

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152553	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/09/2023
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP COD 2084 HOSPITAL DRIVE MARTINSVILLE, IN 46151
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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: 03/07/2023, 03/08/2023, 03/09/2023</p> <p>Facility Number: 010148 Provider Number: 152553</p> <p>Census: ICHD 12 month unduplicated = 43 Home Peritoneal Dialysis = 0 Home Hemodialysis = 0 Total = 43</p> <p>At this Emergency Preparedness survey, FMC (Fresenius Medical Clinic) Morgan County was found to have been in compliance with 42 CFR 494.62 Emergency Preparedness Requirements for Medicare and Medicaid Participating Suppliers.</p> <p>QR by Area 3 from 3-13 through 3-16-2023</p>	E 0000	<p>POC accepted on 4-1-2023</p> <p><i>Deborah Franco, RN</i></p>	3
V 0000 Bldg. 00	<p>This visit was for a Federal CORE recertification survey of an ESRD supplier conducted by the Indiana Department of Health.</p> <p>Survey dates: 03-07, 03-08, and 03-09-2023</p> <p>CCN: 152553</p> <p>Facility ID: 010148</p> <p>ICHD 12 month unduplicated census: 43</p>	V 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Betsey	Farrar-McIntyre	03/29/2023

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	<p>Home Peritoneal Dialysis census: 0</p> <p>Home Hemodialysis census: 0</p> <p>Total: 43</p> <p>QR by Area 3 from 3-13 through 3-16-2023</p> <p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff's hand hygiene was performed in accordance with the agency's policy for 2 of 3 survey days. (Patient Care Technician: #2) (Clinical Manager/Registered Nurse, #5 (twice)).</p> <p>Findings include:</p> <p>1. A review of an agency document dated 11-04-2019, 'Hand Hygiene,' stated, "PURPOSE...to prevent transmission of pathogenic microorganisms to patients and staff through cross contamination. RESPONSIBILITY All staff ... must follow the same requirements for hand hygiene ... Hands will be ... Decontaminated using alcohol-based hand rub or by washing hands with antimicrobial soap and water ... When before and after direct contact with patients ...entering and leaving the treatment area ... Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medications ... "</p>	V 0113	<p>V113 IC-Wear gloves/hand hygiene</p> <p>On March 23, 2023, the Clinical Manager held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on Hand Hygiene Policy and Procedure.</p> <p>Emphasis will be placed on Hand Hygiene Policy:</p> <p>The purpose of this policy is to prevent transmission of pathogenic microorganisms to patients and staff through cross contamination. All staff, patients, patient care givers, including physicians and non-physician practitioners, social workers, dietitians and any other indirect patient care staff must follow the same requirements for</p>	04/09/2023

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	<p>2. Review of and an agency document dated 9-26-2018, 'Hand Hygiene Procedure', stated, "...Step 1. If gloves are worn, remove and discard,...2. Apply alcohol-based hand rub to palm of one hand using amount recommended by the product manufacture ... for maximum effectiveness ... 3. Rub hands together covering all surfaces of hands and fingers until hands are dry ... Note: Duration of the entire procedure: 20-30 seconds."</p> <p>3. During an observation on 3-07-2023 at 9:50 AM, Patient Care Tech (PCT) #2, was observed at station #9. PCT #2 was observed discontinuing the dialysis treatment for Patient #9. PCT #2 removed their gloves, applied hand sanitizer to palm of one hand and rubbed the palmer surface of both hands together, failing to cover all surfaces, for less than 5 seconds, before donning new gloves.</p> <p>4. During an observation on 3-07-2023 at 12:15 PM, Registered Nurse (RN), Clinical Manager/RN #5, was observed cleaning the chair of vacated station #2. RN, Clinical Manager #5 caught a small waste basket with gloved right hand before it tipped over, pulled it upright and closer to the chair by grabbing the inside rim of the wastebasket and then worked their way around the back of the chair, reached down to pick up an empty syringe from the floor and placed it in a sharps container. The RN's gloves were not changed, hand hygiene was not performed after contact with dirty items and before continuing to clean the rest of the chair and station.</p> <p>5. During an observation on 3-08-2023 at 11:13 AM, RN, Clinical Manager, Employee #5, was observed at station #6. RN, Clinical Manager #5</p>		<p>hand hygiene. Hands will be decontaminated using alcohol-based hand rub or by washing hands with antimicrobial soap and water:</p> <ul style="list-style-type: none"> - Before and after direct contact with patients - Entering and leaving the treatment area - Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medications - Immediately after removing gloves - After contact with body fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled. - After contact with inanimate objects near the patient. - When moving from a contaminated body site to a clean body site of the same patient - After contact with the dialysis wall box, concentrate, drain, or water lines <p>Emphasis will be placed on Hand Hygiene Procedure when decontaminating hands with alcohol-based hand rubs:</p> <ol style="list-style-type: none"> 1. If gloves are worn, remove and discard in appropriate waste container. Exposes the skin for decontamination. 2. Apply alcohol-based hand rub to the palm of one hand using the 	

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	<p>was observed removing an article of trash from the shoe of Patient #17. RN, Clinical Manager #5 failed to remove their gloves and perform hand hygiene before placing a blood pressure cuff on Patient #17, and touched the computer screen and keyboard at station #6.</p> <p>6. On 03/07/2023 at 10 AM, PCT (Patient Care Technician) 2 was observed donning a left glove without completing hand hygiene. PCT 2 traveled to the cabinets in the center of the treatment floor, obtained gauze, pulled a glove from the box, and placed it on the right hand without completing hand hygiene, and redressed the patient's site. After securing the dressing, PCT 2 assisted Patient 9 with their personal belongings, and escorted the patient to the exit without changing gloves or completing hand hygiene.</p> <p>7. On 03/07/2023 at 11:22 AM, PCT 2 was observed repeatedly adjusting their visor position up and down without changing gloves or completing hand hygiene before and after touching the visor.</p> <p>8. At 03/07/2023 at 11:54 AM, PCT 1 was observed discontinuing dialysis from the central venous line of Patient 11. After completing hand hygiene, PCT 1 pulled their visor down then donned gloves. PCT 1 immediately discarded the gloves and obtained supplies from the cabinet drawers, without completing hand hygiene. PCT 1 placed the gauze on the patient's chair table, completed hand hygiene, donned gloves, entered data into the chairside computer, pushed the patient's footstool down with the gloved hands, and returned to typing. PCT 1 failed to maintain standard infection control procedure related to hand hygiene and gloves.</p> <p>9. On 03-07-2023 at 9:21 AM, Patient #1, a patient</p>		<p>amount recommended by the product manufacturer. Adequate amount of product must for maximum effectiveness.</p> <p>3. Rub hands together covering all surfaces of the hands and fingers, until hands are dry. Note: Duration of the entire procedure: 20-30 seconds</p> <p>On March 27th & March 28, 2023, 100% of all patients will be re-educated on hand hygiene with documentation of education noted in each patient's EMR. Those patients absent on the day of education will be re-educated on their first treatment back at the facility with documentation noted in the EMR.</p> <p>Effective March 24, 2023, the Clinic Manager or designee will conduct weekly audits utilizing Infection Control Audit Tool for four weeks or until 100% compliance is achieved. Once compliance is sustained, the Governing Body will decrease frequency to resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist with any non-compliance noted in the meeting minutes in eQUIP.</p> <p>The Medical Director will review the results of audits each month at the QAI Committee meeting monthly.</p>	

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	<p>with a Central Venous Catheter (CVC) (a vessel inserted into the vein below the collar bone), at Station #3 was observed preparing to leave the treatment area. Registered Nurse (RN) 1 escorted Patient #1 to the scale, weighed the patient and assisted the patient out of the door. No hand hygiene was performed.</p> <p>10. On 03-07-2023 at 9:43 AM, PCT 1 was observed discontinuing the treatment of Patient #3. Patient #3 had a gloved right hand and held pressure to their Left Upper Extremity (LUE) access site. PCT 1 escorted Patient #3 to the scale and off of the treatment floor. Patient #3 was not offered and did not perform hand hygiene.</p> <p>11. On 03-08-2023 at 9:50 AM, Patient #2 was observed holding pressure to their LUE access site with a gloved right hand. Once stabilized Patient #2 left the treatment floor. Patient #2 was not offered and did not perform hand hygiene.</p> <p>12. On 03-08-2023 at 10:40 AM, RN 2 was queried about hand hygiene. RN 2 indicated patients and staff should wash hands when soiled and after removing gloves. Patients should wash their hands before and after their dialysis treatment.</p>		<p>The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly.</p> <p>The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues.</p> <p>The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAI monthly.</p> <p>The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The QAI and Governing Body minutes, education and monitoring documentation, are available for review at the clinic.</p> <p>Hand Hygiene Procedure</p>	

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V 0115 Bldg. 00	<p>494.30(a)(1)(i) IC-GOWNS, SHIELDS/MASKS-NO STAFF EAT/DRINK</p> <p>Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory. Based on observation, record review and interview, the agency failed to ensure Personal Protective Equipment (PPE) was worn in accordance with facility policy to ensure infection control practices were maintained as noted over 2 of 3 survey days. (Employee: Patient Care Technician 2) (Patient : 3, 15).</p> <p>Findings include:</p> <p>1. On 03-09-2023 at 8:30 AM, the Director of Operations, #1 provided a February, 2018 Fresenius Kidney Care policy, "Personal Protective Equipment." The policy indicated but was not limited to, " ... Personal protective equipment such as a full face shield or mask and protective eyewear ... will be worn to protect and prevent employees from blood ... Employees shall use personal protective equipment ... in accordance with the type of patient contact expected and anticipated exposure ... Patient Care Activities: Full Face Shield ... in area at risk for blood splatter or spill ..."</p> <p>2. On 03-07-2023 at 8:40 AM during the Flash</p>	V 0115	<p>Hand Hygiene Policy</p> <p>V115 IC-Gowns, shields/masks-no staff eat/drink</p> <p>On March 23, 2023, the Clinical Manager held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on Personal Protective Equipment Policy as well Hand Hygiene Policy and Procedure. Please see the Policy reviewed at the bottom of the plan.</p> <p>Emphasis will be placed on:</p> <p>Personal protective equipment such as a full face shield or mask and protective eye wear with full side shield, fluid-resistant gowns and gloves will be worn to protect and prevent employees from blood or other potentially infectious materials to pass through to or reach the employee's skin, eyes,</p>	04/09/2023
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	<p>Tour, Patient Care Technician (PCT) 2 was observed working with the dialysis machine at Station #5. PCT 2 wore their face shield above their head.</p> <p>3. On 03-07-2023 at 9:43 AM, Patient #3 was observed holding their access site with a gloved hand and face mask below their nose. The treatment was terminated, Patient #3 removed their mask and glove and walked through the treatment floor to the scale and exited the treatment area. Staff did not instruct Patient #3 to replace their mask or to perform hand hygiene.</p> <p>4. On 03-07-2023 at 11:40 AM, PCT 2 was observed working with the intravenous fluid bag at Station #1 while Patient 4 was seated in the dialysis chair. PCT 2 wore their face shield above their head.</p> <p>5. On 03-07-2023 at 2:30 PM, PCT 2 was observed at Station #9 with Patient #21. The face shield of PCT 2 was worn above their head.</p> <p>6. On 03-08-2023 at 9:12 AM, Patients at Stations # 6, 7, 2 and 10 wear observed wearing face masks below their noses while Patient #22 at Station #5 was experiencing an emergent episode. None of the facility staff were observed to instruct/educate these patient to wear their masks to cover their noses.</p> <p>7. On 03-08-2023 at 10:10 AM, Patient #15 was observed at Station #10 with their mask positioned at their chin. Patient #15's Central Venous Catheter (CVC) (a vessel inserted into a vein below the collar bone) dressing was removed leaving the insertion site uncovered. Patient #15 looked down to see their insertion site.</p>		<p>mouth, other mucous membranes, or work clothes when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood.</p> <p>Employees shall use personal protective equipment namely the combination of fluid-resistant gown, full face shield or mask and protective eye wear with full side shield, gloves, in accordance with the type of patient contact expected and anticipated exposure.</p> <p>Patient Care Activities: Full Face Shield or Mask and Protective eye wear with full side shield- In area at risk for blood splatter or spill</p> <p>Effective March 24, 2023, the Clinic Manager or designee will conduct weekly audits utilizing Infection Control Audit Tool for four weeks or until 100% compliance is achieved. Once compliance is sustained, the Governing Body will decrease frequency to resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist with any non-compliance noted in the meeting minutes in eQUIP.</p> <p>The Medical Director will review</p>	

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	8. On 03-08-2023 at 3:20 PM, PCT 3 was queried on the use of PPE. PCT 3 indicated masks should fully cover the patient's face but it is difficult to remind them frequently. PCT also indicated face shields should not be above the head while in the station area.		<p>the results of audits each month at the QAI Committee meeting monthly.</p> <p>The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly.</p> <p>The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues.</p> <p>The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAI monthly.</p> <p>The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The QAI and Governing Body minutes, education and monitoring documentation, are available for</p>	

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V 0122 Bldg. 00	<p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL</p> <p>[The facility must demonstrate that it follows standard infection control precautions by implementing-</p> <p>(4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-]</p> <p>(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the dialysis machine was cleaned and disinfected after use for 1 of 6 observations of station cleaning and disinfecting.</p> <p>Findings include:</p> <p>1. A review of policy 47808, "Cleaning and Disinfection of the Dialysis Station," last revised 11/0702022, indicated " ... Externally disinfect the dialysis machine with 1:100 bleach solutions [sic] after each dialysis treatment."</p> <p>2. On 03/08/2023 at 10:08 AM, Patient Care Technician (PCT) 3 was observed cleaning station #10 just after the previous patient vacated. PCT 3 initiated cleaning by removing and discarding the dialysis tubing. After emptying the dialysate container, the PCT returned the dialysate container to the side of the machine without</p>	V 0122	<p>review at the clinic.</p> <p>Personal Protective Equipment Hand Hygiene Procedure Hand Hygiene Policy</p> <p>V122 IC-Disinfect surfaces/equip/written protocols</p> <p>On March 23, 2023, the Clinic Manager held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on Cleaning and Disinfection of the Dialysis Station Policy. Please see the Policy reviewed at the bottom of the plan.</p> <p>Emphasis will be placed on:</p> <p>The dialysis station could become contaminated with blood and other body fluids during treatment. After use, any non-disposable equipment and supplies brought into the dialysis station (ex. stethoscope) must be disinfected</p>	04/09/2023

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	<p>washing it inside and out. PCT 3 donned new gloves and cleaned the patient's chair, cabinet, and back counter. PCT 3 completed hand hygiene and donned new gloves and went to obtain new bleach wipes. At that time, PCT 4 began to prep station #10's dialysis machine, which PCT 3 had yet to clean. PCT 3 observed PCT 4 securing tubing to the dialysis machine and discarded the new bleach wipes and assumed other work. PCT 3 failed to ensure the dialysis machine, the water connection, the dialysate concentrate container, and the dialysis station was cleaned and disinfected between patients and in advance of providing dialysis.</p> <p>3. On 03/08/2023 at 10:50 AM, PCT 4 indicated not performing any cleaning prior to prepping the dialysis machine in station #10, including stringing the circuit tubing for the upcoming patient. PCT 4 indicated PCT 3 was the person who cleaned the station, and PCT 4 was just helping PCT 3 get caught up.</p> <p>4. On 03/08/2023 at 11:15 AM, PCT 3 was asked to review the steps for cleaning and disinfecting a patient station between patients. PCT 3 indicated after the patient vacates the station, the PCT discards all tubing and disposables and dumps the dialysate container contents, then returns it to the machine for later cleaning. PCT 3 obtains a stack of bleach wipes and cleans all visible surfaces and parts of the dialysis machine including, but not limited to, the IV (Intravenous) pole, connecting tubing, and blood pressure cuff. After cleaning the machine side, PCT 3 obtains new bleach wipes and cleans all visible surfaces of the chair side including, but not limited to, the chair, back counter, cabinets, and remote. PCT 3 indicated cleaning station #10 around 10:08 AM but could not remember if they cleaned the</p>		<p>with 1:100 bleach or EPA registered disinfectant before being removed from the dialysis station. Externally disinfect the dialysis machine with 1:100 bleach solutions after each dialysis treatment. All work surfaces shall be cleaned and disinfected with 1:100 bleach solution after completion of procedures. Make the surface glistening wet and let air dry unless otherwise specified by the manufacturer.</p> <p>Effective March 24, 2023, the Clinic Manager or designee will conduct weekly audits utilizing Infection Control Audit Tool for four weeks or until 100% compliance is achieved. Once compliance is sustained, the Governing Body will decrease frequency to resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist with any non-compliance noted in the meeting minutes in eQUIP.</p> <p>The Medical Director will review the results of audits each month at the QAI Committee meeting monthly.</p> <p>The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to</p>	

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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP COD 2084 HOSPITAL DRIVE MARTINSVILLE, IN 46151
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V 0543 Bldg. 00	<p>dialysis machine. PCT 3 indicated not confirming with PCT 4 whether the station was sanitized prior to PCT 4 assisting with stringing the dialysis tubing. PCT 3 and PCT 4 failed to ensure the station was fully cleaned and sanitized after patient use and in advance of providing dialysis to the next patient.</p> <p>494.90(a)(1) POC-MANAGE VOLUME STATUS The plan of care must address, but not be limited to, the following:</p>		<p>the QAI Committee monthly.</p> <p>The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues.</p> <p>The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAI monthly.</p> <p>The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The QAI and Governing Body minutes, education and monitoring documentation, are available for review at the clinic.</p> <p>Cleaning and Disinfection of the Dialysis Station</p>	

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	<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 record review and interview, the facility failed to ensure nursing assessments were completed in accordance with facility policy in 18 (Patients #1, #2, #3, #4, #5, #6, #7, #9, #11, #21, #22, #23, #24, #25, #26, #27, #28 and #29) of 29 clinical records reviewed.</p> <p>Findings include:</p> <p>1. Review of an agency policy dated 11-01-2023, 'Nursing Supervision and Delegation,' stated, "Purpose ... provide guidance to the registered nurse on his/her responsibilities for patient oversight ... Policy ... The registered nurse must evaluate each patient preferably within an hour or according to state requirements ... to: Confirm identity ... review patient's condition ... review accuracy and completeness of treatment and patient data ... Review patient treatment prescriptions and equipment parameters to verify correct settings, and if dialysis prescription is being followed ... confirm that the correct vascular access is being used, and that access is visible. Observe patient's response to treatment ... Verify machine safety check have been completed...talk to the patient to elicit information such as changes in condition, response to treatment, new injuries, information/education needs or complaints, satisfaction with care."</p> <p>2. A review of the clinical record review of Patient #1 was completed. The review indicated 5 of 10 treatment records evidenced the Registered Nurse (RN) assessment failed to meet the one hour interval determined by the facility's policy for assessment. The following records indicated:</p>	V 0543	<p>V543 POC-Manage volume status</p> <p>On March 23, 2023, the Clinical Manager held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on Nursing Supervision and Delegation Policy. Please see the Policy reviewed at the bottom of the plan.</p> <p>Emphasis will be placed on:</p> <p>The purpose of the policy is to provide guidance to the registered nurse on his/her responsibilities for patient oversight.</p> <p>The registered nurse is accountable for delivering care within the framework of the nursing process. The registered nurse uses assessment finding to formulate nursing diagnoses and prioritize problems according to patient need. <u>The registered nurse must evaluate each patient preferably within an hour or according to state requirements to:</u></p> <ul style="list-style-type: none"> - Confirm identify - Review the patient's condition. - Review accuracy and completeness of treatment and patient data 	04/09/2023

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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP COD 2084 HOSPITAL DRIVE MARTINSVILLE, IN 46151
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	<p>A. On 02-18-2023 at 05:45 AM, approval to start the dialysis treatment of Patient #1 was given. RN #1 completed the assessment at 9:28 AM.</p> <p>B. On 02-21-2023 at 05:40 AM, approval to start the dialysis treatment of Patient #1 was given. RN #1 completed the assessment at 09:23 AM.</p> <p>C. On 02-23-2023 at 05:36 AM, approval to start the dialysis treatment of Patient #1 was given. RN #1 completed the assessment at 07:11 AM.</p> <p>D. On 02-25-2023 at 05:51 AM, approval to start the dialysis treatment of Patient #1 was given. RN #4 completed the assessment at 07:03 AM.</p> <p>E. On 03-02-2023 at 05:48 AM, approval to start the dialysis treatment of Patient #6 was given. RN, Clinical Manager #5 completed the assessment at 07:19 AM.</p> <p>Patient #1's clinical record evidenced on 12-20-2022 at 05:45 AM, the RN#4 approved Patient #1 to start the initial dialysis treatment. RN #4 completed the initial assessment at 06:00 AM, after the dialysis treatment had begun.</p> <p>3. On 03-09-2023 at 10:30 AM the treatment records for all patients who received dialysis on 03-02-2023 were reviewed. The review indicated 15 of 18 patient treatment records evidenced the Registered Nurse assessment failed to meet the one hour interval determined by the facility's. The following records indicated:</p> <p>A. On 03-02-2023 at 12:25 PM, approval to start the dialysis treatment of Patient #2 was given. RN, Clinical Manager #5 completed the assessment at 13:41 PM.</p>		<ul style="list-style-type: none"> - Review patient treatment prescription and equipment parameters to verify correct settings, and if dialysis prescription is being followed. - Confirm that the correct vascular access is being used, and that the access is visible. Observe patient's response to treatment - Verify machine safety checks have been completed. - Talk to the patient to elicit information such as changes in condition, response to treatment, new injuries, information/education needs or complaints, satisfaction with care <p>Effective March 24, 2023, the Clinic Manager or designee will conduct weekly treatment sheet audits on 10% of completed treatments utilizing Plan of Correction Audit Tool for four weeks or until 100% compliance is achieved. Once compliance is sustained, the Governing Body will then resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist with any non-compliance noted in the meeting minutes in eQUIP.</p> <p>The Medical Director will review the results of audits each month at the QAI Committee meeting monthly.</p> <p>The Clinical Manager is</p>	

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	<p>B. On 03-02-2023 at 05:35 AM, approval to start the dialysis treatment of Patient #3 was given. RN, Clinical Manager #5 completed the assessment at 06:52 AM.</p> <p>C. On 03-02-2023 at 06:59 AM, approval to start the dialysis treatment of Patient #4 was given. RN, Clinical Manager #5 completed the assessment at 08:38 AM.</p> <p>D. On 03-02-2023 at 12:02 PM, approval to start the dialysis treatment of Patient #5 was given. RN, Clinical Manager #5 completed the assessment at 16:40 PM.</p> <p>E. On 03-02-2023 at 05:39 AM, approval to start the dialysis treatment of Patient #9 was given. RN, Clinical Manager #5 completed the assessment at 07:17 AM.</p> <p>F. On 03-02-2023 at 06:03 AM, approval to start the dialysis treatment of Patient #19 was given. RN, Clinical Manager #5 completed the assessment at 07:49 AM.</p> <p>G. On 03-02-2023 at 06:23 AM, approval to start the dialysis treatment of Patient #21 was given. RN, Clinical Manager #5 completed the assessment at 08:12 AM.</p> <p>H. On 03-02-2023 at 09:37 AM, approval to start the dialysis treatment of Patient #22 was given. RN, Clinical Manager #5 completed the assessment at 13:44 PM, with a notation of 'late entry', time of assessment was not given.</p> <p>I. On 03-02-2023 at 06:01 AM, approval to start the dialysis treatment of Patient #23 was given. RN, Clinical Manager #5 completed the assessment at 08:28 AM.</p> <p>J. On 03-02-2023 at 10:45 AM, approval to start the dialysis treatment of Patient #24 was given. RN, Clinical Manager #5 completed the assessment at 12:54 PM.</p> <p>K. On 03-02-2023 at 11:48 AM, approval to start the dialysis treatment of Patient #26 was given. RN, Clinical Manager #5 completed the</p>		<p>responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly.</p> <p>The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues.</p> <p>The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAI monthly.</p> <p>The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The QAI and Governing Body minutes, education and monitoring documentation, are available for review at the clinic.</p> <p>Nursing Supervision and Delegation</p>	

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	<p>assessment at 13:16 PM, with notation of 'late entry', time of assessment not given.</p> <p>L. On 03-02-2023 at 09:56 AM, approval to start the dialysis treatment of Patient #27 was given. RN, Clinical Manager #5 completed the assessment at 13:42 PM, with notation of 'late entry', time of assessment not given.</p> <p>M. On 03-02-2023 at 07:11 AM, approval to start the dialysis treatment of Patient #28 was given. RN, Clinical Manager #5 completed the assessment at 08:21 AM.</p> <p>N. On 03-02-2023 at 06:40 AM, approval to start the dialysis treatment of Patient #29 was given. RN, Clinical Manager #5 completed the assessment at 08:17 AM.</p> <p>4. On 03-08-2023 at 3:15 PM, when queried as to when the nurse should have a patient's assessment completed after treatment had been initiated, Administrator #1 indicated, "generally, an hour."</p> <p>5. On 03-08-2023 at 1:08 PM a clinical record review of Patient #6 was completed. The review indicated 7 of 10 treatment records evidenced the Registered Nurse (RN) assessment prior to treatment failed to meet the one hour limit determined by the agency's policy. The following records indicated:</p> <p>A. On 02-11-2023 at 10:15 AM, approval to start the dialysis treatment of Patient #6 was given. RN 4 completed the assessment at 11:38 AM.</p> <p>B. On 02-14-2023 at 10:17 AM, approval to start the dialysis treatment of Patient #6 was given. RN, Clinical Manager 5 completed the assessment at 2:31 PM.</p> <p>C. On 02-18-2023 at 10:28 AM, approval to start the dialysis treatment of Patient #6 was given. RN 1 completed the assessment at 1:39 PM.</p>			

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	<p>D. On 02-21-2023 at 10:28 AM, approval to start the dialysis treatment of Patient #6 was given. RN 1 completed the assessment at 11:50 AM.</p> <p>E. On 02-23-2023 at 10:28 AM, approval to start the dialysis treatment of Patient #6 was given. RN 1 completed the assessment at 12:09 PM.</p> <p>F. On 02-25-2023 at 10:15 AM, approval to start the dialysis treatment of Patient #6 was given. RN, Clinical Manager 5 completed the assessment at 11:22 AM.</p> <p>G. On 02-28-2023 at 10:36 AM, approval to start the dialysis treatment of Patient #6 was given. RN, Clinical Manager 5 completed the assessment at 12:47 PM.</p> <p>6. A review of Patient #7's clinical record evidenced 2 of 7 treatment records where the Registered Nurse (RN) assessment prior to treatment failed to meet the one hour interval determined by the agency's policy. The following records indicated:</p> <p>A. On 02-20-2023 at 12:28 PM, approval to start the dialysis treatment of Patient #7 was given. RN 5 completed the assessment at 4:45 PM. There was no reason for the late entry indicated.</p> <p>B. On 02-27-2023 at 12:19 PM, approval to start the dialysis treatment of Patient #7 was given. RN, Clinical Manager 5 completed the assessment at 1:32 PM.</p> <p>7. A review of the clinical record of Patient #19 evidenced 4 of 10 treatment records where the Registered Nurse (RN) assessment prior to treatment failed to meet the one hour interval determined by the agency's policy. The following records indicated:</p>			

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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP COD 2084 HOSPITAL DRIVE MARTINSVILLE, IN 46151
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	<p>A. On 02-18-2023 at 6:10 AM, approval to start the dialysis treatment of Patient #19 was given. RN 1 completed the assessment at 7:25 AM.</p> <p>B. On 02-21-2023 at 6:00 AM, approval to start the dialysis treatment of Patient #19 was given. RN 1 completed the assessment at 7:18 AM.</p> <p>C. On 02-25-2023 at 5:58 AM, approval to start the dialysis treatment of Patient #19 was given. RN 4 completed the assessment at 4:45 PM.</p> <p>D. On 03-02-2023 at 6:03 AM, approval to start the dialysis treatment of Patient #19 was given. RN, Clinical Manager 5 completed the assessment at 7:49 AM.</p> <p>8. A review of the clinical record of Patient #20 indicated 9 of 10 treatment records where the Registered Nurse (RN) assessment prior to treatment failed to meet the one hour limit determined by the agency's policy. The following records indicated:</p> <p>A. On 01-11-2023 at 9:48 AM, approval to start the dialysis treatment of Patient #20 was given. RN 1 completed the assessment at 12:27 PM.</p> <p>B. On 01-13-2023 at 9:20 AM, approval to start the dialysis treatment of Patient #20 was given. RN 4 completed the assessment at 12:52 PM.</p> <p>C. On 01-18-2023 at 9:34 AM, approval to start the dialysis treatment of Patient #20 was given. RN 1 completed the assessment at 1:27 PM.</p> <p>D. On 01-20-2023 at 10:10 AM, approval to start the dialysis treatment of Patient #20 was given. RN 1 completed the assessment at 1:34 PM.</p> <p>E. On 01-23-2023 at 10:00 AM, approval to start the dialysis treatment of Patient #20 was given. RN 1 completed the assessment at 5:21 PM.</p>			

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	<p>No reason for a late entry was evidenced.</p> <p>F. On 01-25-2023 at 10:47 AM, approval to start the dialysis treatment of Patient #20 was given. RN, Clinical Manager 5 completed the assessment at 4:54 PM. No reason for a late entry was evidenced.</p> <p>G. On 01-27-2023 at 9:55 AM, approval to start the dialysis treatment of Patient #20 was given. RN 3 completed the assessment at 3:38 PM. No reason for a late entry was evidenced.</p> <p>9. On 03-09-2023 at 11:05 AM, Clinical Manager 5 was queried about the late completion of assessments and the staffing level on 03-02-2023. Clinical Manager 5 indicated they knew it looked bad but the day went very smoothly. "It was actually a really good day. "</p>			