

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

PRINTED: 07/23/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/20/2025
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NAME OF PROVIDER OR SUPPLIER  DUNELAND DIALYSIS COFFEE CREEK	STREET ADDRESS, CITY, STATE, ZIP COD 3100 VILLAGE POINT STE 101 CHESTERTON, IN 46304
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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: 06/17/2025-06/20/2025  Census By Type:  In-Center HD: 39  Home PD: 8  Home HD: 3  At this Emergency Preparedness survey, Duneland Dialysis Coffee Creek, was found to be in compliance with 42 CFR 484.102, Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers.	E 0000		
V 0000  Bldg. 00	This visit was for a CORE Federal Recertification Survey of an ESRD provider.  Survey Dates: 06/17/2025-06/20/2025  Census By Type:  In-Center HD: 39  Home PD: 8  Home HD: 3	V 0000		

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

TITLE

(X6) DATE

Melissa Allen

Facility Administrator

07/21/2025

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 0101 Bldg. 00	<p>Isolation Area: Yes</p> <p>The abbreviations used in this survey include: FA for Facility Administrator, RN for Registered Nurse, and PCT for Patient Care Technician.</p> <p>494.20 COMPLIANCE WITH FED/STATE/LOCAL LAWS</p> <p>Based on record review and interview, the dialysis facility failed to notify the State Agency of an incident that disrupted normal operations and delayed/impacted patient care in 1 of 1 dialysis facility.</p> <p>Findings include:</p> <p>1. During a review of Emergency Preparedness procedures on 06/20/2025, a document, titled "Network Reporting Information", indicated that the network should be notified if there are any changes to operation hours if patient services will be impacted.</p> <p>2. During a review of Adverse Events on 06/19/2025, the Facility Administrator [FA] provided an Event Report that was not located in the Adverse Events Log initially provided to surveyors. The Event Report, dated 06/09/2025, indicated that there was an interruption in operations involving the water supply beginning at 4:05 AM. The form continued to detail that the final water check alarm was elevated. The Biomed Technician was notified by opening staff, and informed staff that hemodialysis [HD] (a process to filter the blood in a patient whose kidneys do not work normally) treatments would not be able to begin until the problem was identified and corrections could be made.</p>	V 0101	The Facility Administrator (FA) will in-service all staff and physician partners on Emergency Reporting to Outside Agencies. Any staff who are not present for the initial in-servicing will have in-servicing completed within 2 days upon return to work. All staff will be educated on how to notify IPRO ESRD Network, Department of Health, and CMS for power outages, water room issues causing delays, flash floods, tornados, winter storms and any other events affecting patient care. Contact information will be available in a binder kept at the nursing station for reference when needed. Staff will be educated on Emergency Preparedness upon hire and quarterly thereafter. Emergency Preparedness binder will be audited monthly x3 to ensure all staff and physician partners have been educated, and then quarterly thereafter. TheFA is responsible for ensuring adherence to this Plan of Correction (POC), and for reviewing all education and audit	07/15/2025

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V 0113 Bldg. 00	<p>3. During an interview on 06/20/2025, beginning at 12:32 PM, the FA indicated that the facility did not notify the State Agency of the disruption of operations and delay in HD treatments on 06/09/2025.</p> <p>4. During an interview on 06/20/2025, beginning at 12:12 PM, the Biomed Technician indicated that she was able to report to facility at 5:18 AM and performed chlorine level checks at various ports of the RO system and spoke with the RO manufacturer Tech Line before facility was cleared to resume normal operations, approximately 1 hour later.</p> <p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</p> <p>Based on observation, record review, and interview, the dialysis facility failed to ensure staff removed gloves, performed hand hygiene, and donned new gloves in 3 of 5 observations of discontinuation of hendiadys (HD, a process to filter the blood on a patient whose kidneys do not work normally) and post dialysis access care for an arteriovenous fistula (AVF, dialysis access) or arteriovenous graft (AVG, dialysis access) (Patient #14, 17), in 1 of 4 discontinuations of HD from a central venous catheter (CVC, dialysis access) (Patient #20), and in 1 of 2 observations of an intravenous (IV, into a vein) medication administration (Patient #9).</p> <p>Findings include:</p> <p>1. A revised policy, dated 07/2023, titled "Infection Control and Precautions for All Patients", indicated that staff will perform hand</p>	V 0113	<p>results in the monthly QAPI and Governing Body meetings for tracking and trending. If adherence is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), and monitoring will continue until adherence is met. ="" p=""&gt;</p> <p>The Facility Administrator (FA) will in-service all direct care patient staff on policies C-IC-0110 Infection Control Precautions for All Patients and C-IC-0060 Hand Hygiene as they relate to when gloves are changed and hand hygiene is performed. Any staff who are not present for the initial in-servicing will have in-servicing completed within 2 days upon return to work. The FA or Charge Nurse will perform infection control audits daily on 25% of staff x1 week to include 100% of all staff by end of week, then weekly x4, then per Quality Management Workbook audit schedule. TheFA is responsible for ensuring adherence to this Plan of Correction (POC), and for</p>	07/15/2025

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	<p>hygiene before/after all patient contact and after contact with the keyboard or chair-side computer.</p> <p>2. During an observation on 06/18/2025, beginning at 2:44 PM, PCT 1, at station #14, was discontinuing HD from Patient 17. PCT 1 disconnected the bloodlines and failed to remove gloves, perform hand hygiene, and don clean gloves before removing the needles from Patient 17. PCT 1 then failed to remove gloves, perform hand hygiene, and don new gloves prior to bandaging AVF cannulation site.</p> <p>3. During an observation on 06/18/2025, beginning at 2:58 PM, PCT 1, at station #15, was discontinuing HD from Patient 14. PCT 1 removed the needles from Patient 14 and failed to remove gloves, perform hand hygiene, and don clean gloves prior to bandaging AVF cannulation sites.</p> <p>4. During an interview on 06/20/2025, beginning at 10:10 AM, RN 3 indicated that hand hygiene should be performed before accessing and deaccessing HD sites.</p> <p>5. During an observation on 06/18/2025, beginning at 2:36 PM, PCT 1 was observed clamping the bloodlines running from the HD machine to Patient #20's AVF and then removing the needles from the AVF site after touching the chair-side computer screen and computer keyboard without first changing gloves and performing hand hygiene.</p> <p>6. During an observation on 06/18/2025, beginning</p>		<p>reviewing all education and audit results in the monthly QAPI and Governing Body meetings for tracking and trending. If adherence is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), and monitoring will continue until substantial adherence is met.</p> <p>==== p====&gt;</p> <p>==== span&lt;==== p====&gt;</p>	

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V 0403 Bldg. 00	<p>at 2:25 PM, the FA was observed clamping the bloodlines running from the HD machine to Patient #7's CVC and closing the clamps at the CVC access site after touching the chair-side computer screen and keyboard without first changing gloves and performing hand hygiene.</p> <p>7. During an observation on 06/18/2025, beginning at 9:58 AM, RN 2 was observed wiping the injection port and injecting a medication into the blood lines for Patient # 9 after touching the chair-side computer screen and computer keyboard without first changing gloves and performing hand hygiene.</p> <p>8. During an interview on 06/18/2025, beginning at 5:00 PM, the FA indicated no hand hygiene was needed after touching the computer before clamping bloodlines and would check the agency policy if hand hygiene was needed before administration of a IV medication after touching the computer. No additional information was provided regarding hand hygiene prior to IV administration before survey exit on 06/20/2025.</p> <p>494.60(b) PE-EQUIPMENT MAINTENANCE-MANUFACTURER'S DFU</p> <p>Based on record review and interview, the facility failed to ensure the hendiadys (HD, the process to filter the blood when the kidneys do not function properly) machines provided preventative maintenance in accordance with the manufacturer's recommendations in 1 of 3 HD machines maintenance records.</p> <p>The findings include:  Review of a policy titled "Preventative</p>	V 0403	The Area Biomedical Manager (ABM) will in-service the Biomedical Technician on policy TM 06-04 Preventative Maintenance as it applies to the frequency of preventative maintenance in the facility. The ABM will audit preventative maintenance documentation monthly x4 then per audit schedule. FA is responsible for ensuring adherence to this Plan of	07/15/2025

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V 0463 Bldg. 00	<p>Maintenance" revised 08/2020 indicated the facility would provide preventative maintenance for HD machines per the manufacturer's recommendations.</p> <p>Review of the preventative maintenance logs for HD machine #1 failed to evidence an annual preventative maintenance from March 2024 to June 2025.</p> <p>During an interview on 06/18/2025, beginning at 11:40 AM, the Biomedical Technician indicated the manufacturer's directions for use indicated the HD machines should have an annual preventative maintenance procedure and indicated there was not one done for HD machine #1.</p> <p>494.70(a)(12) PR-RECEIVE SERVICES OUTLINED IN POC</p> <p>Based on record review and interview, the dialysis facility failed to provide necessary services, the prescribed treatment time, or offer an alternative time/location, for hemodialysis [HD] (a process to filter the blood of a patient whose kidneys do not work normally) to patients after an event that caused an interruption in operations in 5 of 5 record reviews of patients that had scheduled opening shift HD treatments on 06/09/2025.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A revised policy, dated 02/2023, titled "Patient Rights and Responsibilities", indicated that every patient has the right to receive the necessary services required by the regulations regarding the plan of care.</li> <li>2. During a review of Adverse Events on</li> </ol>	V 0463	<p>Correction (POC), and for reviewing all education and audit results in the monthly QAPI and Governing Body meetings for tracking and trending. If adherence is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), and monitoring will continue until adherence is met.</p> <p>==== p====&gt; ==== p====&gt;</p> <p>Completed 7/15/2025: The Clinical Specialist (CS) will in-service all staff, including the Facility Administrator (FA), direct and indirect patient care staff, and the Medical Director on policies C-AD-0530 Against Medical Advice (AMA) and C-AD-0240 Patient Rights and Responsibilities, focusing on ensuring patients receive their full prescribed dialysis treatment time even after unexpected delays, and on offering alternative times or locations within 24 hours. The following education to be completed by 7/21/25 due to POC revisions: The FA and Charge RN will be responsible for rescheduling any patients. The FA</p>	07/21/2025

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	<p>06/19/2025, the Facility Administrator [FA] provided an Event Report that was not located in the Adverse Events Log initially provided to surveyors. The Event Report, dated 06/09/2025, indicated that there was an interruption in operations involving the water supply beginning at 4:05 AM. The form continued to detail that the final water check alarm was elevated. The Biomed Technician was notified by opening staff, and informed staff that hemodialysis [HD] (a process to filter the blood in a patient whose kidneys do not work normally) treatments would not be able to begin until the problem was identified and corrections could be made.</p> <p>3. A record review, on 06/20/2025, for Patient 19, indicated that on 06/09/2025, Patient 19 was instructed that there would be a delay of HD treatment by 30minutes - 1 hour due to a water room issue and that Patient 19 refused to stay for HD treatment. The absence report indicated that the reason for absence was Patient choice/Psychosocial Issue.</p> <p>During an interview on 06/20/2025, beginning at 1:15 PM, the Facility Administrator [FA] indicated that on 06/09/2025, Patient 19 was present in the dialysis facility and when notified that treatment time would be delayed, refused treatment and left the facility. The FA indicated that no alternate day/time/location was offered to Patient 19, because when leaving, the facility was willing to begin HD treatment and Patient 19 continued to refuse. The FA could not provide an Against Medical Advice Form for Patient 19 for this incident.</p> <p>During an interview on 06/20/2025, beginning at 9:40AM, Patient 19 indicated that he/she was contacted via phone at home and informed of</p>		<p>will ensure that all patients are provided with written and verbal options for completing their full treatment. Any rescheduling refusals will be documented on the AMA form. Any early terminations will be reviewed monthly with the Medical Director to confirm patient-centered options were provided. Any staff who are not present for the initial in-servicing will have in-servicing completed within 2 days upon return to work. The FA or Administrative Assistant will perform Medical Records audits on 10% of patients weekly x4, then monthly x2, then per Quality Management Workbook audit schedule. The FA is responsible for ensuring adherence to this Plan of Correction (POC), and for reviewing all education and audit results in the monthly QAPI and Governing Body meetings for tracking and trending. If adherence is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), and monitoring will continue until adherence is met.</p> <p>="" p=""&gt;</p>		

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	<p>water room situation that would be causing a delay in HD treatment by approximately 1 hour. Patient 19 informed staff that due to transportation arrangements, he/she would not be able to attend a treatment that was anticipated to begin 1 hour past the scheduled time. Patient 19 indicated that he/she never reported to the dialysis facility on 06/09/2025. Patient 19 indicated that no alternative time/day/location was offered to him/her.</p> <p>4. A Hemodialysis Flowsheet, dated 06/09/2025, for Patient 18, indicated the following:</p> <p>A. The prescribed HD treatment time was 240 minutes (4 hours).</p> <p>B. The HD treatment started at 6:04 AM and ended at 9:48 AM for a total time of 224 minutes (3 hours 44 minutes).</p> <p>C. Post Dialysis Comments by RN 3 indicated that the treatment duration was signed off due to physician request.</p> <p>During an interview on 06/20/2025, beginning at 10:05 AM, Patient 18 indicated that his/her treatment was delayed but believed he/she received the full treatment time.</p> <p>5. A Hemodialysis Flowsheet, dated 06/09/2025, for Patient 12, indicated the following:</p> <p>A. The prescribed HD treatment time was 240 minutes (4 hours).</p> <p>B. The HD treatment started at 5:57 AM and ended at 9:27 AM for a total time of 210 minutes (3 hours 30 minutes)</p> <p>C. Pre Dialysis Comments by RN 2 indicated that Patient 12 started late due to water room issue and that Patient 12 requested to get off treatment at scheduled time.</p> <p>D. Post Dialysis Comments by RN 2 indicated that the treatment duration was signed off due to</p>			

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	<p>physician request.</p> <p>During an interview on 06/20/2025, beginning at 9:45 AM, Patient 12 indicated that on 06/09/2025, treatment was started late and ended early due to a water room problem. Patient 12 indicated that he/she was not given the opportunity to complete his/her prescribed treatment time.</p> <p>6. A Hemodialysis Flowsheet, dated 06/09/2025, for Patient 4, indicated the following:</p> <p>A. The prescribed HD treatment time was 240 minutes (4 hours).</p> <p>B. The HD treatment started at 6:23 AM and ended at 9:43 AM for a total time of 200 minutes (3 hours 20 minutes).</p> <p>C. Post Dialysis Comments by RN 3 indicated that the treatment duration was signed off due to physician request.</p> <p>During an interview on 06/20/2025, beginning at 10:03 AM, Patient 4 indicated that he/she remembers finishing treatment around 9:45 AM.</p> <p>7. A Hemodialysis Flowsheet, dated 06/09/2025, for Patient 3, indicated the following:</p> <p>A. The prescribed HD treatment time was 240 minutes (4 hours).</p> <p>B. The HD treatment started at 5:59 AM and ended at 9:00 AM for a total time of 181 minutes (3 hours 1 minute).</p> <p>C. Post Dialysis Comments by RN 3 indicated that the treatment duration was signed off due to physician request and that treatment was shortened due to water malfunction.</p> <p>During an interview on 06/20/2025, beginning at 9:57 AM, Patient 3 indicated that he/she had to wait in the car for some time before treatment was able to be started and was under the impression</p>			

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	<p>that the full treatment had been received.</p> <p>8. During an interview on 06/20/2025, beginning at 10:00 AM, RN 3 indicated that the water room incident only affected patients on the first shift, and that the first shift patient treatments were ended early in order to get the second shift patients started on time.</p> <p>9. During an interview on 06/19/2025, beginning at 2:43 PM, Corporate 1 indicated that on 06/09/2025, there was an issue with the water room and the Medical Director ordered that all patients who had to start late needed to have their HD treatments ended at the normally scheduled end time. When asked if patients were given the option to complete their full treatments, Corporate 1 indicated patients were not given the option to complete their full treatments because the Medical Director ordered everyone to come off of treatment early.</p> <p>10. During an interview on 06/20/2025, beginning at 10:16 AM, The Medical Director [MD] indicated that since the water room incident was due to no fault of the patient, patients should have been allowed to complete their full treatment times or should have been offered an alternate day/location.</p> <p>11. During an interview on 06/20/2025, beginning at 12:32 PM, the FA indicated that due to the water room incident on 06/09/2025, HD treatments were delayed approximately 40 minutes and that no patients missed treatments due to the water room incident. The FA indicated that patients were offered their full treatment time, but all patients refused to stay past their scheduled end times. The FA was unable to provide any Against Medical Advice Forms for the date of 06/09/2025.</p>			

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V 0516 Bldg. 00	<p>The FA was unable to provide any MD orders for any of the reviewed patients that instructed staff to end treatments early on 06/09/2025.</p> <p>494.80(b)(1) PA-FREQUENCY-INITIAL-30 DAYS/13 TX</p> <p>Based on record review and interview, the dialysis facility failed to ensure that RN 2 completed an initial assessment prior to the first in-center hemodialysis [HD] (a process to filter the blood of a patient whose kidneys do not work normally) treatment in 1 of 2 clinical record reviews of patients who had switched modalities.</p> <p>Findings include:</p> <p>A clinical record review on 06/19/2025, for Patient 4, showed an admission date of 05/02/2025.</p> <p>A Hemodialysis Flowsheet, dated 05/02/2025, for Patient 4, indicated that in-center HD treatment started at 5:38 AM and RN 2 verified treatment orders and reviewed Patient Plan of Care at 6:01 AM.</p> <p>During an interview on 06/19/2025, beginning at 1:50 PM, Corporate 1 indicated that she was unable to locate any Initial RN Assessment Form or any RN notes that contained an assessment prior to the start of HD treatment.</p> <p>During an interview on 06/20/2025, beginning at 9:17 AM, Corporate 1 indicated that Patient 4 was technically a transfer and not a new admission, and the requirements for a transfer patient do not require an initial RN assessment if it had been completed upon initial admission date, even if it was a different modality.</p>	V 0516	<p>The Regional Director of Operations (RDO) will in-service Facility Administrator, Clinical Specialist, and RN's on policy C-AD-0440 Medical Records as it relates to an initial nursing assessment being completed prior to the initiation of the first dialysis treatment. Any staff who are not present for the initial in-servicing will have in-servicing completed within 2 days upon return to work. The FA will perform medical records audits on all new patients weekly x4, then monthly x3, and then per Quality Management Workbook audit schedule. The FA is responsible for ensuring adherence to this Plan of Correction (POC), and for reviewing all education and audit results in the monthly QAPI and Governing Body meetings for tracking and trending. If adherence is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), and monitoring will continue until adherence is met.</p> <p>="" p=""&gt;</p>	07/15/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/20/2025
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NAME OF PROVIDER OR SUPPLIER  DUNELAND DIALYSIS COFFEE CREEK	STREET ADDRESS, CITY, STATE, ZIP COD 3100 VILLAGE POINT STE 101 CHESTERTON, IN 46304
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V 0547  Bldg. 00	<p>494.90(a)(4) POC-MANAGE ANEMIA/H/H MEASURED Q MO</p> <p>Based on record review and interview, the facility failed to provide the necessary care and services to achieve and sustain the appropriate hemoglobin (red blood cells) level to treat anemia (low blood cell count) in 1 of 3 clinical record reviews for in-center hendiadys (HD, the process to filter the blood when the kidneys do not function properly) patients. (Patient #3)</p> <p>The findings include:</p> <p>A clinical record review for Patient #3 evidenced a medication list dated 06/19/2025 which indicated the Patient was to receive Epogen (a medication to increase the production of red blood cells for treatment of anemia) 3 times a week effective 06/11/2025.</p> <p>A treatment sheet dated 06/13/2025 indicated Epogen was not given due to the Patient changed in-center HD shifts.</p> <p>On 06/18/2025, beginning at 12:00 PM, the FA indicated Epogen was not given on 06/13/2025, because the medication was missed since the medication label was printed for 2nd shift and the Patient had switched to 1st shift.</p>	V 0547	<p>Completed 7/15/2025: The Facility Administrator (FA) will in-service all nursing staff on Policy C-MA-0010: Guidelines for Administration of Medication as it relates to administration of a medication in accordance with a physician's order and protocol. Education will emphasize proper administration of anemia medications, ensuring doses are administered as ordered, and clarifying responsibilities when patients change shifts. Any staff who are not present for the initial in-servicing will have in-servicing completed within 2 days upon return to work. The following additional education will be completed by 7/21/25 due to POC revisions: To prevent missed doses caused by shift changes, the clinic will update the Electronic Medical Record (EMR) system to ensure patients are listed under the correct shift when any shift change occurs. Medication labels will be reprinted immediately following any shift update to reflect the new shift assignment accurately. Additionally, a Medication Administration Verification Process will be implemented, requiring the Charge Nurse to verify administration of all medications for each patient</p>	07/21/2025

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V 0715 Bldg. 00	494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P  Based on record review and interview, the dialysis facility failed to follow policies related to internally reporting an adverse patient event in 1 of 1 reviews of adverse events related to medication errors found in clinical record reviews, ending treatment early against medical advice (AMA) in 1 of 1 clinical records reviewed ending treatment AMA, and receiving treatments as ordered in 1 of 3 clinical records reviewed receiving in-center hendiadys (HD, the process to filter the blood when the kidneys do not function properly) (Patient #5).	V 0715	during rounds. The FA or Charge Nurse will perform medical record audits, focusing on Medication Administration, and visualization of medication administration on 25% of all patients weekly x 4, then monthly x3, then per Quality Management Workbook audit schedule. TheFA is responsible for ensuring adherence to this Plan of Correction (POC), and for reviewing all education and audit results in the monthly QAPI and Governing Body meetings for tracking and trending. If adherence is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), and monitoring will continue until adherence is met.  ="" p="">  The Clinical Specialist (CS) will in-service the Medical Director on policy C-AD-0070 Medical Director as it relates to ensuring that policies are followed as written. The Facility Administrator (FA) will in-service all staff on policies C-AD-0530 Against Medical Advice as it relates to filling out form for time on treatment not met, C-PT-0010 Pre-dialysis Equipment Assessment as it relates to prescription verification,	07/15/2025

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	<p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A revised policy, dated 07/2024, titled "Occurrence/Incident Reports Including Great Catch", indicated that all incidents, including medication errors/omissions, will be documented on an incident report within 24 hours and reviewed by Facility Administrator [FA] and Medical Director [MD].</li> <li>2. A policy titled "Against Medical Advice" revised 01/2020 indicated an AMA form will be completed for any patient refusing to complete prescribed treatment for which the RN would review with the patient and have the patient sign.</li> <li>3. During a clinical record review on 06/19/2025, it was noted that a medication (Epogen) had not been administered during the hemodialysis [HD] (a process to filter the blood of a patient whose kidneys do not work normally) treatment, as scheduled on 06/13/2025.</li> </ol> <p>During an interview on 06/19/2025, beginning at 12:00, the FA indicated that she was aware of the missed medication on 06/13/2025 and explained that since the patient had switched shifts recently, the label that the RN would normally use as a guide to administer medication was printed on the incorrect shift list and the medication was missed. The FA indicated that she was unsure if an incident report/adverse event was completed for the missed medication. The FA was unable to provide surveyors with any incident report of this event.</p> <ol style="list-style-type: none"> <li>4. A clinical record for Patient #3 evidenced a HD treatment order dated 06/04/2025 which indicated</li> </ol>		<p>C-TI-0010 Treatment Initiation as it relates to following prescription as ordered, and C-AD-0150 Occurrence/Incident Reports Including Great Catch as it relates to completing reports for any occurrences during patient treatment. Any staff who are not present for the initial in-servicing will have in-servicing completed within 2 days upon return to work. The FA will perform medical records audit on any patients not receiving a full treatment weekly x4, then monthly x2, then resume per Quality Management Workbook audit schedule. The FA will perform Occurrence/Incident Report audits weekly x 4, then monthly x2, then continue per the Quality Management Workbook audit schedule. TheFA is responsible for ensuring adherence to this Plan of Correction (POC), and for reviewing all education and audit results in the monthly QAPI and Governing Body meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), and monitoring will continue until adherence is met.</p> <p>="" span="" p=""&gt;</p>	

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	<p>the treatment time was 4 hours. A treatment sheet dated 06/04/2025 indicated the Patient requested treatment stop AMA after 2 hours and 43 minutes. The clinical record failed to evidence an AMA form was completed and signed by the Patient.</p> <p>On 06/20/2025, at 9:17 AM, the Clinical Specialist indicated the facility did not have an AMA form.</p> <p>5. A clinical record review for Patient #5 evidenced a HD order dated 05/30/2025 which indicated the facility was to administer 100 milliliters (ml) of normal saline (NS, a liquid to flush the vein) intravenously (IV, into the vein) every 30 minutes during HD. A treatment record dated 05/30/2025 indicated the facility staff flushed 50 ml of NS IV at 11:09 AM, 11:35 AM, 12:06 PM, 12:30 PM, 1:00 PM, 1:30 PM, and 2:01 PM and failed to administer 100 ml of NS per the order. The treatment sheet dated 06/16/2026 failed to evidence the facility staff flushed NS during treatment.</p> <p>On 06/18/2025, at 4:10 PM, the FA indicated she was not sure why the NS was not given at all during treatment on 06/16/2025 and why only 50 ml were given on 05/30/2025. No additional information or documentation was provided prior to survey exit on 06/20/2025.</p>			