

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

PRINTED: 11/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/19/2023
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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE GARY	STREET ADDRESS, CITY, STATE, ZIP COD 3290 GRANT ST GARY, IN 46408
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V 0000  Bldg. 00	<p>This visit was for a Federal Complaint survey of an ESRD Provider.</p> <p>Survey Dates: 9/18/2023 and 9/19/2023</p> <p>Complaint: IN00414991 was investigated, Federal deficiencies, unrelated, were cited.</p> <p>Census by Service Type:</p> <p>In-Center Hemodialysis: 98</p> <p>Home Peritoneal Dialysis: 13</p> <p>Total Census: 111</p> <p>Isolation Room/Waiver: yes</p> <p>QR: Area 2 9/28/23</p>	V 0000		
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 observation, record review, and interview, the dialysis facility failed to ensure patient pre/post and intradialytic blood pressure were assessed and managed in 5 of 5 in-center hemodialysis treatment records reviewed (Patients #1, #2, #3, #4, and #5).</p>	V 0504	V 504 On 11/2/2023 and 11/3/2023, the Clinic Manager or designee held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on	12/02/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Wennikkia Booker	Director of Operations	11/03/2023

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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	<p>The findings include:</p> <p>1. An agency document titled "Patient Assessment and Monitoring," published 9/29/2019, stated, " ... If the PCT/LPN [patient care technician/licensed practical nurse] notes any changes or abnormal findings in the patient's condition, the patient care technician must report the findings to the registered nurse [RN] who will further assess the patient. An abnormal finding confirmed by the RN will be reported to the attending physician ... Report to the nurse systolic blood pressures greater than 180 and/or diastolic blood pressures greater than 100 systolic pressures less than or equal to 100 during treatment ... Report to the nurse patients whose heart rates have dropped below 60 or have risen above 100 ... An abnormal finding confirmed by the RN will be reported to the attending physician if necessary ...."</p> <p>2. An agency policy titled "Volume Management in ESRD [End Stage Renal Disease] Patients on Hemodialysis" published 9/7/2021 stated, "If any of the following patient clinical conditions occur refer to the volume algorithm if applicable or consult with the physician for appropriate fluid interventions: Pre-treatment hypervolemia Pre-treatment sitting systolic BP is greater than 160 mmHg and prior treatment post dialysis sitting systolic BP is greater than 140 mmHg Pre-treatment signs or symptoms of hypervolemia ...."</p> <p>3. An agency policy titled "Nursing Supervision and Delegation," published 5/1/2023, stated, " ... The following can be used as a guideline for the PCT/ LPN or RN to refer the patient to the charge nurse for further assessment The charge nurse</p>		<p>Patient Assessment and Monitoring Volume Management in ESRD Patients on Hemodialysis Nursing Supervision and Delegation Emphasis will be placed on ensuring the pre/post and intradialytic blood pressure is assessed and managed by the RN. If the PCT/LPN notes any changes or abnormal findings in the patient's condition, the findings must be reported to the RN for further assessment. Report to the nurse systolic blood pressures greater than 180 and/or diastolic blood pressures greater than 100 systolic pressures less than or equal to 100 or heart rates that have dropped below 60 or have risen above 100. The volume algorithm should be reviewed if applicable or the MD should be consulted for appropriate fluid interventions. All interventions should be documented in the patient's medical record, including contact with the physician.</p> <p>Effective 11/6/2023, Clinic Manager or designee will conduct weekly Medical Record audits on 10% of treatment sheets with a focus on ensuring the patient has an assessment/reassessment to follow up on abnormal findings and documentation is present in the medical record utilizing the Treatment Sheet Audit tool for 4</p>	

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	<p>will determine any clinical interventions needed ... A systolic blood pressure greater than 180 and/or diastolic blood pressure greater than 100 at anytime before, during or after the treatment. If B/P [blood pressure] less than 100 systolic during treatment. A systolic blood pressure less than 100 post-treatment when standing. A drop in systolic BP of 20 between sitting and standing ...."</p> <p>4. Clinical record review on 9/18/2023 for Patient #1, admit date 02/08/2015, included a review of the dialysis treatment sheets dated 8/07/2023 through 8/11/2023 and 9/04/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet dated 8/07/2023 documented Patient #1's BP at 7:07 AM was 151/100; at 7:39 AM, the BP was 157/102; and at 10:58 AM, their BP was 93/61. The documentation failed to evidence the Physician was notified of Patient #1's blood pressure.</p> <p>The treatment sheet dated 8/09/2023 documented Patient #1's BP, at 8:03 AM, was 148/103. The documentation failed to evidence the Physician was notified of Patient 1's blood pressure.</p> <p>The treatment sheet dated 8/11/2023 documented Patient #1's pretreatment BP was 165/101; at 8:46 AM, their BP was 90/60; and at 9:58 AM, their BP was 96/76. The documentation failed to evidence the Physician was notified of Patient #1's blood pressure.</p> <p>The treatment sheet, dated 9/4/2023, documented Patient #1's pretreatment BP was 197/119; at 6:58 AM, their BP was 188/110; at 7:30 AM, their BP was 153/104; at 8:02 AM, their BP was 153/107; and at 8:30 AM, their BP was 155/107. The documentation failed to evidence the Physician</p>		<p>weeks. Once compliance is sustained at 90%, the Governing Body will decrease frequency to monthly then resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist.</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 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 for providing oversight, reviewing findings, and take actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction.</p> <p>The Plan of correction is reviewed in QAI monthly.</p> <p>The Governing Body is responsible for providing 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</p>	

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	<p>was notified of Patient #1's blood pressure.</p> <p>The treatment sheet, dated 9/8/2023, documented Patient #1's BP, at 7:04 AM was 179/104; at 7:36 AM, their BP was 166/108; at 8:00 AM, their BP was 142/103; at 9:00 AM, their BP was 167/107; at 9:13 AM, their BP was 146/101, and at 9:36 AM, their BP was 153/101. The documentation failed to evidence the Physician was notified of Patient #1's blood pressure.</p> <p>The treatment sheet, dated 9/11/2023, documented Patient #1's pretreatment BP was 158/119; at 7:36 AM, their BP was 166/108; and at 8:00 AM, the BP was 142/103. The documentation failed to evidence the Physician was notified of Patient #1's blood pressure.</p> <p>The treatment sheet, dated 9/13/2023, documented Patient #1's pretreatment BP was 123/119; at 7:32 AM, their BP was 152/108; at 8:02 AM, their BP was 157/109, and at 10:58 AM, heir BP was 97/56. The documentation failed to evidence the Physician was notified of Patient #1's blood pressure.</p> <p>The treatment sheet, dated 9/15/2023, documented Patient #1's pretreatment BP was 178/118; at 7:30 AM, their BP was 161/103 and at 10:01 AM, their BP was 96/66. The documentation failed to evidence the Physician was notified of Patient #1's blood pressure.</p> <p>5. Patient #2's clinical record was reviewed, admit date 3/20/2013, and included a review of the dialysis treatment sheets dated 8/07/2023 through 8/14/2023 and 9/04/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet, dated 8/11/2023, documented</p>		<p>of the issues.</p> <p>The QAI and Governing Body minutes, education, and monitoring documentation, are available for review at the clinic.</p>	

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	<p>Patient #2's BP, at 11:37 PM, was 141/109. The documentation failed to evidence the Nurse was notified of Patient #2's blood pressure.</p> <p>The treatment sheet, dated 9/04/2023, documented Patient #2's BP at 12:35 PM was 159/116 and at 2:28 PM, their BP at 93/75. The documentation failed to evidence the Nurse was notified of Patient #2's blood pressure.</p> <p>The treatment sheet, dated 9/06/2023, documented Patient #2's BP, at 12:31 PM, was 146/108. The documentation failed to evidence the Nurse was notified of Patient #2's blood pressure.</p> <p>The treatment sheet, dated 9/08/2023, documented Patient #2's BP at 1:07 PM was 155/101; at 1:33 PM, their BP was 145/101 and at 2:05 PM, their BP was 139/101. The documentation failed to evidence the Nurse was notified of Patient #2's blood pressure.</p> <p>The treatment sheet, dated 9/13/2023, documented Patient #2's BP, at 1:01 PM, was 145/102 and failed to evidence the Nurse was notified of Patient #2's blood pressure.</p> <p>The treatment sheet, dated 9/15/2023, documented Patient #2's BP, at 1:01 PM, was 152/106 and failed to evidence the Nurse was notified of Patient #2's blood pressure.</p> <p>5. A clinical record review, on 9/18/2023, for Patient #3 with admit date 12/29/2017, included a review of the dialysis treatment sheets dated 8/07/2023 through 8/11/2023 and 9/04/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet, dated 8/11/2023, documented Patient #3's BP, at 12:13 PM, was 164/104 and at</p>			

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	<p>2:16 PM, their BP was 129/100 and failed to evidence the Nurse and Physician were notified of Patient #3's blood pressure.</p> <p>The treatment sheet, dated 9/4/2023, documented Patient #3's BP, at 12:13 PM, was 196/104; at 1:04 PM, their BP was 87/60; at 1:16 PM, their BP was 99/57; at 2:46 PM, their BP was 97/62 and 3:03 PM, their BP was 98/63. The documentation failed to evidence the Nurse and Physician were notified of Patient #3's blood pressure.</p> <p>The treatment sheet dated 9/13/2023 documented Patient #3's BP at 12:05 PM, was 165/109 and at 1:03 PM, BP was 96/63. The documentation failed to evidence the Nurse and Physician were notified of Patient #3's blood pressure.</p> <p>6. A clinical record review, on 9/18/2023, for Patient #4, with admit date 02/06/2017, included a review of the dialysis treatment sheets dated 8/07/2023 through 8/11/2023 and 9/04/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet, dated 9/6/2023, documented Patient #4's BP, at 6:03 AM, was 162/104; at 7:33 AM, their BP was 170/103; at 8:40 AM, their BP was 179/102; at 9:00 AM, their BP was 172/101 and at 9:33 AM, their BP was 179/119. The documentation failed to evidence the Nurse and Physician were notified of Patient #4's blood pressure.</p> <p>The treatment sheet, dated 9/8/2023, documented Patient #4's BP, at 6:31 AM, was 163/104 and failed to evidence the Nurse and Physician were notified of Patient #4's blood pressure.</p> <p>7. Clinical record review on 9/18/2023 for Patient #5, included a review of the dialysis treatment</p>			

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V 0543 Bldg. 00	<p>sheets dated 8/07/2023 through 8/11/2023 and 9/04/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet dated 8/09/2023 documented Patient #5's pretreatment BP was 187/96 and failed to evidence the Nurse and Physician were notified of Patient #5's blood pressure.</p> <p>8. During an interview on 9/18/2023 at 4:52 PM, the Director of Operations indicated Patient Care Technicians should report findings to the RN if blood pressure was high or low, or anything abnormal for the patient.</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;</p> <p>Based on observation, record review, and interview the facility failed to ensure the physician was made aware of patients who were below their dry weight, prior to treatment, the inability of the patient to achieve their dry weight to establish the appropriateness of the dialysis prescriptions, and failed to notify the physician when post-treatment weight was greater than/less than 1 kilogram [kg.] of the ordered dry weight for 2 of 5 hemodialysis records reviewed (Patient #1 and #3) and failed to ensure patients were assessed and/or monitored per policy in 4 of 5 hemodialysis patients clinical records reviewed. (Patient #1, #2, #4, #5)</p> <p>The findings include:</p>	V 0543	<p>V543 On 11/2/2023 and 11/3/2023, the Clinic Manager or designee held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on Patient Assessment and Monitoring Volume Management in ESRD Patients on Hemodialysis Nursing Supervision and Delegation Emphasis will be placed on ensuring the RN documents abnormal findings confirmed during the pre-treatment assessment</p>	12/02/2023

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	<p>1. An agency policy titled "Volume Management in ESRD [End Stage Renal Disease] Patients on Hemodialysis" published 9/7/2021 stated "If any of the following patient clinical conditions occur refer to the volume algorithm if applicable or consult with the physician for appropriate fluid interventions:... Pre-treatment weight is less than or equal to EDW .... EDW order should be updated post-treatment adjustments and patient fluid status ... the clinical care team must be diligent in determining the EDW and routinely assess and adjust this metric ... EDW order should be updated post-treatment to reflect treatment adjustments and patient fluid status ... The assessment of EDW remains a clinical judgment of a clinical judgment of a clinician and clinical care team ... Obtain blood pressure and pulse at least every 30 minutes or more often as needed .... "</p> <p>2. An agency policy titled "Patient Assessment and Monitoring" published 5/1/2023 stated, "If the PCT/LPN notes any changes or abnormal findings in the patient's condition or vascular access are observed or reported by the patient, or if the patient was hospitalized, the patient care technician MUST report the changes to a registered nurse Any abnormal finding confirmed by the RN [registered nurse] will be reported to the attending physician ... Maintain the patient post-treatment weight and ensure the post weight is consistent with the goal set of the machine ... Obtain blood pressure and pulse rate every 30 minutes or more as needed but not to exceed 45 minutes per state regulations ... The Registered Nurse will assess/reassess post-treatment as indicated ...."</p> <p>3. An agency policy titled "Nursing Supervision and Delegation," published 5/1/2023, stated, " ...</p>		<p>which will be completed within the first hour of treatment and will be reported to the attending physician for assessment and intervention. The RN will assess/re-assess any findings addressed pretreatment prior to discharge. Document any findings and interventions in the medical record, including contact with the physician. During treatment, the patient must be monitored as follows: Obtain blood pressure and pulse rate every 30 minutes or more as needed but not to exceed 45 minutes per state regulations. Document machine parameters and safety checks every 30 minutes or more often as needed but not to exceed 45 minutes per state regulations. Effective 11/6/2023, Clinic Manager or designee will conduct weekly Medical Record audits on 10% of treatment sheets with a focus on ensuring the patient has an assessment/reassessment to follow up on abnormal findings and the blood pressure checks and pulse rate are completed per policy utilizing the Treatment Sheet Audit tool for 4 weeks. Once compliance is sustained at 90%, the Governing Body will decrease frequency to monthly then resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist. The Medical Director will review the results of audits each month</p>	

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	<p>the following task may not be delegated: assessment of each patient preferably within one hour (or according to state requirements) of treatment initiation in the clinic setting...."</p> <p>4. Clinical record review on 9/18/2023 for Patient #1, admit date 2/8/2015, included a review of the dialysis treatment sheets from 8/7/2023 through 8/11/2023 and 9/4/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet dated 8/7/2023 documented Patient #1's Estimated dry weight (EDW) was 87 kg., their pretreatment weight was 92.2 kg., and their post-treatment weight was 89.4 kg. The documentation failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 8/9/2023 evidenced Patient #1's treatment started at 7:05 AM, the RN failed to document a pretreatment assessment until 9:05 AM; the documentation failed to evidence the RN completed a post-treatment assessment within an hour of the treatment start time.</p> <p>The treatment sheet dated 8/9/2023 documented Patient #1's EDW was 87 kg., their pretreatment weight was 90.3 kg. and their post-treatment weight was 88.7 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 8/11/2023 documented Patient #1's EDW was 87 kg., their pretreatment weight was 90.1 kg., and their post-treatment weight was 89 kg., and and failed to evidence physician notification that Patient did not meet their dry weight.</p>		<p>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.</p> <p>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>	

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	<p>The treatment sheet dated 9/4/2023 documented Patient #1's EDW was 87 kg., their pretreatment weight was 93.5 kg. and their post-treatment weight was 91.1 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/6/2023 documented Patient #1's EDW was 87 kg., their pretreatment weight was 93.2 kg., and their post-treatment weight was 91.1 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/6/2023 evidenced Patient #1's treatment started at 7:04 AM; the documentation failed to evidence a pretreatment assessment until 8:49 AM, more than 90 minutes passed from treatment initiation, and failed to evidence the RN completed a post-treatment assessment.</p> <p>The treatment sheet dated 9/8/2023 documented Patient #1's EDW was 87 kg., their pretreatment weight was 92.3 kg., and their post-treatment weight was 89.5 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/11/2023 documented Patient #1's EDW was 87 kg., their pretreatment weight was 92.3 kg. and their post-treatment weight was 90.2 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/13/2023 documented Patient #1's EDW was 87 kg, their pretreatment weight was 92 kg, and their post-treatment weight</p>			

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	<p>was 89.1 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/13/2023 documented Patient #1's EDW was 87 kg, their pretreatment weight was 91.8 kg, and their post-treatment weight was 90.3 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>5. Clinical record review on 9/18/2023 for Patient #2, admit date 3/20/2013, included a review of the dialysis treatment sheets from 8/7/2023 through 8/14/2023 and 9/4/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet dated 8/9/2023 evidenced Patient #2's treatment started at 10:15 AM and failed to evidence a pretreatment assessment until 2:16 PM, 4 hours after treatment had begun and failed to evidence a post-treatment assessment.</p> <p>The treatment sheet dated 8/14/2023 evidenced Patient #2's treatment started at 10:03 AM and failed to evidenced a RN pretreatment assessment until 2:47 PM, 4 and 1/2 hours after treatment began.</p> <p>The treatment sheet dated 9/6/2023 evidenced Patient #2's BP was documented at 11 AM and not again until 11:48 AM, 48 minutes later. Their BP was monitored at 12:37 PM and not again until 2:31 PM, 114 minutes between BP monitoring.</p> <p>The treatment sheet dated 9/8/2023 evidenced Patient #2's treatment started at 11:00 AM, Patient #2's BP was monitored at 11:00 AM and not again until 12:09 PM. The documentation failed to evidence Patient's BP was monitored every 30</p>			

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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE GARY			STREET ADDRESS, CITY, STATE, ZIP CODE 3290 GRANT ST GARY, IN 46408		
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	<p>minutes.</p> <p>The treatment sheet dated 9/11/2023 evidenced Patient #2's treatment started at 10:36 AM; the documentation failed to evidence the RN completed a pretreatment assessment within 1 hour of treatment began; the RN assessment was documented at 2:23 PM.</p> <p>The treatment sheet dated 9/13/2023 evidenced Patient #2's treatment began at 10:51 AM and failed to evidence a RN assessment within 1 hour of treatment; the RN documented a pretreatment assessment at 2:06 PM.</p> <p>The treatment sheet dated 9/15/2023 evidenced Patient #2's treatment started at 10:48 AM and failed to evidence a RN assessment within 1 hour of treatment initiation. The RN documented a pretreatment assessment at 3:40 PM. Patient #2's BP was monitored at 12:35 PM and not again until 1:32 PM, a period of 57 minutes.</p> <p>6. Clinical record review on 9/18/2023 for Patient #3, admit date 12/29/2017, included a review of the dialysis treatment sheets from 8/7/2023 through 8/11/2023 and 9/4/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet dated 8/7/2023 documented Patient #3's EDW was 44 kg, their pretreatment weight was 47.8 kg, and their post-treatment weight was 47.6 kg. and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/4/2023 documented Patient #3's EDW was 44 kg, their pretreatment weight was 45.2 kg, and their post-treatment weight was 45.2 kg. and failed to evidence</p>				

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	<p>physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/8/2023 documented Patient #3's EDW was 44 (kg), their pretreatment weight was 42.6 kg, and their post-treatment weight was 41.9 kg, and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>The treatment sheet dated 9/15/2023 documented Patient #3's EDW was 44 kilograms (kg), their pretreatment weight was 42.9 kg, and their post-treatment weight was 42.6 kg, and failed to evidence physician notification that Patient did not meet their dry weight.</p> <p>7. Clinical record review on 9/18/2023 for patient #4, admit date 2/6/2017, included a review of the dialysis treatment sheets from 8/7/2023 through 8/11/2023 and 9/4/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet dated 9/6/2023 evidenced Patient #4's treatment started at 5:50 AM, failed to evidence a RN pretreatment assessment until 8:45 AM, and failed to evidence the RN completed a post-treatment assessment.</p> <p>The treatment sheet dated 9/8/2023 evidenced Patient #4's treatment started at 5:48 AM, failed to evidence a RN pretreatment assessment until 1:19 PM, and failed to evidence the RN completed a post-treatment assessment.</p> <p>The treatment sheet dated 9/15/2023 evidenced Patient #4's treatment started at 12:02 PM, failed to evidence a pretreatment assessment until 1:43 PM, and failed to evidence the RN completed a post-treatment assessment.</p>			

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	<p>8. Clinical record review on 9/18/2023 for patient #5, admit date 10/24/2023, included a review of the dialysis treatment sheets from 8/7/2023 through 8/11/2023 and 9/4/2023 and 9/15/2023 which evidenced the following:</p> <p>The treatment sheet dated 9/4/2023 evidenced Patient #5's treatment started at 5:20 AM and failed to evidence a RN pretreatment assessment until 6:41 AM, more than 1 hour after treatment began.</p> <p>The treatment sheet dated 9/6/2023 evidenced Patient #5's treatment started at 5:35 AM and failed to evidence a RN pretreatment assessment until 8:46 AM, more than 3 hours after treatment began.</p> <p>The treatment sheet dated 9/8/2023 evidenced Patient #5's treatment started at 5:35 AM and failed to evidence a RN pretreatment assessment until 9:45 AM, more than 4 hours after treatment began and failed to evidence the RN completed a post-treatment assessment.</p> <p>The treatment sheet dated 9/15/2023 evidenced Patient #5's treatment started at 5:17 AM, and failed to evidence the RN completed a pretreatment assessment until 7:17 AM, 2 hours after treatment began.</p> <p>9. During an interview on 9/18/2023 at 4:05 PM, the Director of Operations indicated the staff should be monitored every 30 minutes during treatment and should be assessed within the first hour of treatment. She indicated if the patient is not meeting their dry weight the Physician should be notified to see if an adjustment should be made.</p>			

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V 0544  Bldg. 00	<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.</p> <p>Based on observation, record review, and interview, the facility failed to ensure patient dialysis prescription orders were verified and adhered to in order to achieve and sustain the prescribed dose of dialysis to meet the adequacy of dialysis in 5 out of 5 hemodialysis records reviewed (Patient #1, #2, #3, #4, and #5).</p> <p>The findings include:</p> <p>1. An agency policy titled "Patient Assessment and Monitoring," published 5/1/23, stated " ... Check the machine settings and measurements, check the prescribed blood flow is being achieved or reason is documented in the medical record if unable to meet the prescribed flow rate. Check dialysate flow rate setting is correct the prescribed flow is being delivered...."</p> <p>2. Clinical record review on 9/18/23 for Patient #1, admit date 2/8/2015, included a review of the dialysis treatment sheets from 8/7/23 through 8/11/23 and 9/4/23 and 9/15/23 which evidenced the following:</p> <p>The flowsheets dated 8/7/23, 8/9/23, 9/4/23, 9/6/23, 9/8/23, 9/11/23, and 9/15/23 documented Patient #1's prescribed blood flow rate (BFR) was 450 ml/min. The BFR during these treatments was 400 ml/min. These documents evidenced Patient #1 requested the BFR of 400 ml/min. and failed to</p>	V 0544	<p>V544 On 11/2/2023 and 11/3/2023, the Clinic Manager or designee held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on</p> <p>Patient Assessment and Monitoring Nursing Supervision and Delegation Unable to Achieve Prescribed Blood Flow Rate</p> <p>Education emphasis was placed on facility staff to ensure the blood flow and dialysate flow rate is at the prescribed rate throughout treatment to ensure adequate dialysis. The registered nurse must evaluate each patient within an hour of treatment initiation to ensure that the patient is running according to prescribed orders. Notify the MD if unable to achieve prescribed blood flow rate.</p> <p>Effective 11/6/2023, the Clinical Manager or designee will conduct hemodialysis treatment sheet audits on a minimum of ten patient</p>	12/02/2023	

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	<p>evidence the Nurse and Physician were notified the Patient did not receive their prescribed treatments.</p> <p>The flowsheets dated 8/11/23 and 9/13/23 documented Patient #1's prescribed BFR was 450 ml/min.; the BFR during these treatments was 400 ml/min. and failed to evidence why Patient #1 did not receive their prescribed treatments.</p> <p>3. Clinical record review on 9/18/23 for Patient #2, admit date 3/20/2013, included a review of the dialysis treatment sheets from 8/7/23 through 8/14/23 and 9/4/23 and 9/15/23 which evidenced the following:</p> <p>The flowsheet dated 8/7/23 documented Patient #2's prescribed BFR was 550 ml/min.; the BFR during treatment was 450 ml/min. and failed to evidence why Patient #2 did not get their prescribed treatment.</p> <p>The flowsheet dated 8/9/23, and 8/11/23 documented Patient #2's prescribed BFR was 500 ml/min.;the BFR during treatment was 450 ml/min and failed to evidence why Patient #2 did not receive their prescribed treatment.</p> <p>The flowsheet dated 8/14/23 documented Patient #2's prescribed BFR was 550 ml/min.; the BFR during treatment was 400 ml/min. and failed to evidence why Patient #2 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/4/23 documented Patient #2's prescribed dialysate flow rate (DFR) was 500 ml/min. ;the DFR during treatment was 800 ml/min. and failed to evidence why Patient #2 did not receive their prescribed treatment.</p>		<p>records, rotating per shift, daily for two weeks, then weekly for two weeks utilizing the Treatment Sheet and RN Rounding Tool. The focus will be on observation and documentation of prescribed blood flow and dialysate flow rate and intervention completed if not met. Once compliance is sustained at 90%, the Governing Body will decrease frequency to monthly then resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist. The Medical Director will review the results of audits each month at the QAI Committee meeting monthly. 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. 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. The QAI Committee is responsible for providing oversight, reviewing findings, and taking actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed</p>	

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	<p>The flowsheet dated 9/6/23 and 9/8/23 documented Patient #2's prescribed BFR was 550 ml/min and DFR was 500 ml/min.; the BFR during treatment was 500 ml/min and the DFR was 800. The record failed to evidence why Patient #2 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/8/23 documented Patient #2's prescribed BFR was 550 ml/min.; the BFR during treatment was 500 ml/min. and the record failed to evidence why Patient #2 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/11/23 documented Patient #2's prescribed BFR was 550 ml/min and DFR was 500 ml/min. The BFR during treatment was started at 400 ml/min and reduced to 350 and the DFR was at 800 ml/min. The record failed to evidence why Patient #2 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/13/23 documented Patient #2's prescribed BFR was 550 ml/min and DFR was 500 ml/min. The BFR during treatment was 300 ml/min and the DFR was 800. The record failed to evidence why Patient #2 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/15/23 documented Patient #2's prescribed BFR was 550 ml/min and DFR was 400 ml/min. The BFR during treatment was 600 ml/min and the DFR was 800. The record failed to evidence why Patient #2 did not receive their prescribed treatment.</p> <p>4. Clinical record review on 9/18/23 for Patient #3, admit date 12/29/2017, included a review of the dialysis treatment sheets from 8/7/23 through 8/11/23 and 9/4/23 and 9/15/23 which evidenced the following:</p>		<p>in QAI monthly. The Governing Body is responsible for providing 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. The QAI and Governing Body minutes, education, and monitoring documentation, are available for review at the clinic.</p>	

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	<p>The flowsheet dated 8/11/23 documented Patient #3's prescribed BFR was 400 ml/min.; the BFR during treatment was 350 ml/min.. The record failed to evidence why Patient #3 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/6/23 documented Patient #3's prescribed BFR was 400 ml/min. ; the BFR during treatment was 350 ml/min. and indicated Patient was to receive 3 hours of treatment and only received 2 hours and 37 minutes. of hemodialysis. The record failed to evidence why Patient #3 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/8/23 documented Patient #3's prescribed BFR was 400 ml/min.; the BFR was reduced during treatment to 350 ml/min. The record failed to evidence why Patient #3 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/15/23 documented Patient #3 was to receive 3 hours of treatment and only received 2 hours and 25 minutes. The record failed to evidence why Patient #3 did not receive their prescribed treatment.</p> <p>5. Clinical record review on 9/18/23 for patient #4, admit date 2/6/2017, included a review of the dialysis treatment sheets from 8/7/23 through 8/11/23 and 9/4/23 and 9/15/23 which evidenced the following:</p> <p>The flowsheet dated 9/4/23 documented Patient #4's prescribed BFR was 450 ml/min.; the BFR for the first hour of treatment was 300 ml/min. The record failed to evidence why Patient #4 did not receive their prescribed treatment.</p>			

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	<p>The flowsheet dated 9/8/23 documented Patient #4's prescribed BFR was 450 ml/min.; the BFR during treatment was 400 ml/min. The record failed to evidence why Patient #4 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/13/23 documented Patient #4's prescribed BFR was 450 ml/min.; the BFR during treatment was 300 ml/min. The record failed to evidence why Patient #4 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/13/23 documented Patient #4's prescribed BFR was 450 ml/min.; the BFR during the first hour of treatment was 300 ml/min. The record failed to evidence why Patient #4 did not receive their prescribed treatment.</p> <p>6. Clinical record review on 9/18/23 for patient #5, admit date 10/24/23, included a review of the dialysis treatment sheets from 8/7/23 through 8/11/23 and 9/4/23 and 9/15/23 which evidenced the following:</p> <p>The flowsheet dated 9/13/23 documented Patient #5's prescribed BFR was 375 ml/min.; the BFR for the first hour of treatment was 300 ml/min. The record failed to evidence why Patient #5 did not receive their prescribed treatment.</p> <p>The flowsheet dated 9/15/23 documented Patient #5's prescribed BFR was 375 ml/min.; the BFR during treatment was 350 ml/min. The record failed to evidence why Patient #5 did not receive their prescribed treatment.</p> <p>7. During an interview on 9/18/23 at 2:25 PM, the Director of Operations indicated if the patient cannot dialyze at their prescribed BFR or DFR there should be documentation of why he/she did</p>			

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

PRINTED: 11/09/2023  
FORM APPROVED  
OMB NO. 0938-039

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	not receive the prescribed treatment.				