

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152608	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2022
NAME OF PROVIDER OR SUPPLIER DUNELAND DIALYSIS KNOX		STREET ADDRESS, CITY, STATE, ZIP COD 1008 S EDGEWOOD DR KNOX, IN 46534		
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E 0000 Bldg. 00	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62. Survey Dates: 4/20/2022 to 4/22/2022 Census: 20 At this Emergency Preparedness survey, Duneland Dialysis-Knox , was found to have been in compliance with the Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, including staffing and the implementation of staffing during a pandemic at 42 CFR 494.62.	E 0000		
V 0000 Bldg. 00	This visit was for a CORE Federal recertification survey of an ESRD provider. Survey dates: 4/20/2022 to 4/22/2022 Census by Service Type: In Center Hemodialysis: 20 Total Census: 20 Isolation Room/Waiver: No Quality Review Completed 04/27/2022	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 0504 Bldg. 00	<p>494.80(a)(2) PA-ASSESS B/P, FLUID MANAGEMENT NEEDS</p> <p>The patient's comprehensive assessment must include, but is not limited to, the following:</p> <p>Blood pressure, and fluid management needs.</p> <p>Based on record review, and interview failed to ensure patient pre/post and intradialytic blood pressure were being assessed and managed in 5 of 5 incenter hemodialysis records reviewed. (#1, #2, #3, #4, #5).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. An agency policy titled "Intradialytic Monitoring of Patient" revised 9/2020, stated "The patient will receive safe, effective and comfortable treatment. Vital signs: obtained and documented every 30 minutes and reported to the charge nurse if outside parameters ... Notify the patient's physician of any significant change or problem..." 2. An agency policy titled "Vital Signs" revised 5/2021, stated, " ... Notify charge nurse and/or physician of BP (blood pressure) readings outside specific parameters ... Notify the patient's physician of any significant change or problem...." 3. An undated agency policy titled "Parameters Reportable to the Charge Nurse," obtained on 4/21/2022, stated, " ... Blood Pressure Systolic > [greater than] 160 or < [less than] 100 Diastolic >100 or < 40 ... Pulse >100 or < 60...." 4. Record review on 4/21/2022 for patient #1, start of care 3/7/2022, evidenced an agency document 	V 0504	<p>Facility Administrator (FA) or designee will in-service all direct care staff on policies C-TP-0060: Post Dialysis Assessment of Patient and C-ID-0010: Intradialytic Monitoring of Patient; and Parameters Reportable to the Charge Nurse tool as it relates to ensuring all vital signs outside of clinic approved ranges including a change of more than 20-points are reported to the charge nurse (RN); documentation by the RN and physician notification if indicated. FA or designee will conduct Prescription audits for at least 25% of patients daily x2 weeks to include all patients will be audited at least 1x/weekly, all patients weekly x4 and resume auditing per the Quality Management Workbook audit schedule. FA or designee will conduct Flow Sheet audit for at least 25% of patients daily x2 weeks to include all patients will be audited at least 1x weekly, all patients weekly x4 and resume monthly auditing per the Quality Management Workbook audit schedule.</p>	05/20/2022

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	<p>titled "Hemodialysis Flowsheet" dated 3/30/2022. This document indicated at 12:02 PM, patient #1's blood pressure was 112/56, and at 12:32 PM, patient #1's blood pressure was 133/61 [normal blood pressure 120/80]. This document failed to evidence the nurse was notified of more than a 20-point change in systolic blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 3/30/2022. This document indicated at 2:46 PM, patient #1's blood pressure was 93/37, at 3:01 PM, patient #1's blood pressure was 116/56, at 5:10 PM, patient #1's blood pressure was 133/20 and at 5:21 PM, patient #1's blood pressure was 156/68. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings and patient #1's low diastolic (bottom number of blood pressure reading) blood pressure readings.</p> <p>5. Record review on 4/21/2022, for patient #2, start of care 1/25/2020, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/11/2022. This document indicated at 2:31 PM, patient #2's blood pressure was 129/69, and at 2:46 PM, patient #2's blood pressure was 163/78. This document failed to evidence the nurse was notified of more than a 20-point change in systolic blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #2, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/18/2022. This document indicated at 1:03 PM, patient #2's blood pressure was 164/69, at 2:03 PM, patient #2's blood pressure was 165/72, and at 3:03 PM, Patient #2's blood pressure was 171/73. This</p>			FA is responsible to review all education and audit results in the monthly QAPI and governing body (GB) meetings for tracking and trending. FA is responsible to ensure compliance is progressing in a favorable direction. If compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.	

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	<p>document failed to evidence the nurse was notified of the patient's high systolic blood pressure during treatment.</p> <p>Record review on 4/21/2022, for patient #2, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/4/2022. This document indicated at 11:59 AM, patient #2's blood pressure was 93/53, and at 12:02 PM, patient #2's blood pressure was 167/59. This document failed to evidence the nurse was notified of more than a 20-point change in systolic blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #2, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/6/2022. This document indicated at 11:17 AM, patient #2's blood pressure was 141/63, at 11:32 AM, patient #2's blood pressure was 121/57, at 11:47 AM, patient #2's blood pressure was 126/59, and at 12:02 PM, the patient's blood pressure was 104/54. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>6. Record review on 4/21/2022, for patient #3, start of care 6/25/2021, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/4/2022. This document evidenced at 2:09 PM, patient #3's blood pressure was 149/63, and at 2:15 PM, patient #3's blood pressure was 99/59. This document failed to evidence documentation the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #3, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/6/2022. This document indicated at 2:12 PM, patient #3's blood</p>			

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	<p>pressure was 128/61, and at 3:01 PM, patient #3's blood pressure was 101/47. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #3, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/18/2022. This document indicated at 10:04 AM, patient #2's blood pressure was 131/58, at 10:10 AM, patient #3's blood pressure was 103/49, at 1:01 PM, patient #3's blood pressure was 164/72, and at 1:32 PM, patient #3's blood pressure was 134/72. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>6. Record review on 4/21/2022, for patient #4, start of care 3/16/2020, evidenced an agency document titled "Hemodialysis Flowsheet" dated 3/25/2022. This document indicated at 10:01 AM, patient #4's blood pressure was 179/82. This document failed to evidence the nurse was notified of patient #4's high systolic blood pressure.</p> <p>Record review on 4/21/2022, for patient #4, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/1/2022. This document indicated at 12:31 PM, patient #4's blood pressure was 145/74, and at 1:01 PM, patient #4's blood pressure was 120/59. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #4, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/4/2022. This document evidenced at 10:04 AM, patient #4's blood pressure was 162/86, and at 10:31 AM,</p>			

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	<p>patient #4's blood pressure was 141/83. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #4, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/8/2022. This document indicated at 11:31 AM, patient #4's blood pressure was 169/85, and at 11:46 AM, patient #4's blood pressure was 133/83. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #4, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/20/2022. This document indicated at 2:00 PM, patient 4's blood pressure was 171/83, and at 2:03 PM, patient #2's blood pressure was 172/81. This document failed to evidence the nurse was notified of the patient's high systolic blood pressure at the end of treatment.</p> <p>7. Record review on 4/21/2022, for patient #5, start of care 10/1/2021, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/20/2022. This document indicated at 12:02 PM, patient #5's blood pressure was 168/81, and at 12:32 PM, patient #5's blood pressure was 124/92. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #5, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/18/2022. This document indicated at 1:32 PM, patient #5's blood pressure was 150/67, and at 1:44 PM, patient #5's</p>			

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	<p>blood pressure was 130/44. This document failed to evidence the nurse was notified of a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #5, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/6/2022. This document indicated at 11:06 AM, patient #5's blood pressure was 149/62, and at 11:33 AM, patient #5's blood pressure was 118/89. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #5, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/1/2022. This document indicated at 1:33 PM, patient #5's blood pressure was 175/67, and at 1:48 PM, patient #5's blood pressure was 127/53. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>Record review on 4/21/2022, for patient #5, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/20/2022. This document indicated at 11:03 AM, patient #5's blood pressure was 190/65, at 11:33 AM, patient #5's blood pressure was 150/64, at 1:33 PM, patient #5's blood pressure was 151/59, and at 1:46 PM patient #5's blood pressure was 114/74. This document failed to evidence the nurse was notified of more than a 20-point change in blood pressure readings.</p> <p>During an interview on 4/22/2022 at 10:39 AM, the facility administrator indicated staff follows reportable parameters for blood pressure more than following a per episode blood pressure issue. She indicated if the blood pressure was elevated,</p>			

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V 0543 Bldg. 00	<p>they would do a pain assessment and talk to the physician if necessary. The facility administrator indicated if there was a drop of 20 points or more in blood pressure the nurse should be notified.</p> <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 record review and interview, the facility failed to ensure patients' volume status were maintained by being within 1 kilogram (kg) of their expected dry weight post-treatment and failed to notify the physician when post-treatment weight was greater than/less than 1 kilogram of the ordered dry weight for 3 of 5 in center hemodialysis records reviewed (#1, #2, #4)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. An agency policy titled "Weighing Patients" revised 4/2020, stated, "To ensure proper weight measurement is completed prior to every dialysis treatment. It is imperative to weigh dialysis patients properly and accurately as the goals of the treatment involve removal of excess fluid weight...." 2. An agency policy titled "Post Dialysis Assessment of Patient, " revised 1/2020, stated, "... Evaluate post-weight variance from EDW [estimated dry weight]. If the post-weight is +/- 1 kg [kilogram] from EDW evaluate the patient's condition, document, and contact the physician if assessment deems necessary ... Per facility specific reportable parameters. Notify the patient's 	V 0543	<p>FA or designee will in-service all direct care staff on policies C-PT-0010: Pre-Treatment Assessment of Patient and C-TP-0060: Post Dialysis Assessment of Patient as it relates to monitoring estimated dry weights (EDW) and documenting changes in medical record; notifying the patient's physician if not achieving the EDW post dialysis. FA or designee will conduct Flow Sheet audits for at least 25% of patients daily x2 weeks to include all patients will be audited at least 1x weekly, all patients weekly x4 and resume monthly auditing per the Quality Management Workbook audit schedule.</p> <p>FA is responsible to review all education and audit results in the monthly QAPI and governing body (GB) meetings for tracking and trending. FA is responsible to ensure compliance is progressing in a favorable direction. If</p>	05/20/2022

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	<p>physician of any significant changes or problems...."</p> <p>3. An undated agency policy titled "Parameters Reportable to the Charge Nurse," obtained on 4/21/2022 stated, " ... "Weight Post Dialysis > [greater than] 1 kg above or below EDW [estimated dry weight]...."</p> <p>4. Clinical record review on 4/21/2022, for patient #1, start of care 3/7/2022, evidenced an agency document titled "Hemodialysis Flowsheet" dated 3/30/2022. This document indicated patient #1's dry weight [a weight without excess fluid] was 73 kg. At the completion of treatment patient #1's weight was 75.3 kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/1/2022. This document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 75.4 kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/4/2022. This document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 76.4 kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/6/2022. This</p>		<p>compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.</p>	

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	<p>document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 75.5 kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/8/2022. This document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 75. kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/11/2022. This document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 75.2 kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/13/2022. This document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 75.6 kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/15/2022. This document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 74.8 kg. This document failed to evidence the physician was informed patient #1</p>			

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	<p>failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/17/2022. This document indicated patient #1's dry weight was 73 kg. At the completion of treatment patient #1's weight was 75.5 kg. This document failed to evidence the physician was informed patient #1 failed to achieve her target dry weight.</p> <p>During an interview on 4/22/2022 at 10:46 AM, the facility administrator indicated patient #1 was a newer patient so they do not want to challenge her weight. She indicated patient #1 was being reviewed next week to see if any other strategies will need to be implemented.</p> <p>5. Clinical record review on 4/21/2022, for patient #2, start of care 1/24/2020, evidenced an agency document titled "Hemodialysis Flowsheet" dated 3/30/2022. This document indicated patient #2's dry weight was 60 kg. At the completion of treatment patient #2's weight was 58.7 kg. This document failed to evidence the physician was informed patient #2 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #2, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/4/2022. This document indicated patient #2's dry weight was 60 kg. At the completion of treatment patient #2's weight was 57.3 kg. This document failed to evidence the physician was informed patient #2 failed to achieve her target dry weight.</p> <p>During an interview on 4/22/2022 at 11:05 AM, the facility administrator indicated they do not want to challenge patient #2's weight. She indicated</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 0544 Bldg. 00	<p>patient #2 was being reviewed next week to see if any other changes need to be implemented.</p> <p>6. Clinical record review on 4/21/2022, for patient #4, start of care 3/16/2020, evidenced an agency document titled "Hemodialysis Flowsheet" dated 3/25/2022. This document indicated patient #4's dry weight was 114.4 kg. At the completion of treatment patient #4's weight was 115.6 kg. This document failed to evidence the physician was informed patient #4 failed to achieve her target dry weight.</p> <p>Clinical record review on 4/21/2022, for patient #4, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/18/2022. This document indicated patient #4's dry weight was 114.4 kg. At the completion of treatment patient #4's weight was 116.3 kg. This document failed to evidence the physician was informed patient #4 failed to achieve her target dry weight.</p> <p>During an interview on 4/22/2022 at 11:09 AM, the facility administrator indicated patient #4 was non-compliant with her dialysis. She indicated she had bariatric surgery and they want to encourage her to reduce her weight, not increase it, so they have not adjusted her dry weight.</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. Based on record review and interview, the facility failed to ensure patient dialysis prescription orders were verified and adhered to, in order to</p>	V 0544	FA or designee will in-service all direct care staff on policies C-TI-0010: Initiation of Dialysis;	05/20/2022

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	<p>achieve and sustain the prescribed dose of dialysis to meet the adequacy of dialysis in 2 out of 5 in-center hemodialysis records reviewed (#1, #2)</p> <p>The findings include:</p> <p>1. An agency policy titled, "Intradialytic Monitoring of Patient," revised 09/2020, stated, "Direct patient care staff will monitor the following parameters during each dialysis treatment ... Blood flow rate. Dialysis flow rate ... Modify the treatment plan based on the patient's response, which must be documented by the charge nurse."</p> <p>2. Clinical record review on 4/21/2022, for patient #1, start of care 3/7/2022, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/11/2022. This document indicated the patient's prescribed blood flow rate (BFR) was 400 ml/min (milliliters/minute). Patient #1's BFR was reduced to 325 ml/min during treatment. This document failed to evidence documentation as to why patient #1's BFR was reduced during treatment.</p> <p>Clinical record review on 4/21/2022, for patient #1, evidenced agency documents titled "Hemodialysis Flowsheet" dated 4/15/2022 and 4/20/2022. These documents evidenced the patient's prescribed BFR was 400 ml/min. Patient #1's BFR was reduced to 300 ml/min during these treatments. These documents failed to evidence as to why patient #1's BFR was reduced during these treatments.</p> <p>3. Clinical record review on 4/21/2022, for patient #2, start of care 1/24/2020, evidenced an agency document titled "Hemodialysis Flowsheet" dated 4/11/2022. This document indicated the patient's prescribed BFR was 400 ml/min. Patient #2's BFR</p>		<p>C-ID-0010: Intradialytic Monitoring of Patient as it relates to documentation of not achieving or any changes to prescribed BFR during the dialysis treatment; charge nurse (RN) notification and documentation if unable to achieve prescribed BFR; physician notification if indicated. FA or designee will conduct Flow Sheet audit for at least 25% of patients daily x2 weeks to include all patients will be audited at least 1x weekly, all patients weekly x4, and resume monthly auditing per the Quality Management Workbook audit schedule. FA is responsible to review all education and audit results in the monthly QAPI and governing body (GB) meetings for tracking and trending. FA is responsible to ensure compliance is progressing in a favorable direction. If compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.</p>	

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

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	<p>was reduced to 250 ml/min during treatment. This document failed to evidence as to why patient #2's BFR was reduced during treatment.</p> <p>During an interview on 4/22/2022 at 10:44 AM, the facility administrator indicated the nurse should be notified if a BFR was lower than prescribed. She indicated there should be documentation as to why the patient was not getting their prescribed treatment.</p>			