

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152607	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER US RENAL CARE NORTH MUNCIE DIALYSIS		STREET ADDRESS, CITY, STATE, ZIP COD 800 S TILLOTSON STE 1 MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0000 Bldg. 00	<p>This visit was for a Federal/State complaint survey of an ESRD Provider.</p> <p>Survey dates: July 7, 8 and 9, 2025</p> <p>Complaint: IN00461837 with unrelated deficiencies cited.</p> <p>Total Active ICHD Census: 111</p> <p>Isolation Room/Waiver: 1 isolation room</p> <p>US Renal Care North Muncie is in compliance with 42 CFR 494.70 Patient Rights and 42 CFR 494.90 Patient Plan of Care as related to this complaint.</p> <p>Abbreviations Used: CM-Clinical Manager ICHD-In-Center Hemodialysis POC-Plan of Care RN-Registered Nurse</p> <p>QR 7/15/25</p>	V 0000		
V 0115 Bldg. 00	<p>494.30(a)(1)(i) IC-GOWNS, SHIELDS/MASKS-NO STAFF EAT/DRINK</p> <p>Based on observation and interview, the dialysis center failed to ensure staff did not eat or drink while working on the dialysis treatment floor for 1 of 1 flash tour observation period.</p> <p>Findings include:</p> <p>During the flash tour observation on 7/07/25</p>	V 0115	<p>The Facility Administrator (FA) will in-service all staff members on policy C-IC-0050: Eating and Drinking in the Treatment Area. Education will emphasize that staff food and/or beverages are not permitted in the treatment area at any time due to infection control risks. Staff unable to attend the</p>	08/08/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ian Thornton

Facility Administrator

07/17/2025

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 0556 Bldg. 00	<p>beginning at 8:44 AM, a cup of coffee was observed sitting on the east counter in the treatment area and a cup of coffee was observed sitting on the nurse's station desk in the middle aisleway of the treatment area.</p> <p>During an interview on 7/08/25 at 10:30 AM, the Administrator relayed drinks are not allowed on the treatment floor.</p> <p>494.90(b)(1) POC-COMPLETED/SIGNED BY IDT & PT</p> <p>Based on record review and interview, the dialysis facility failed to ensure the POC was reviewed and signed by the patient for 2 of 2 unstable ICHD patient records reviewed (Patient #4 and 5) and 1 of 2 ICHD patient records reviewed who have been on treatment greater than a year (Patient #2).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility policy "Comprehensive Interdisciplinary Patient Assessment/Plan of Care (CIPA/POC)", last revised 4/2024, indicated the CIPA/POC will be signed by the IDT members 	V 0556	<p>in-service will be educated on their first day back at work.</p> <p>The FA will conduct infection control audits specifically related to staff food and drink in the treatment area daily x5, weekly x3, monthly x2, and quarterly thereafter. Monthly random audits will be performed by the FA or Clinical Coordinator to ensure compliance with the no eating/drinking policy.</p> <p>The FA will review all education and audit results in monthly QAPI and GB to track and trend adherence. If adherence does not improve, the Plan of Correction (POC) will be re-evaluated, revisions made, additional education provided as needed, and monitoring will continue until adherence is achieved.</p>	08/08/2025

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	<p>including the patient or the patient's legal representative. If the patient chooses to not sign the plan of care, this will be documented on the plan of care, along the reason the signature was not provided.</p> <p>2. Patient #2's clinical record evidenced an admission on 8/01/19 and included a POC, last revised 5/19/25. The clinical record failed to evidence the POC was reviewed and signed by Patient #2.</p> <p>During an interview on 7/7/25 at 2:45 PM, the Administrator verified the POC for Patient #2 had not been signed.</p> <p>During an interview on 7/9/25 at 9:27 AM, the CM verified the POC for Patient #2 was not signed and relayed the clinical record failed to evidence documentation of the 5/19/25 POC had been reviewed with Patient #2 yet. She also relayed they were planning to have Patient #2 sign the care plan during treatment on 7/09/25.</p> <p>3. Patient #4's clinical record evidenced an admission on 10/02/23 and included a POC, last revised 6/16/25. The clinical record failed to evidence the POC was reviewed and signed by Patient #4.</p> <p>During an interview on 7/7/25 at 2:45 PM, the Administrator verified the POC for Patient #4 had not been signed.</p> <p>During an interview on 7/09/25 at 9:27 AM, the CM verified the clinical record failed to evidence documentation of the 6/16/25 POC had been reviewed with Patient #4 due to him being in and out of the hospital.</p>		<p>must be documented on the plan of care. Staff unable to attend the in-service will be educated on their first day back at work.</p> <p>The FA or Clinical Coordinator will complete medical record audits on 100% of Plan of Care (POC) documents monthly x3 and then quarterly thereafter to ensure proper review and obtain the required signatures.</p> <p>The Facility Administrator (FA) will be responsible for ensuring adherence to this Plan of Correction. The FA will review all education and audit results in monthly QAPI and GB to track and trend adherence. If adherence does not improve, the Plan of Correction (POC) will be re-evaluated, revisions made, additional education provided as needed, and monitoring will continue until adherence is achieved.</p>	

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	<p>4. Patient #5's clinical record evidenced an admission on 10/02/22 and included a POC, last revised 6/16/25. The clinical record failed to evidence the POC was reviewed and signed by Patient #5.</p> <p>During an interview on 7/7/25 at 2:45 PM, the Administrator verified the POC for Patient #5 had not been signed.</p> <p>During an interview on 7/09/25 at 9:27 AM, the CM verified the clinical record failed to evidence documentation of the 6/16/25 POC had been reviewed with Patient #5 due to him being in and out of the hospital.</p>			