

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

PRINTED: 10/20/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>152623</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/03/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY DIALYSIS-HAMMOND LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7214 CALUMET AVE HAMMOND, IN 46324</b>		
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E 000	Initial Comments  An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62.  Survey Dates: 7/27/2023, 7/28/2023, 7/31/2023, 8/1/2023, 8/2/2023, and 8/3/2023  Census: 50  At this Emergency Preparedness survey, Liberty Diaysis, was found to have been in compliance with the Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, including staffing and the implementation of staffing during a pandemic at 42 CFR 494.62.	E 000			
V 000	INITIAL COMMENTS  This Survey was a CORE Federal recertification survey of an ESRD provider.  Survey dates: 7/27/2023, 7/28/2023, 7/31/2023, 8/1/2023, 8/2/2023, 8/3/2023  Census by Service Type:  In-Center Hemodialysis: 60  Home Peritoneal: 7  Home Hemodialysis: 5  Total Census: 72  Isolation Room/Waiver: No	V 000			

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

TITLE

(X6) DATE

08/28/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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 000	Continued From page 1 Liberty Dialysis was found to be out of compliance with Conditions of Participation 42CFR 494.80 Patient Assessment, and 42CFR 494.30 Infection Control  Immediate Jeopardy related to 42 CFR 494.80, Patient Assessment, began on 6/13/2023, when the review of the patient records it was identified the provider had failed to implement their policy and failed to notify the physician of the patient being below his dry weight and having nausea and vomiting prior to being dialyzed. The Facility Administrator was notified of the immediate jeopardy on 8/2/2023 at 3:40 PM. An acceptable IJ removal plan was submitted and the immediate jeopardy was removed prior to exit on 8/3/2023.	V 000			
V 110	Quality Review Completed 08/11/2023 Area 1 CFC-INFECTION CONTROL CFR(s): 494.30  This CONDITION is not met as evidenced by: Based on observation, record review, and interview, the dialysis center failed to ensure staff performed proper hand hygiene (see tag V113), dialysis stations and machines were disinfected appropriately (V116) and medical equipment was disinfected (see tag V122), and ensured disinfection of catheter hubs. (V147).  The cumulative effect of these systemic problems has resulted in the dialysis center's inability to ensure provision of quality health care in a safe environment for the condition of participation 42CFR 494.30 Infection Control.	V 110			

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V 113	<p>IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1)</p> <p>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>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure staff had completed appropriate hand hygiene according to hand hygiene policies and procedures in 10 of 11 handwashing observations completed. (PCT [patient care technician] 1, PCT 2, PCT 4, PCT 6 )</p> <p>The findings include:</p> <p>1. An agency policy titled "Hand Hygiene," revised 11/4/2019, stated "Purpose: the purpose of this policy is to prevent the transition of pathogenic microorganisms to patients and staff through cross-contamination... Policy: Hand hygiene includes either washing hands with soap and water or using a waterless alcohol-based antiseptic rub with 60-90% alcohol content. Hands will be washed with antimicrobial soap and water when hands are visibly dirty or contaminated with proteinaceous material, blood, or other bodily fluids ... decontaminated using alcohol-based hand rub or by washing hands with antimicrobial soap and water 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.</p>	V 113			

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V 113	<p>Continued From page 3</p> <p>After contact with bodily fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled. 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> <p>2. An agency procedure titled "Hand Hygiene," revised 9/26/2018, stated, "Procedure for Washing Hands with Soap and Water: 1. If gloves are worn remove and discard in appropriate waste container ... 2. Turn on warm running water ... 3. Wet hands with running water. Water is needed to lather soap. 4. Apply soap to hands using the amount recommended by the product manufacturer ... 5. Rub hands together vigorously. Cover all surfaces of the hands and fingers ... Duration of the entire procedure 40-60 seconds. 6. Rinse hands with running water and dry thoroughly with a disposable towel ... Turn of water faucet by using a hands free control or by touching the sink with wrist blades with a clean single use paper towel ... Procedure for Decontaminating Hands with Alcohol Based Hand rubs 1. If gloves are worn, remove and discard in appropriate waste container. Exposes the skin for decontamination. 2. Apply an alcohol-based hand rub to the palm of one hand using the amount recommended by the product manufacturer. Adequate amount of product must be used for maximum effectiveness. 3. Rub hands together covering all surfaces of the hands and fingers until hands are dry. Allowing alcohol to dry completely allows adequate contact time to kill germs, allows alcohol to evaporate, and prevents risk of igniting flames due to alcohol's flammable properties. Duration of the entire procedure: 20 to 30 seconds...."</p>	V 113			

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V 113	Continued From page 4  3. During an observation on 7/27/2023 at 9:34 AM, PCT 1 was observed resetting the alarm at station 14. PCT 1 removed the glove on his right and donned a new glove on the right hand failing to wash or sanitize his hands. PCT 1 reset the alarm on machine 15 removed the glove on his right hand and donned a clean glove on his right hand, failing to wash or sanitize his hands. PCT then went to machine 16 reset the alarm removed his gloves and sat down on a stool failing to wash or sanitize his hands after glove removal.  During an observation on 9/27/2023 at 11:50 AM, PCT 1 was observed cleaning station 14. After cleaning the machine, PCT 1 went to station 4 and brought the citric clear (used to clean the machines) container to the dirty sink. PCT 1 removed his gloves donned new gloves, failed to wash or sanitize his hands, and went to station 13 and was observed typing on the machine.  During an observation on 7/27/2023 at 10:59 AM, PCT 1 was observed at station 10. PCT 1 was resetting an alarm on the machine, PCT 1 then went to station 11 and was observed typing on the machine screen. PCT 1 failed to change his gloves prior to typing on the machine. PCT 1 removed his gloves, failed to sanitize his hands, donned a new pair of gloves, and went back to station 10.  During an observation on 7/27/23 at 11:03 AM, PCT 1 was observed using hand sanitizer. PCT 1 failed to rub the hand sanitizer until dry, PCT 1 was observed shaking his hands to dry the sanitizer and donned a pair of gloves while hand sanitizer was still wet.	V 113			

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V 113	<p>Continued From page 5</p> <p>During an observation on 7/27/23 at 11:50 AM, PCT 1 was observed discontinuing dialysis with a central venous catheter. PCT 1 failed to wash or sanitize his hands after he reinfused the extracorporeal circuit and failed to perform hand hygiene after disconnecting the patient from the dialysis machine.</p> <p>4. During an observation on 7/27/2023 at 11:38 AM, PCT 4 was observed washing her hands with soap and water. PCT 4 scrubbed with soap and water for 10 seconds, failing to wash for a minimum of 20 seconds.</p> <p>5. During an observation on 7/28/2023 at 12:03 PM, PCT 2 was observed washing her hands with soap and water. PCT 2 scrubbed with soap and water for 11 seconds, failing to wash for a minimum of 20 seconds.</p> <p>During an interview on 8/2/2023 at 11:30 AM, PCT 2 indicated hands should be washed or sanitized before and after each patient, touching a machine, or leaving the floor. She indicated hands should be sanitized anytime you are removing or donning gloves.</p> <p>6. During an observation on 7/27/23 at 11:42 AM, PCT 6 was observed at station 12 discontinuing dialysis. PCT 6 put a glove on Patient #12's right hand failing to have him sanitize his hands. Patient #12 held his sites to ensure the bleeding stopped. Patient #12 removed his glove and went to the scale failing to wash or sanitize his hands after glove removal.</p> <p>12. During an interview on 8/2/2023 at 11:30 AM, Nurse 1 indicated hands need to be washed or</p>	V 113			

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V 113	Continued From page 6 sanitized between each patient, when leaving the floor, when donning or removing gloves, or anytime hands are soiled. She indicated when washing with soap and water, hands should be scrubbed for 60 seconds.  13. During an interview on 8/3/2023 at 2:58 PM, the Facility Administrator indicated hands need to be washed or sanitized between each patient, after touching a machine, donning gloves, and when leaving the floor. She indicated when washing with soap and water, hands sound be scrubbed for 60 seconds.	V 113			
V 116	IC-IF TO STATION=DISP/DEDICATE OR DISINFECT CFR(s): 494.30(a)(1)(i)  Items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient. -- Nondisposable items that cannot be cleaned and disinfected (e.g., adhesive tape, cloth covered blood pressure cuffs) should be dedicated for use only on a single patient. -- Unused medications (including multiple dose vials containing diluents) or supplies (syringes, alcohol swabs, etc.) taken to the patient's station should be used only for that patient and should not be returned to a common clean area or used on other patients.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff had completed appropriate disinfection of dialysis	V 116			

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V 116	<p>Continued From page 7</p> <p>stations in 3 of 3 disinfection of stations observed. (station #2, #13)</p> <p>The findings include:</p> <p>1. An agency document titled "Cleaning and Disinfecting of the Dialysis Station Procedure." published 11/4/2019, stated "... Use a cloth wetted with 1:100 bleach solution or EPA dash approved disinfectant to clean and disinfect the dialysis station (chair slash bed, tables, machine, television, IV pole, BP cuff, hand sanitizers dispenser and holder, etc.). Place the chair in Trendelenburg position and open side tunnels if chair has swing open side so all surfaces of the chair are accessible. 4. Clean all surfaces. Make the surfaces glisteningly wet and allow to air dry unless otherwise specified by the manufacturer.5. Give special attention to cleaning control panel on the dialysis machine and other surfaces that are frequently touched and potentially contaminated with patients' blood and slash or bodily fluids. While wiping, remember to wipe all the surfaces of the machine including the air detector chamber, blood pump casing, IV pole, and wherever the extracorporeal circuit was in contact with the machine ...."</p> <p>2. During an observation on 7/27/2023 at 10:50 AM, Patient Care Technician (PCT) 1 was observed cleaning station 13. PCT 1 failed to clean the sides of the machine, the prime bucket, the wall box, and the shelf behind the chair. PCT 1 also failed to fully recline the chair to clean.</p> <p>During an observation on 7/27/2023 at 10:48 AM, Patient Care Technician (PCT) 1 was observed cleaning station 13. PCT 1 failed to clean the IV pole, the prime bucket, and the blood pump. PCT</p>	V 116			

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V 116	Continued From page 8 1 cleaned the chair and then placed a dirty BP cuff on the clean chair. PCT 1 used one cloth to clean the entire station and failed to wipe the shelf behind the chair.  3. During an observation on 7/27/2023 at 10:34 AM, PCT 2 was observed cleaning station 2. PCT 2 failed to clean the shelf behind the chair, and the top of the IV pole.  4. During an interview on 8/3/2023 at 11:48 AM, the Facility Administrator indicated staff should be cleaning the entire machine and chair including the chair side table and the wall box. She indicated the shelf behind the station should also be cleaned.	V 116			
V 122	IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL CFR(s): 494.30(a)(4)(ii)  [The facility must demonstrate that it follows standard infection control precautions by implementing- (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.  This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure items taken into the patient station area were disinfected after use in 4 of 5 Phoenix meter usage observations. (PCT 2 PCT3, PCT 4, PCT6)  The findings include:	V 122			

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V 122	Continued From page 9  An agency policy titled "Phoenix Meter Care and Maintenance," published 6/14/2017, stated, "When cleaning meters use a damp cloth to wipe the exterior of the instrument with a mild soap solution or a bleach solution ...."  During an observation on 7/27/2023 at 11:27 AM, patient care technician (PCT) 6 was observed using the Phoenix meter at Station 3. After using the meter PCT 6 put the Phoenix meter on a blue chuck at The Dirty sink, failing to clean the meter after using it. PCT 2 picked up the meter and used it at station 12 and then cleaned the meter.  During an observation on 7/28/2023 at 11:47 AM, PCT 3 was observed using the Phoenix meter at station 4. After using the meter PCT 3 put the Phoenix meter on a blue chuck at the dirty sink, failing to clean the meter after using it. PCT 4 picked up the meter and used it at station 16 and then cleaned the meter.	V 122			
V 147	IC-STAFF EDUCATION-CATHETERS/CATHETER CARE CFR(s): 494.30(a)(2)  Recommendations for Placement of Intravascular Catheters in Adults and Children  I. Health care worker education and training A. Educate health-care workers regarding the ... appropriate infection control measures to prevent intravascular catheter-related infections. B. Assess knowledge of and adherence to	V 147			

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V 147	<p>Continued From page 10</p> <p>guidelines periodically for all persons who manage intravascular catheters.</p> <p>II. Surveillance</p> <p>A. Monitor the catheter sites visually of individual patients. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or BSI [blood stream infection], the dressing should be removed to allow thorough examination of the site.</p> <p>Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients.</p> <p>VI. Catheter and catheter-site care</p> <p>B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the agency failed to ensure proper procedures were used to prevent infections in 2 of 3 observations of initiation and discontinuation of treatment for patients with a Central Venous Catheter, (CVC). (patient #9, #13)</p> <p>The findings include:</p> <p>1. An agency policy titled "Initiation of Treatment Using a Central Venous Catheter ...." published 7/6/2021, stated " ... Threads and end of the hub must be scrubbed with an alcohol pad for 15 seconds and anytime caps are removed or</p>	V 147			

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V 147	Continued From page 11 bloodlines are disconnected to reduce the risk of contamination...."  2. During an observation on 7/27/2023 at 11:26 AM, PCT 5 was observed at station #3 initiating dialysis through a CVC for Patient #13. PCT 5 removed the old dressing, removed the caps, and scrubbed the venous hub for 10 seconds, failing to scrub for at least 15 seconds.  3. During an observation on 7/27/2023 at 10:59 AM, PCT 1 was observed at station #3 initiating dialysis through a CVC for Patient #9. PCT 1 removed the old dressing, removed the caps, and scrubbed the venous hub for 10 seconds, and the arterial hub for 9 seconds, failing to scrub for at least 15 seconds.  During an interview on 8/3/2023 at 2:47 PM, the Facility administrator indicated the hub should be scrubbed on the CVC for at least 30 seconds.	V 147			
V 407	PE-HD PTS IN VIEW DURING TREATMENTS CFR(s): 494.60(c)(4)  Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement).  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure patient safety and the visualization of patient access sites were unobscured in 3 of 3 observations of patient's with Central Venous Catheter (CVC) access. (Patient #11, #12, #13)  The findings include:	V 407			

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V 407	Continued From page 12  1. An agency policy titled "Patient Assessment and Monitoring" published 9/29/2018, stated "... Ensure the access remains uncovered throughout the entire treatment...."  2. During an observation on 7/27/2023 at 9:34 AM, Patient #11 at station 10 had their CVC access covered with a blue chuck. The access remained covered at 10:10 AM. The facility failed to ensure patient access sites remain uncovered during treatment.  3. During an observation on 7/27/2023 at 9:34 AM, Patient #12 station 2 had their CVC access covered with a blue chuck. The access remained covered at 10:10 AM. The facility failed to ensure Patient access sites remain uncovered during treatment.  4. During an observation on 7/27/2023 at 11:02 AM, Patient #13 station 5 had CVC access covered with a blue chuck. The access remained covered at 12:00 PM. The facility failed to ensure Patient access sites remain uncovered during treatment.  5. During an interview on 8/3/2023 at 2:07 PM, the facility administrator indicated the Patients' access sites should remain uncovered at all times.	V 407			
V 500	CFC-PATIENT ASSESSMENT CFR(s): 494.80  This CONDITION is not met as evidenced by: Based on observation, record review and	V 500			

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V 500	<p>Continued From page 13</p> <p>interview the dialysis center failed to ensure the interdisciplinary team assessed and met the needs of patients, failed to ensure the appropriateness of dialysis prescriptions (see tag 503), and failed to ensure blood pressure and fluid management needs were met (see tag 504).</p> <p>The cumulative effect of these systemic problems has resulted in the dialysis center's inability to ensure the provision of quality health care in a safe environment for the condition of participation 42CFR 494.80 Patient Assessment.</p> <p>An immediate jeopardy was discovered when review of the patient records identified the facility had failed to implement their policy by failing to notify the physician of the patient's pre-dialysis weight being below the Estimated Dry Weight accompanied with abnormal findings such as vomiting, inability to eat and drink, dizziness and abnormal blood pressures. The clinical manager and clinical area manager were notified of the immediate jeopardy on 8/2/2023 at 3:40 PM. The immediate jeopardy was removed as of the exit survey on 8/3/2023.</p> <p>Based on observation, record review, and interview, the dialysis facility failed to ensure staff implemented the facility's policy and procedures for pre-weight below estimated dry weight, failed to notify the nephrologist of changes in condition and abnormal finding, failed to hold treatment unless ordered by the physician to continue, and failed to notify the registered nurse of elevated blood pressures for 6 of 6 (Patients #1, #2, #3, #4, #5, and #7) patients whose in-center clinical record were reviewed. This immediate jeopardy had the potential to affect all patients of the dialysis center.</p>	V 500			

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V 503	<p>PA-APPROPRIATENESS OF DIALYSIS RX CFR(s): 494.80(a)(2)</p> <p>The patient's comprehensive assessment must include, but is not limited to, the following:</p> <p>(2) Evaluation of the appropriateness of the dialysis prescription,</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the physician was notified of changes in conditions and failed to ensure the appropriateness of the patient's dialysis prescriptions in 3 of 6 in-center records reviewed. (Patient #1, #2, #7)</p> <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 ...."</p> <p>2. 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 will determine any clinical interventions needed ... Any patient complaint at any time before, during or after the treatment. Complaints of weakness or dizziness .... Complaints by the patient of nausea and or vomiting ...."</p>	V 503			

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V 503	Continued From page 15  3. Clinical record review on 8/1/2023 for patient #7, start of care 9/5/2022, included a review of the dialysis treatment sheets from 6/7/2023 through 6/20/2023, and evidenced the following:  The Flowsheet dated 6/7/2023, evidenced patient #7 arrived at the center with shortness of breath especially when walking and was given oxygen. The facility failed to follow policies and procedures and failed to notify the Physician prior to starting treatment.  The Flowsheet dated 6/9/2023, evidenced patient #7 arrived with abdomen distended and left foot swollen. The facility failed to follow policies and procedures and failed to notify the physician of abnormal findings.  The Flowsheet dated 6/12/2023, evidenced patient #7 complained of dizziness and a headache while being dialyzed. The facility failed to notify the nurse and physician of the patient's changing condition during treatment.  The Flowsheet dated 6/16/2023, evidenced patient #7 complained of being lightheaded at 11:36 AM. Patient #7 complained of dizziness at 12:45 PM, and patient #7 continued to be lightheaded when sitting up in the chair after a saline bolus. The facility failed to notify the physician of the patient's changing condition during treatment.  The Flowsheet dated 6/30/2023, evidenced patient #7's pre-treatment BP [blood pressure] was 170/103 [normal blood pressure is 120/80] and heart rate (HR) was 110 [normal heart rate is 60 - 100], BP at 2:08 PM was 115/73 HR was	V 503			

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V 503	<p>Continued From page 16</p> <p>106.This flowsheet stated, "Patient became unresponsive after dialysis treatment due to a drop in BP, CPR was initiated at 2:28 PM. Patient was noted to have a pulse and shallow breathing upon arrival of EMS [emergency services]. Patient was taken to the hospital." The facility failed to follow policies and procedures and failed to notify the physician prior to starting treatment of his BP, and his drop in blood pressure during treatment.</p> <p>4. Clinical record review on 7/31/2023 for patient #1, start of care 9/23/2022, evidenced flowsheets dated 7/24/2023 and 7/26/2023, which indicated patient #1 complained of cramping in her left thigh. The facility failed to notify the nurse and physician of the patient's changing condition during treatment.</p> <p>5. Clinical record review on 7/31/2023 for patient #2, start of care 5/15/2017, evidenced a flowsheet dated 6/30/2023, and 7/10/2023, which indicated patient #2 complained of cramping toward the end of treatment. The facility failed to notify the nurse and physician of the patient's changing condition during treatment.</p> <p>The Flowsheet dated 7/7/2023, indicated patient #2 complained of cramping and was given 100 ml [milliliter] of fluid. The document failed to evidence the nurse and physician were notified of patient #2 complaints of cramping.</p> <p>The Flowsheet dated 7/7/2023, indicated patient #2 had ankle edema (swelling) that when the nurse pressed on it would leave a 6-8 mm [millimeter] indentation that would last 2-5 seconds and the ankle was grossly distorted. The facility failed to notify the physician of the</p>	V 503			

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V 503	Continued From page 17 patient's changed condition.	V 503			
V 504	<p>6. During an interview on 8/3/2023 at 2:54 PM, the Facility Administrator indicated the nurse should be alerted to any abnormal findings. She indicated the nurse will use her clinical judgment to notify the physician of any abnormal findings.</p> <p>PA-ASSESS B/P, FLUID MANAGEMENT NEEDS CFR(s): 494.80(a)(2)</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>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the dialysis facility failed to ensure patient pre/post and intradialytic blood pressures were being assessed and managed in 6 of 6 in-center hemodialysis records reviewed. (Patient #1, #2, #3, #4, #5 #7)</p> <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</p>	V 504			

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V 504	<p>Continued From page 18</p> <p>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 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 8/1/2023 for patient #7, start of care 9/5/2022, evidenced a flowsheet dated 6/7/2023. This document indicated patient #7's pretreatment sitting BP was 126/81 [normal</p>	V 504			

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V 504	<p>Continued From page 19</p> <p>blood pressure is 120/80] and standing BP was 111/62. The facility staff failed to follow facility policies and procedures and failed to notify the physician of the drop in blood pressure between sitting and standing.</p> <p>The flowsheet dated 6/9/2023, indicated patient #7's pretreatment sitting BP was 182/93 and standing BP was 153/94, at 1:30 PM BP was 160/100, and post-treatment sitting BP was 160/97 and standing was 101/65. The facility staff failed to follow policies and procedures and failed to notify the physician of the drop in blood pressure between sitting and standing, and the elevated diastolic blood pressure.</p> <p>The flowsheet dated 6/12/2023, indicated patient #7's BP sitting pretreatment was 159/87, and standing was 127/70, at 11:30 AM was 98/56, at 12:02 PM, BP was 105/67, at 12:16 PM, heart rate was 115 [normal heart rate is 60 - 100], at 12:45 PM, BP was 96/56. The facility staff failed to notify the nurse and physician of patient #7's low BP and high heart rate (HR).</p> <p>The flowsheet dated 6/16/2023, indicated patient #7's BP sitting pretreatment was 149/89 and standing was 124/84, at 11:00 AM was 85/56 and HR 101, and at 1:32 PM BP was 137/57. The facility staff failed to notify the nurse and physician of patient #7's low BP and high heart rate (HR).</p> <p>The flowsheet dated 6/21/2023, indicated patient #7's BP sitting pretreatment was 159/96 and standing was 133/82, and HR was 100 and irregular, post treatment sitting BP was 143/86 and standing was 105/62. The facility staff failed to notify the nurse and physician of patient #7's</p>	V 504			

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V 504	<p>Continued From page 20</p> <p>low BP and high HR and drop in blood pressure between sitting and standing.</p> <p>The flowsheet dated 6/21/2023, indicated patient #7's BP sitting pretreatment was 163/100 and standing was 122/82, at 2:02 PM BP was 92/63. The facility staff failed to notify physician of patient #7's low BP and drop in blood pressure between sitting and standing.</p> <p>The flowsheet dated 6/23/2023, indicated patient #7's BP sitting pretreatment was 149/93, standing was 118/77 and HR was 101, at 2:02 PM BP was 92/63. The facility staff failed to notify physician of patient #7's low BP and drop in blood pressure between sitting and standing.</p> <p>The flowsheet dated 6/26/2023, indicated patient #7's BP sitting pretreatment was 143/88 and standing was 94/63, at 10:01 AM BP was 161/107. At 10:35 AM BP was 148/100. The facility staff failed to notify physician of patient #7's high BP and drop in blood pressure between sitting and standing.</p> <p>The flowsheet dated 6/26/2023, indicated patient #7's BP sitting pretreatment was 147/97 and standing was 170/103 and HR 110, at 10:01 AM BP was 161/107. The facility staff failed to notify physician of patient #7's high BP and elevation in blood pressure between sitting and standing.</p> <p>5. Clinical record review on 7/31/2023 for patient #1, start of care 9/23/2022, evidence a facility flowsheet dated 6/30/2023, which indicated patient #1's BP at 12:19 PM was 91/55. The facility staff failed to follow policies and procedures and failed to notify the nurse and/or physician of the low blood pressure.</p>	V 504			

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V 504	Continued From page 21  The flowsheet dated 7/3/2023, indicated patient #1's BP at 12:03 PM was 94/51, at 12:30 PM BP was 91/50, at 1:13 PM BP was 97/53, and at 1:33 PM BP was 97/49. The facility staff failed to follow policies and procedures and failed to notify the nurse and/or physician of the low blood pressures.  The flowsheet dated 7/5/2023, indicated patient #1's BP at 12:03 PM was 88/54. The facility staff failed to follow policies and procedures and failed to notify the nurse and/or physician of the low blood pressure.  The flowsheet dated 7/7/2023, indicated patient #1's sitting pretreatment BP was 224/114 and standing was 208/88, at 10:29 AM BP was 230/92. The facility staff failed to notify physician of patient #1's high BP.  The flowsheet dated 7/12/2023, indicated patient #1's BP sitting pretreatment was 140/62 and standing was 119/62, at 1:06 PM BP was 96/55. The facility staff failed to notify physician of patient #1's high BP and drop in blood pressure between sitting and standing, and low BP during treatment.  The flowsheet dated 7/14/2023, indicated patient #1's BP sitting pretreatment was 181/84. The document failed to evidence the nurse and physician were notified of patient #1's high blood pressure prior to starting treatment.  The flowsheet dated 7/17/2023, indicated patient #1's BP sitting pretreatment was 188/91 and standing was 192/91, at 1:06 PM BP was 92/55. The facility staff failed to notify physician of	V 504			

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V 504	<p>Continued From page 22</p> <p>patient #1's high BP and low BP during treatment.</p> <p>The flowsheet dated 7/21/2023, indicated patient #1's BP at 1:02 PM was 96/61 and at 2:02 PM BP was 90/53. The facility staff failed to follow policies and procedures and failed to notify the nurse and/or physician of the low blood pressure.</p> <p>The flowsheet dated 7/26/2023, indicated patient #1's BP sitting pretreatment was 190/77, at 12:32 PM BP was 186/90, and at 1:01 PM BP was 185/88. The facility staff failed to notify physician of the patient high BP.</p> <p>6. Clinical record review on 7/31/2023 for patient #2, start of care 5/15/2017, evidenced a flowsheet dated 7/5/2023, which indicated patient #2's BP sitting pre-treatment was 160/74, and standing was 180/72. The facility staff failed to notify the nurse of patient #2's blood pressure prior to starting treatment.</p> <p>The flowsheet dated 7/12/2023, indicated patient #2's BP sitting pre-treatment was 219/72, and standing was 226/79. The facility staff failed to notify the nurse and physician of patient #2's high blood pressure prior to starting treatment.</p> <p>The flowsheet dated 7/17/2023, indicated patient #2's BP sitting pre-treatment was 215/85, and standing was 224/103, at 11:43 AM BP was 191/87 and at 1:01 PM BP was 183/85. The facility staff failed to notify the nurse and physician of Patient #2's high blood pressure prior to starting treatment, and high blood pressure during treatment.</p> <p>The flowsheet dated 7/21/2023, indicated patient #2's BP sitting pre-treatment was 166/73, and</p>	V 504			

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

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V 504	<p>Continued From page 23</p> <p>standing was 195/95, at 1:39 PM BP was 183/80, at 2:01 PM BP was 181/78, and at 2:12 PM BP was 200/88. Patient #2's BP post-treatment was 204/89 sitting and standing was 191/82. The facility staff failed to notify the physician of patient #2's blood pressure before, during, and after treatment.</p> <p>The flowsheet dated 7/24/2023, indicated patient #2's BP sitting pre-treatment was 207/81, at 11:28 AM BP was 202/105, at 12:04 PM BP was 196/97, at 12:34 PM BP was 195/93, at 1:02 PM BP was 187/96, at 1:31 PM BP was 181/95. Patient #2's BP post-treatment was 204/89 sitting and standing was 191/82. The facility staff failed to notify the physician of Patient #2's high blood pressure before and during treatment.</p> <p>The flowsheet dated 7/26/2023, indicated patient #2's BP sitting pre-treatment was 185/73, sitting BP was 160/40, and at 11:28 AM BP was 180/82. Patient #2's BP post-treatment was 204/89 sitting and standing was 191/82. The facility staff failed to notify the physician of Patient #2's blood pressure before and during treatment.</p> <p>7. Clinical record review on 7/31/2023, for patient #3, start of care 2/11/2020, evidenced a flowsheet dated 7/18/2023, which indicated patient #3's BP sitting pre-treatment was 166/97. The facility staff failed to notify the nurse was notified of patient #3's high blood pressure prior to starting treatment.</p> <p>8. Clinical record review on 7/31/2023, for patient #4, start of care 8/2/2022, evidenced a flowsheet dated 7/6/2023, which indicated patient #4's sitting pre-treatment BP was 165/87 and standing BP was 144/74. The facility staff failed to</p>	V 504			

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V 504	<p>Continued From page 24</p> <p>evidence the nurse was notified of the pretreatment BP.</p> <p>The flowsheet dated 7/13/2023, indicated patient #4's sitting pre-treatment BP was 129/73 and standing BP was 107/40. The facility staff failed to notify the nurse of the pretreatment BP.</p> <p>The flowsheet dated 7/15/2023, indicated patient #4's sitting pre-treatment BP was 160/76 and standing BP was 140/81. The facility staff failed to notify the nurse was of the change in pretreatment blood pressure.</p> <p>The flowsheet dated 7/25/2023, indicated patient #4's sitting pre-treatment BP was 176/97 and standing BP was 170/80. The facility staff failed to notify the nurse of the pretreatment BP.</p> <p>9. Clinical record review on 7/31/2023 for patient #5, start of care 5/27/2023, evidenced a flowsheet dated 7/24/2023, which indicated patient #5's pretreatment sitting BP was 161/76 and standing was 156/86, and at 6:34 AM BP was 179/106. The facility staff failed to notify the physician of patient #5's blood pressure before and during treatment.</p> <p>10. During an interview on 8/2/2023 at 11:30 AM, RN 1 indicated the staff should alert her if a systolic blood pressure was over 170 before or after treatment. She indicated they don't always call the physician because some patients just have high or low blood pressure. She indicated that some patients will have a systolic BP in the 190s that was just how they are.</p> <p>During an interview on 8/3/2023 at 2:20 PM, the Facility Administrator indicated the nurse should</p>	V 504			

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V 504	Continued From page 25 be notified of systolic BP over 180 and under 100 during treatment.	V 504			
V 543	POC-MANAGE VOLUME STATUS CFR(s): 494.90(a)(1)  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;  This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure the physician was aware of patients below their dry weight prior to treatment, the inability of the patient to achieve their dry weight, and failed to notify the physician when post-treatment weight was greater than/less than 1 kilogram of the ordered dry weight for 6 of 6 in-center hemodialysis records reviewed (Patient #1, #2, #3, #4, #5, #7) and failed to ensure patient blood pressures were monitored per policy in 4 of 6 in-center hemodialysis patients clinical records reviewed. (Patient #3, #4, #5, #7)  The findings include:  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	V 543			

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V 543	<p>Continued From page 26</p> <p>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 9/29/2018, stated, "If the PCT/LPN note 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...."</p> <p>3. Clinical record review on 8/1/2023 for patient #7, start of care 9/5/2022, evidenced a flowsheet dated 6/7/2023, which indicated patient #7 estimated dry weight (EDW) was 88 kilograms (kg). Patient #7's pre-weight was 87.7 kg. and post weight was 87.4 kg. The facility staff failed to ensure the physician and nurse were notified the patient was below their dry weight prior to starting treatment.</p> <p>The flow sheet dated 6/12/2023, indicated patient #7 started dialysis at 9:30 AM, the RN failed to document a pretreatment assessment until 10:57 AM. The facility failed to ensure the patient was</p>	V 543			

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V 543	<p>Continued From page 27</p> <p>assessed by the RN within an hour of the treatment start time.</p> <p>The flow sheet dated 6/16/2023 indicated patient #7 started dialysis at 9:36 AM, the RN failed to document a pretreatment assessment until 11:40 AM. The facility failed to ensure the patient was assessed by the RN within an hour of the treatment start time.</p> <p>The flow sheet dated 6/26/2023, indicated patient #7 started dialysis at 9:55 AM, the RN failed to document a pretreatment assessment until 11:55 AM. The facility failed to ensure the patient was assessed by the RN within an hour of the treatment start time.</p> <p>The flowsheet dated 6/2/2023, indicated patient #7 estimated dry weight (EDW) was 88 kg. Patient #7's pre-weight was 85.8 kg. and post weight was 85.7 kg. The facility staff failed to ensure the physician and nurse were notified the patient was below dry weight prior to starting treatment.</p> <p>4. Clinical record review on 7/31/2023 for patient #1, start of care 9/23/2022, evidenced a flowsheet dated 7/5/2023, which indicated patient #1's EDW was 53.5 kg. Patient #1's post-weight was 54.8 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet her target weight.</p> <p>The flowsheet dated 7/7/2023, indicated patient #1's EDW was 53.5 kg. Patient #1's post-weight was 54.7 kg. Patient #1's treatment started at 10:46 AM. The RN failed to document a pretreatment assessment until 12:01 PM. The facility failed to ensure the patient was assessed</p>	V 543			

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V 543	<p>Continued From page 28</p> <p>by the RN within an hour of the treatment start time and failed to ensure the physician and nurse were notified the patient did not meet her target weight.</p> <p>The flowsheet dated 7/10/2023, indicated patient #1's EDW was 53.5 kg, and post weight was 54.5 kg. Patient #1's BP was monitored at 11:34 AM and not again until 12:33 PM. The agency failed to monitor Patient #1 every 30 minutes and failed to notify the physician patient #1 did not achieve her target weight.</p> <p>The flowsheets dated 7/12/2023 and 7/14/2023, indicated patient #1's EDW was 53.5 kg, and post weight was 54.5 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet her target weight.</p> <p>The flowsheet dated 7/21/2023, indicated patient #1's EDW was 54 kg. Patient #1's post-weight was 55.4 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet her target weight.</p> <p>The flowsheet dated 7/21/2023, indicated patient #1's EDW was 54 kg. Patient #1's post-weight was 55.5 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet her target weight.</p> <p>5. Clinical record review on 7/31/2023 for patient #2, start of care 5/15/2017, evidenced a flowsheet dated 7/17/2023, which indicated patient #2's EDW was 72.5 kg. Patient #2's post-weight was 73.5 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet her target weight.</p>	V 543			

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V 543	<p>Continued From page 29</p> <p>6. Clinical record review on 7/31/2023 for patient #3, start of care 2/11/2020, evidenced a flowsheet dated 7/13/2023, which indicated patient #3's EDW was 99.5 kg. Patient #3's pre-weight was 90 kg, and Patient #3's post-weight was 90.1 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet his target weight.</p> <p>The flowsheet dated 7/18/2023, indicated patient #3's EDW was 99.5 kg. Patient #3's pre-weight was 90 kg, and Patient #3's post-weight was 88.5 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet his target weight.</p> <p>The flowsheet dated 7/22/2023, indicated patient #3 started dialysis at 8:33 AM, the RN failed to document a pretreatment assessment until 9:41 AM. The facility failed to ensure the patient was assessed by the RN within an hour of the treatment start time.</p> <p>7. Clinical record review on 7/31/2023 for patient #4, start of care 8/2/2022, evidenced a flowsheet dated 7/10/2023, which indicated patient #4's BP monitored at 8:03 AM and not again until 9:05 AM. The document indicated patient #4 started dialysis at 7:30 AM, the RN failed to document a pretreatment assessment until 8:37 AM. The agency failed to ensure patient #4 was monitored per policy.</p> <p>The flowsheet dated 7/22/2023, indicated patient #4 started dialysis at 8:10 AM, the RN failed to document a pretreatment assessment until 9:17 AM. The facility failed to ensure the patient was assessed by the RN within an hour of the treatment start time.</p>	V 543			

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V 543	Continued From page 30  8. Clinical record review on 7/31/2023 for patient #5, start of care 5/27/2023, evidenced a flowsheet dated 7/22/2023, which indicated patient #5's EDW was 57.8 kg. Patient #5's post-weight was 62.6 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet his target weight.  The flowsheet dated 7/24/2023, indicated patient #5's EDW was 57.8 kg. Patient #5's post-weight was 59.5 kg. The facility staff failed to ensure the physician and nurse were notified the patient did not meet his target weight.  The flowsheet dated 7/27/2023, indicated patient #5's BP was monitored at 12:26 PM and not again until 1:32 PM. The facility failed to ensure Patient #5 was monitored per facility policy.  9. During an interview on 8/3/2022 at 3:08 PM, the Facility Administrator indicated the patients have to be monitored every 45 minutes by state law, but they should be monitored every 30 minutes.  10. During an interview on 8/3/2023 at 2:45 PM, the Facility Administrator indicated weights need to be discussed with the physician so a new dry weight can be ordered if the patient was not achieving their prescribed dry weight.	V 543			
V 544	POC-ACHIEVE ADEQUATE CLEARANCE CFR(s): 494.90(a)(1)  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	V 544			

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V 544	<p>Continued From page 31</p> <p>professionally-accepted clinical practice standard for adequacy of dialysis.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure patient dialysis prescriptions 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 6 incenter hemodialysis records reviewed (Patient #1, #2, #4, #5, #7).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. An agency policy titled "Patient Assessment and Monitoring, " published 9/29/2018, stated "...</li> <li>3. Check the machine settings and measurements, check the prescribed blood flow rate is being achieved or reason 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...."</li> <li>2. Clinical record review on 8/1/2023 for patient #7, start of care 9/5/2022, evidenced flowsheets dated 6/9/2023 and 6/30/2023, that indicated patient #7's ordered blood flow rate (BFR) was 425 milliliter/minute (ml/min). The patient's BFR during these treatments was 400. These documents failed to evidence why patient #7 did not get his prescribed treatment.</li> <li>3. Clinical record review on 7/31/2023 for patient #1, start of care 9/23/2022, evidenced flowsheets dated 6/30/2023, 7/3/2023, 7/12/2023, 7/14/2023, and 7/21/2023. These flowsheets evidenced patient #1's ordered BFR was 450 ml/min The patient's BFR during these treatments was 400. These documents failed to evidence why patient</li> </ol>	V 544			

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V 544	<p>Continued From page 32</p> <p>#1 did not get her prescribed treatment.</p> <p>The flowsheet dated 7/7/2023, indicated patient #1's ordered BFR was 450 ml/min. The patient's BFR during this treatment was 350. This document failed to evidence why patient #1 did not get her prescribed treatment</p> <p>The Flowsheet dated 7/10/2023, documented patient #1's ordered BFR was 450 ml/min The patient's BFR during this treatment was 350 ml/min from 11:18 AM until 12:33 PM, and from 1:33 PM to 1:48 PM the BFR was 400 ml/min . This document failed to evidence why patient #1 did not get her prescribed treatment.</p> <p>The flowsheet dated 7/17/2023, indicated patient #1's ordered BFR was 450 ml/min. The patient's BFR was 400 for the last hour of the 2.5-hour treatment. This document failed to evidence why patient #1 did not get her prescribed treatment.</p> <p>The flowsheet dated 7/24/2023, indicated patient #1's ordered BFR was 450 ml/min. Patient #1 started treatment at 11:55 AM. The patient's BFR was reduced to 425 at 1:45 PM for the remainder of the treatment. This document failed to evidence why patient #1 did not get her prescribed treatment the entire time.</p> <p>4. Clinical record review on 7/31/2023 for patient #2, start of care 5/15/2017, evidenced a flowsheet dated 6/30/2023, which indicated patient #2's ordered BFR was 450 ml/min. Patient #2's BFR was 300 from 10:40 AM until 11:07 AM. This document failed to evidence why patient #2 did not get her prescribed treatment the entire time.</p>	V 544			

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V 544	<p>Continued From page 33</p> <p>The flowsheet dated 7/7/2023, indicated patient #2's ordered BFR was 450 ml/min. Patient #2 started treatment at 9:50 AM. The patient's BFR was reduced to 400 ml/min at 11:46 AM for the remainder of the treatment. This document failed to evidence why patient #2 did not get her prescribed treatment.</p> <p>The flowsheet dated 7/14/2023, indicated patient #2's prescribed dialysate flow rate (DFR) was 500. The patient's DFR during this treatment was 800. This document failed to evidence why patient #2 did not get her prescribed treatment.</p> <p>5. Clinical record review on 7/31/2023 for patient #4, start of care 8/2/2022, evidenced a flowsheet dated 7/3/2023, which indicated patient #4's prescribed BFR was 450 ml/min. The patient's BFR during this treatment was 375 ml/min. This document failed to evidence why patient #4 did not get his prescribed treatment.</p> <p>The flowsheet dated 7/3/2023, indicated patient #4's prescribed BFR was 450 ml/min. The patient's BFR during this treatment was reduced to 300 ml/min. This document failed to evidence why patient #4 did not get his prescribed treatment.</p> <p>6. Clinical record review on 7/31/2023 for patient #5, start of care 5/27/2023, evidenced a flowsheet dated 7/24/2023, which indicated patient #5's prescribed DFR was 800 ml/min. The patient's DFR during this treatment was reduced to 500 ml/min. This document failed to evidence why patient #5 did not get his prescribed treatment.</p> <p>7. During an interview on 8/3/2023 at 2:25 PM,</p>	V 544			

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V 544	Continued From page 34 the Facility Administrator indicated if the patient cannot dialyze at their prescribed BFR or DFR there should be documentation of why he/she did not get the prescribed treatment.	V 544		