

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER US RENAL CARE NORTHWEST INDIANAPOLIS DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP COD 6488 CORPORATE WAY INDIANAPOLIS, IN 46278	
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E 0000 Bldg. 00	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62.</p> <p>Survey Dates: 05/07/2025 and 05/12/2025</p> <p>Active Census: 25</p> <p>At this Emergency Preparedness survey, US Renal Northwest Indianapolis Dialysis, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62.</p> <p>QR completed by Area 3 on 5/13/2025.</p>		E 0000	
V 0000 Bldg. 00	<p>This visit was for a Federal Complaint survey of an ESRD provider.</p> <p>Survey Dates: 05/07/2025 and 05/12/2025</p> <p>Complaint: IN00456430 was investigated, unrelated deficiencies were cited.</p> <p>Census by Service Type:</p> <p>In-Center Hemodialysis: 25 Home Hemodialysis: No Home Program Peritoneal Dialysis: No Home Program</p> <p>Isolation: Waiver Built Prior to 02/2008</p> <p>Abbreviations:</p>		V 0000	

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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V 0113 Bldg. 00	RN Registered Nurse CM Clinical Manager PCT Patient Care Technician CVC Central Venous Catheter RN Registered Nurse FA Facility Administrator NP Nurse Practitioner QR completed by Area 3 on 5/13/2025. 494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Based on observation, record review, and interview, the facility failed to ensure the staff instructed the patients on the proper use of hand hygiene after holding their access with a gloved hand during 3 of 3 observations. (Patients: #4, 12, and 15) (Employee: PCT 3(3 times)) Findings include: 1. A review of a US Renal Care policy revision date 08/2020, titled, "Hand Hygiene" indicated but was not limited to, " HAND HYGIENE consists of either: 1. Handwashing with soap and water. 2. Use of an alcohol-based formulation ... HAND HYGIENE will be performed: After gloves are removed ... ". 2. During an observation on 05/07/2025 at 11:26 AM, observed Patient #4 remove their glove from their right hand after holding their pressure dressing on their left access site. PCT 3 obtained the patient's weight, and temperature at the scale and Patient #4 left the treatment area after gathering their blanket and phone. PCT 3 failed to instruct the patient to perform hand hygiene or offer hand sanitizer prior to leaving the treatment area.		V 0113	The Facility Administrator (FA) will re-educate all direct care staff on Policy C-IC-0060: Hand Hygiene and C-IC-0010: Infection Control and Precautions for All Patients, related to hand hygiene must be performed after glove removal, including patient education regarding this requirement following access site care. Education will include: <ul style="list-style-type: none"> · The importance of instructing patients to remove gloves and perform hand hygiene immediately after holding pressure on their access site post-treatment · Reinforcement that gloves are considered contaminated after use, and hand hygiene is required immediately after glove removal · The requirement that staff actively observe and remind patients to wash or sanitize their hands before exiting the treatment area The FA will conduct observations on 25% of post-treatment discharges daily for 2 weeks, then

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V 0402	<p>3. On 05/07/2025 a sign was posted on the wall above the sink by the scale that stated, "Handwashing Prevents Infection."</p> <p>4. During an observation on 05/07/2025 at 2:10 PM, observed Patient #15 remove their glove from their left hand after holding their pressure dressing on their right access site. PCT 3 assisted Patient #15 with their walker to the scale. The PCT obtained the patient's weight, and temperature at the scale and Patient #15 left the treatment area. PCT 3 failed to instruct the patient to perform hand hygiene or offer hand sanitizer prior to leaving the treatment area.</p> <p>5. During an observation on 05/07/2025 at 2:36 PM, observed Patient #12 remove their glove from their left hand after holding their pressure dressing on their right access site. The PCT obtained the patient's weight, and temperature at the scale and Patient #12 left the treatment area. PCT 3 failed to instruct the patient to perform hand hygiene or offer hand sanitizer prior to leaving the treatment area.</p> <p>6. A review of the personnel record for PCT 3, contained a document titled "Clinical Orientation Checklist-Initial" revision date 05/2023. The checklist evidenced PCT 3 completed by return demonstration and verbalization on 08/17/2024 infection control precautions.</p> <p>During an interview on 05/07/2025 at 2:56 PM, when queried about post dialysis treatment instructions to patients, PCT 3 indicated after temperature and weight they were to encourage hand washing.</p> <p>494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR</p>		<p>weekly for 4 weeks, to verify that staff are instructing and supporting patients in completing hand hygiene. Staff failing to meet expectations will receive real-time coaching and, if needed, follow-up training.</p> <p>Results of these audits will be reviewed in monthly QAPI and Governing Body (GB) meetings to monitor adherence and determine if additional action is needed. If issues persist, the Plan of Correction will be revised, and education will be reinforced until consistent adherence is achieved.</p>	

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Bldg. 00	SAFETY Based on observation, record review, and interview, the facility failed to ensure the safety and functionality of the facility was in for patients and staff as observed over 1 of 1 observations. Findings Include: 1. A review of a US Renal Care policy revision date 04/2023, titled "Facility Space/Design and Safety Requirements" indicated but was not limited to, " ... Facilities will provide a physical environment that protects the health and safety of patients, staff, and public ... " 2. During a treatment floor observation on 05/07/2025 at 9:07 AM, observed brown-rust colored substance surrounding the drainage pipe and cabinet shelf of the cabinet under the dirty sink in the lab area. During an interview on 05/07/2025 at 9:09 AM, when quired regarding the brown substance surrounding the drainage pipe and cabinet shelf, the Biomed Technician confirmed the strain valve corroded and needed replaced. 3. During an observation on 05/12/2025 at 8:35 AM, noted in the hallways across from the FA's office the wall bubbled and cracked from the baseboard to approximated 2 feet of the wall and 3 feet in width. During an interview on 05/12/2025, the FA confirmed the damage to the wall was from a water leak in the treatment area.		V 0402	The Facility Administrator (FA) will ensure all physical plant concerns are promptly addressed to maintain a safe and functional environment for patients, staff, and the public, in accordance with C-AD-0380: Facility Space/Design and Safety Requirements. The FA collaborated with the technical team to address the corroded strain valve, the damaged cabinet shelf under the lab area sink, and the wall damage caused by a prior water leak across from the FA's office. The strain valve under the sink has been repaired, and the technical team cut out the damaged drywall. Installation of the new drywall, mudding, and painting is in progress. The FA will verify completion of all repairs, document them accordingly, and ensure that any remaining water source issues are resolved to prevent recurrence. The FA will conduct weekly physical environment rounds for 4 weeks, specifically checking for signs of water damage, corrosion, or facility deterioration. All findings will be documented and addressed within 24–48 hours. After 4 weeks, environmental checks will resume as part of the facility's routine monthly safety inspections. All facility repairs and updates will be reviewed in monthly QAPI and Governing Body (GB) meetings. If any additional environmental or	06/11/2025

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V 0543 Bldg. 00	<p>494.90(a)(1) POC-MANAGE VOLUME STATUS</p> <p>Based on record review and interview, the agency failed to ensure direct patient care staff monitored the patients during their dialysis treatment within the timelines to ensure patient safety in 2 of 2 active clinical records reviewed. (Patients: #1 and 4)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. A review of a US Renal Care policy revision date 07/2024, titled "Intradialytic Monitoring of Patient" indicated but was not limited to, " ... for the delivery of a safe, effective and comfortable treatment ... Vital signs: obtained and documented at least every 30 minutes ... " 2. A review of the clinical record for Patient #1 contained treatment sheets dated 03/03/2025 through 05/05/2025 evidenced the following: <p>Treatment sheet dated 03/05/2025, the CM completed an assessment with a blood pressure and pulse check at 11:43 AM. PCT 2 completed the next blood pressure and pulse check at 12:48 PM.</p> <p>Treatment sheet dated 05/05/2025, the PCT 3</p>	V 0543	<p>structural concerns are identified, the Plan of Correction will be updated, and work service orders will be created. The FA will continue to ensure ongoing adherence to policy to maintain a clean, safe, and well-maintained care environment for all patients, staff, and visitors.</p> <p>The Facility Administrator (FA) will re-educate all direct patient care staff on policy C-ID-0010: Intradialytic Monitoring of Patients, which requires blood pressure and pulse to be obtained and documented at least every 30 minutes during dialysis treatment to ensure safe and effective management of the patient's volume status. Education will include the importance of timely vital sign monitoring for early detection of fluid-related complications and reinforcement that these checks must be documented consistently to comply with clinical and regulatory expectations.</p> <p>The FA will conduct documentation audits on 25% of patient treatment records daily for 2 weeks, then weekly for 4 weeks, and monthly for 2 months to monitor adherence with the 30-minute intradialytic monitoring requirement. Any staff found failing</p>	06/11/2025

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	<p>completed a blood pressure and pulse check at 2:04 PM. PCT 3 completed the next blood pressure and pulse check at 3:04 PM.</p> <p>During an interview on 05/07/2025 at 2:56 PM, when queried regarding the process of pre, during, and post patient care, PCT 3 indicated blood pressure and pulse safety checks are to be done every 30 minutes during dialysis treatment.</p> <p>3. A review of the clinical record for Patient #4 contained treatment sheets dated 04/14/2025 through 05/07/2025 evidenced the following:</p> <p>Treatment sheet dated 04/23/2025, PCT 3 completed a blood pressure and pulse check at 9:33 AM. PCT 3 completed the next blood pressure and pulse check at 9:33 AM.</p> <p>Treatment sheet dated 04/25/2025, PCT 2 completed a blood pressure and pulse check at 9:35 AM. PCT 2 completed the next blood pressure and pulse check at 10:20 AM.</p> <p>Treatment sheet dated 05/02/2025, PCT 3 completed a blood pressure and pulse check at 9:27 AM. PCT 2 completed the next blood pressure and pulse check at 10:59 AM.</p> <p>Treatment sheet dated 05/05/2025, PCT 3 completed a blood pressure and pulse check at 9:57 AM. PCT 3 completed the next blood pressure and pulse check at 11:06 AM.</p> <p>During an interview on 05/07/2025 at 9:40 AM, when queried regarding the patient process pre, during and post dialysis treatment, PCT 2 indicated safety checks including a blood pressure and pulse were to be completed on the patients during dialysis treatment every 30</p>		<p>to follow these parameters during this period will receive immediate coaching and, if necessary, follow-up training. Audit results will be reviewed during monthly QAPI and Governing Body (GB) meetings to assess adherence and evaluate the effectiveness of actions. If adherence does not improve, the Plan of Correction will be re-evaluated, further education provided, and monitoring continued until sustained adherence is achieved.</p>	

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