the end of the treatment, 3.4 kg above the EDW. A "Physician Patient Note", completed by the registered nurse (RN), employee B, on 2-23-15 at 3:48 PM, states, "Not able to reach EDW today because of symptomatic hypotension [low blood pressure with symptoms] during treatment. Post treatment patient was instructed to go to the hospital for</p>		<p>estimated dry weight, complications with blood pressure, intradialytic weight loss and adjust plan of care to meet the needs of the patient. FA will conduct a mandatory in-service for all clinical teammates (TMs) on 3/27/2015. In-service will include, but not be limited to: <i>reviewing Policy & Procedure 1-03-08B: Fluid Removal Calculations and Policy& Procedure 1-14-02: Patient Assessment and Plan of Care When Utilizing Falcon Dialysis</i> emphasizing patients plan of care must address dose of dialysis which addresses care and services to manage the patient's volume status. 1) The IDT must identify if specified goals including estimated dry weight [EDW] is not achieved; 2) IDT must follow-up and adjust the patient's plan of care to address changes in dialysis prescription, blood pressure, and fluid management needs to achieve specified goals and patient current condition. Plan must define objective goals, provide interventions to maintain acceptable parameters, and provide objective review of timeline. 3) Patient Care Technicians and RNs must review accurate calculation of fluid removal per Policy & Procedure 1-03-08B Fluid Removal Calculations. Plan of care will be developed and/or updated on patients with average gain more than 5% of their dry</p>		

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	<p>shortness of breath, muscle weakness, and chest pain."</p> <p>C. A hemodialysis treatment flow sheet dated 2-25-15 evidenced the patient's weight at the beginning of the treatment was 76 kg and 69.6 kg at the end of the treatment. The flow sheet evidenced 6.4 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>D. A hemodialysis treatment flow sheet dated 2-27-15 evidenced the patient's weight at the beginning of the treatment was 73.9 kg and 69 kg at the end of the treatment. The flow sheet evidenced 4.9 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>E. A hemodialysis treatment flow sheet dated 3-2-15 evidenced the patient's weight at the beginning of the treatment was 75.7 kg and 69.4 kg at the end of the treatment. The flow sheet evidenced 6.3 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>F. A hemodialysis treatment flow sheet dated 3-4-15 evidenced the patient's weight at the beginning of the treatment was 73.6 kg and 69 kg at the end of the treatment. The flow sheet evidenced 4.6</p>		<p>weight. TMs must report and document any significant changes in blood pressure, target weight identified for each patient or failure to achieve estimated dry weight greater or less than physician's hemodialysis prescription to licensed nurse, licensed nurse must take appropriate action, contact physician if warranted, and follow physician orders. All findings, interventions and patient response will be documented in patient's medical record. Verification of attendance at in-service will be evidenced by TMs signature on in-service form. Clinic Nurse Manager is responsible for daily monitoring and documentation. FA or designee will conduct weekly audits of Snappy and Falcon records for patients with Intradialytic Weight Gain average >5% of EDW x4 weeks, then monthly x3 months to ensure documentation of fluid management. FA or designee will conduct Medical Records Audits monthly for 10% of current patients to ensure assessments and plans of care are in place, current, needs of patient including fluid volume management are evaluated/addressed, and documentation of action plans and response to interventions are present. Treatment sheets will also be evaluated to verify intradialytic weight gains, and patients not achieving EDW are</p>		

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	<p>kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>G. A hemodialysis treatment flow sheet dated 3-6-15 evidenced the patient's weight at the beginning of the treatment was 74.9 kg and 70.6 kg at the end of the treatment. The flow sheet evidenced 4.3 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>H. A hemodialysis treatment flow sheet dated 3-9-15 evidenced the patient's weight at the beginning of the treatment was 79 kg and 72.9 kg at the end of the treatment. The flow sheet evidenced 6.1 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>I. A hemodialysis treatment flow sheet dated 3-11-15 evidenced the patient's weight at the beginning of the treatment was 77.4 kg and 71.8 kg. The flow sheet evidenced 5.6 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>2. Clinical record number 5 (closed record, discharge date 10-13-14) included physician orders dated 8-15-15 that identified the EDW as 68.5 kg.</p> <p>A. A hemodialysis treatment flow sheet dated 9-5-14 evidenced the patient's</p>		<p>addressed appropriately. Results of audits will be reviewed with the Medical Director during the monthly FHM, minutes will reflect. FA is responsible for compliance with this plan of correction. Completion date: 4/13/2015</p>		

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	<p>weight at the beginning of the treatment was 71.5 kg and 66.5 kg at the end of the treatment. The flow sheet evidenced 5 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>1.) The flow sheet included a post treatment note, completed by the RN, employee B, at 1:06 PM. The note states, "Patient stated post treatment pre-treatment weight was not correct, that [the patient] did not give us [the patient's] correct pre-treatment weight."</p> <p>2.) Employee K, a Registered Nurse (RN), stated, on 3-13-15 at 2:00 PM, "I only work here as needed. The regular nurse is on vacation today. The patients weigh themselves, sometimes they write it down, sometimes they print it out from the scale.. The RN stands and monitors as the patients come in. I think [employee B, the regular charge nurse] still does this."</p> <p>B. A hemodialysis treatment flow sheet dated 9-15-14 evidenced the patient's weight at the beginning of the treatment was 72 kg and 68.5 kg at the end of the treatment. The flow sheet evidenced 3.5 kg had been removed during the treatment (greater than 5% of the EDW).</p>			

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	<p>C. A hemodialysis treatment flow sheet dated 9-19-14 evidenced the patient's weight at the beginning of the treatment was 72 kg and 68.3 kg at the end of the treatment. The flow sheet evidenced 3.7 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>D. A hemodialysis treatment flow sheet dated 9-22-14 evidenced the patient's weight at the beginning of the treatment was 72 kg and 68.1 kg at the end of the treatment. The flow sheet evidenced 3.9 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>E. A hemodialysis treatment flow sheet dated 9-26-14 evidenced the patient's weight at the beginning of the treatment was 72 kg and 67.8 kg at the end of the treatment. The flow sheet evidenced 4.2 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>F. A hemodialysis treatment flow sheet dated 10-3-14 evidenced the patient's weight at the beginning of the treatment was 72 kg and 68.4 kg at the end of the treatment. The flow sheet evidenced 3.6 kg had been removed during the treatment (greater than 5% of</p>				

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V 559 Bldg. 00	<p>the EDW).</p> <p>G. A hemodialysis treatment flow sheet dated 10-6-14 evidenced the patient's weight at the beginning of the treatment was 72.8 kg and 68.4 kg at the end of the treatment. The flow sheet evidenced 4.4 kg had been removed during the treatment (greater than 5% of the EDW).</p> <p>3. The Clinical Service Specialist indicated, on 3-13-15 at 2:00 PM, fluid management had been recognized as a problem but the plans of care had not been updated.</p> <p>4. The facility's March 2013 "Patient Assessment And Plan Of Care When Utilizing Falcon Dialysis" policy number 1-14-02 states, "The plan of care will address, but not be limited to, the following: Dose of dialysis which addresses care and services to manage the patient's volume status."</p> <p>494.90(b)(3) POC-OUTCOME NOT ACHIEVED-ADJUST POC 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</p>				

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	<p>must-</p> <p>(i) Adjust the plan of care to reflect the patient's current condition;</p> <p>(ii) Document in the record the reasons why the patient was unable to achieve the goals; and</p> <p>(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 records included the identification of reasons why specific goals had not been met and plans of care changed to reflect the identified reasons in 2 (#s 3 and 5) of 5 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 3 failed to evidence the interdisciplinary team (IDT) had identified specific reasons for excessive interdialytic (between treatments) weight gain and had implemented interventions to address the identified reasons.</p> <p>A. The record included a follow-up note, signed and dated by the registered dietician (RD) on 1-10-15 at 6:08 PM that states, "Pt's [patient's] IDWGs [interdialytic weight gain] were consistently >5% of EDW in Dec. IDT members continue to counsel pt on fluid allowance and risks of fluid overload. RD continues to encourage adherence</p>	V 559	V559 IDT will initiate and develop Comprehensive Re-Assessments followed by Individualized Plan of Care for Patient #3 to reflect evaluation of patient's current fluid volume status including estimated dry weight, complications with blood pressure, intradialytic weight loss and adjust plan of care to meet the needs of the patient. FA will conduct a mandatory in-service for all clinical TMs on 3/27/2015. In-service will include, but not be limited to: <i>reviewing Policy & Procedure 1-03-08B: Fluid Removal Calculations and Policy & Procedure 1-14-02: Patient Assessment and Plan of Care When Utilizing Falcon Dialysis</i> emphasizing patients plan of care must address dose of dialysis which addresses care and services to manage the patient's volume status. 1) The IDT must identify if specified goals including estimated dry weight [EDW] is not achieved; 2) IDT must follow-up and adjust the patient's plan of care to address changes in dialysis prescription, blood pressure, and fluid management needs to achieve	04/13/2015			

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	<p>with dietary and fluid restrictions. Pt is aware of recommended fluid allowance and consequences of fluid overload." The note continues with education regarding salty snacks and fluid consumption. The note states, "Pt frequently makes comments to RD, i.e. 'I will drink what I want to drink.' RD will continue to monitor and provide ongoing support and education to assist pt with controlling fluid gains."</p> <p>B. The record included a follow-up note, signed and dated by employee B, the registered nurse (RN), on 1-29-15 that identifies "Excess Inter Dialytic wt [weight] Gain" as a problem. The entry states, "Contributing Factors/Interventions: Educated patient/caregiver on: fluid restriction, sodium restriction." An additional note, dated 1-29-15, states, "Interdialytic fluid gains are not in range."</p> <p>C. The record included a follow-up note, signed and dated by the RD, employee G, on 2-10-15 at 8:03 PM, that states, "Pt IDWGs were frequently >5% of EDW in Jan. IDT members continue to counsel pt on fluid allowance and risks of fluid overload . . . Pt is aware of recommended fluid allowance and consequences of fluid overload. Pt continues to bring salty snacks and</p>		<p>specified goals and patient current condition. Plan must define objective goals, provide interventions to maintain acceptable parameters, and provide objective review of timeline. 3) Patient Care Technicians and RNs must review accurate calculation of fluid removal per Policy & Procedure 1-03-08B Fluid Removal Calculations. Plan of care will be developed and/or updated on patients with average gain more than 5% of their dry weight. TMs must report and document any significant changes in blood pressure, target weight identified for each patient or failure to achieve estimated dry weight greater or less than physician's hemodialysis prescription to licensed nurse, licensed nurse must take appropriate action, contact physician if warranted, and follow physician orders. All findings, interventions and patient response will be documented in patient's medical record. Verification of attendance at in-service will be evidenced by TMs signature on in-service form. Clinic Nurse Manager is responsible for daily monitoring and documentation. FA or designee will conduct weekly audits of Snappy and Falcon records for patients with Intradialytic Weight Gain average >5% of EDW x4 weeks, then monthly x3 months to ensure</p>		

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	<p>carbonated beverage to consume during dialysis tx [treatment]. RD will continue to monitor and offer support and education on controlling thirst, fluid intake, and fluid gains to assist pt in achieving IDWG goal."</p> <p>D. A patient note, signed and dated by the RN, employee B, on 2-23-15 at 3:55 PM states, "Patient is hypertensive [high blood pressure]. Blood pressure varies, drops fast with HD [hemodialysis]. States takes BP meds pre-treatment. Fluid gains are high. Patient counseled to follow fluid restriction."</p> <p>E. A patient note, signed and dated by the RN, employee B, on 2-23-15 at 4:04 PM, states, "Continue to work on fluid control and diet control."</p> <p>2. Clinical record number 5 failed to evidence the interdisciplinary team (IDT) had identified specific reasons for excessive interdialytic (between treatments) weight gain and had implemented interventions to address the identified reasons.</p> <p>A. A patient note, signed and dated by the RN, employee B, on 9-3-14 at 4:35 PM, states, "Contributing Factors/Interventions: Adjusted per</p>		<p>documentation of fluid management. FA or designee will conduct Medical Records Audits monthly for 10% of current patients to ensure assessments and plans of care are in place, current, needs of patient including fluid volume management are evaluated/addressed, and documentation of action plans and response to interventions are present. Treatment sheets will also be evaluated to verify blood pressures, intradialytic weight gains, and patients not achieving EDW are addressed appropriately. Results of audits will be reviewed with the Medical Director during the monthly FHM with supporting documentation included in the meeting minutes. FA is responsible for compliance with this plan of correction. Completion date: 4/13/2015</p>		

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	<p>physician order, Educated patient/caregiver on fluid restriction, sodium restriction . . . Instruct patient to follow fluid guidelines and educate patient on ways to avoid excess fluids and limit sodium intake."</p> <p>B. A patient note, signed and dated by the registered dietician (RD), employee G, on 9-6-14 at 7:03 PM, states, "Contributing Factors/Interventions: N/A . . . Pt refused to discuss fluid control with RD. Pt simply states that [the patient] knows what [the patient] is doing and doesn't need to talk about it. RD will continue to monitor. Pt is aware that RD is available for support and education."</p> <p>C. A patient note, signed and dated by the RN, employee B, on 9-28-14 at 10:07 AM, states, "Contributing Factors/Interventions: Adjusted per physician order, Adjusted Dry Wt, Educated patient/caregiver on fluid restriction . . . Instruct patient to follow fluid guidelines and educate patient on ways to avoid excess fluids and limit sodium intake."</p> <p>3. The Clinical Service Specialist indicated, on 3-13-15 at 2:00 PM, fluid management had been recognized as a problem but that the plans of care had not been updated.</p>			

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	4. The facility's March 2013 "Patient Assessment And Plan Of Care When Utilizing Falcon Dialysis" policy number 1-14-02 states, "In addition, if the expected outcome is not achieved, the interdisciplinary team (or individual IDT member) will adjust the patient's plan of care to achieve the specified goal. When a patient is unable to achieve the desired outcomes, the team will: Adjust the plan of care to reflect the patient's current condition. Document in the patient's medical record the reasons why the patient was unable to achieve the goals. Implement plan of care changes to address the issues identified."				