

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

PRINTED: 03/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152628	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/13/2022
NAME OF PROVIDER OR SUPPLIER CHESTERTON DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 711 PLAZA DR STE 6 CHESTERTON, IN 46304		
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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, for a Medicare participating End Stage Renal Disease Supplier. Date of survey: 1/10/2022 to 1/13/2022 Facility #: 011899 CCN: 152628 Stations: 12 ICHD Patients: 18 Total Census: 18 At this Emergency Preparedness survey, Chesterton Dialysis, was found to have been in compliance with the requirements of Emergency Preparedness Requirements for Medicare participating providers and suppliers, including staffing and implementation of staffing during a Pandemic, at 42 CFR 494.62.	E 000			
V 000	INITIAL COMMENTS This survey was for a Federal Re-Certification of an ESRD provider. Survey Dates: 1/10/2022 to 1/13/2022 Facility: 011899 Provider: 152628	V 000			

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

TITLE

(X6) DATE

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 Stations: 12 ICHD Patients: 18 Total Census: 18	V 000			
V 113	Quality Review Completed 01/28/22 IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1) 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. 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 9 of 12 handwashing observations completed. (PCT D, PCT E, PCT F. PCT L) The findings include: 1. An agency policy titled "Infection Control for Dialysis Facilities" revised October 2021, stated "Purpose to minimize the spread of infection or bloodborne pathogens in the dialysis facilities environment ... 1. Hand hygiene is to be performed upon entering the patient treatment area, prior to gloving, after removal of gloves, after contamination with blood or other infectious material, after patient and dialysis delivery system contact, between patients even if the contact is casual, before touching clean areas such as	V 113			

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V 113	<p>Continued From page 2</p> <p>supplies and on exiting the patient treatment area. Physicians, Non-Physician Practitioners (NPP) and all teammates are to follow the same requirements for glove use and hand hygiene. 2. If hands are not visibly contaminated, use of an alcohol-based hand rub may be substituted for handwashing ... Handwashing will be performed if hands are visibly contaminated with blood or body fluids ... 6. Alcohol-based hand rub may be used: -in the absence of sink/water - In the event of an emergency (i.e. emergency evacuation) -Before gloving and after glove removal ... 11. Teammates will wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis training room/station, and will remove gloves and wash hands or perform hand hygiene between each patient and/or station. 12. Gloves should be worn when: -Potential for exposure to blood, dialysate and other potentially infectious substances ... Administering medications, checking vital signs ... 13. Gloves should be changed when: -When soiled with blood, dialysate or other body fluids -When going from a "dirty" area or task to a "clean" area or task - When moving from a contaminated body site to a clean body site of the same patient; and -After touching one patient or their dialysis delivery system and before arriving to care for another patient or touching other patients dialysis delivery system...."</p> <p>2. An agency procedure titled "Use of Alcohol-Based Hand Rubs," revised October 2019, stated "1. Follow the manufacturer's recommendations in regards to volume of product to be used 2. Apply the product in the palm of one hand. 3. Rub hands together covering all surfaces of hands and fingers until hand rub has evaporated and hands are dry."</p>	V 113			

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V 113	<p>Continued From page 3</p> <p>3. An agency procedure titled "Handwashing" revised October 2020, stated, " ... Cover hands (palms back of hands, between fingers) and wrists with lather and wash vigorously for a minimum of 20 seconds...."</p> <p>4. During an observation on 1/11/2022, at 10:35 AM, PCT (patient care technician) D was observed discontinuing dialysis for patient #3 at station #10. PCT D removed her gloves sanitized her hands and removed gauze from the cabinet. PCT D went back to station #10 and donned her gloves failing to wash or sanitize her hands.</p> <p>5. During an observation on 1/11/2022 at 10:55 AM, PCT L was observed discontinuing dialysis for patient #6 at station #8. After PCT L discontinued dialysis for patient #6 and discarded all of the supplies, PCT L removed her gloves and washed her hands for 7 seconds with soap and water. PCT L failed to wash her hands with soap and water for a minimum of 20 seconds.</p> <p>6. During an observation on 1/11/2022 at 11:35 AM, PCT D was observed at station #10 typing on the computer. PCT D donned gloves failing to wash or sanitize her hand prior to donning gloves. PCT D then retrieved the thermometer and took patient #11's temperature.</p> <p>7. During an observation on 1/12/2022 at 11:25 AM, PCT E was observed listening and palpating patient #11's fistula (an abnormal connection between an artery and a vein). PCT E removed her glove from her right hand and retrieved an alcohol pad from the clean supply cabinet. PCT E failed to wash or sanitize her hands prior to entering the supply cabinet.</p>	V 113			

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V 113	<p>Continued From page 4</p> <p>8. During an observation on 1/11/2022 at 10:10 AM, PCT F was observed discontinuing dialysis for patient #13 at station 11. PCT F reinfused the bloodlines removed her gloves and sanitized her hands. PCT F failed to be observed rubbing the alcohol-based hand sanitizer with her hands until dry. PCT F removed patient #13's needles from his fistula and then washed her hands for 10 seconds with soap and water. PCT F failed to wash her hands for a minimum of 20 seconds per the agency's policy.</p> <p>9. During an observation on 1/11/2022 at 10:40 AM, PCT D was observed typing on the computer at station 2. PCT D applied one glove to her right hand failing to wash or sanitize her hands prior to donning the glove, and silenced machine 2 at station 3.</p> <p>10. During an observation on 1/11/2022 at 10:45 AM, PCT D was observed taking a dialysis chair to the scale. PCT D sanitized the backs and palms of her hands with an alcohol-based hand rub. PCT failed to be observed sanitizing between her fingers until her hands were dry.</p> <p>11. During an observation on 1/12/2022 at 10:55 AM, PCT F was observed cleaning dialysis station #11. PCT D sanitized her hands with an alcohol-based hand rub after cleaning the dialysis station. PCT D failed to sanitize all surfaces of her hands until the alcohol-based hand rub was dry.</p> <p>12. During an observation on 1/12/2022 at 1:20 PM, PCT D was observed donning gloves and silencing machine #7 at station #5. PCT D failed to wash or sanitize her hands prior to donning her</p>	V 113			

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V 113	Continued From page 5 gloves. During an interview on 1/12/2022 at 2:59 PM, the administrator indicated when using hand sanitizer teammates are to use friction and rub all surfaces of their hands until their hands are dry. The administrator indicated hands should be washed when going from dirty to clean areas, when initiating treatment, after touching the dialysis machine, and before and after taking off their gloves.	V 113			
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 staff had completed appropriate disinfection of dialysis stations in 1 of 2 disinfection of stations observed. (station 1) The findings include: An agency policy titled "Infection Control for Dialysis Facilities" revised October 2021, stated, "... Equipment including the dialysis delivery system and work station, the interior and exterior	V 122			

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V 122	Continued From page 6 of the prime container, the dialysis chair and side tables including opening the chair to reach crevices, blood pressure equipment, television arms and control knobs or remote control devices if accessible to patients and teammates, facility wheelchairs, outside of sharps containers, IV poles, as well as all work surfaces will be wiped clean with a bleach solution of the appropriate strength after completion of procedures, before being used on another patient, after spills of blood, throughout the workday, and after each treatment...."	V 122			
V 143	During an observation on 1/11/2022 at 10:55 AM, PCT (patient care technician) F was observed at station #1 cleaning the station after patient use. PCT F was observed cleaning the dialysis chair. PCT F failed to fully recline the dialysis chair to ensure all crevices were disinfected. During an interview on 1/12/2022 at 3:02 PM, the facility administrator indicated all surfaces of the chair are to be cleaned after patient use. She indicated the chair needs to be completely reclined to ensure all crevices are cleaned and disinfected. IC-ASEPTIC TECHNIQUES FOR IV MEDS CFR(s): 494.30(b)(2) [The facility must-] (2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and This STANDARD is not met as evidenced by:	V 143			

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V 143	<p>Continued From page 7</p> <p>Based on observation, record review, and interview, the dialysis facility failed to ensure the staff wiped the stopper of a multi-dose medication vial with an alcohol wipe for 3 of 3 observations of medication administration. (PCT F, PCT L, RN M).</p> <p>The findings include:</p> <p>1. An agency policy titled "PREPARATION AND ADMINISTRATION OF PARENTAL MEDICATIONS (NON-EPO, NON-PARSABIV) WITH ALL DIALYZER TYPES" revised April 2021 stated " ... Preparation of Parenteral Medications ... 7. If the medication is in a vial, remove the vial cap, and clean the vial stopper with an alcohol prep pad. A new alcohol prep pad is used prior to each time a vial is entered ... Administration of Parenteral Medications ... 7. If administering more than one (1) syringe of a medication, cleanse the IB infusion line injection port with a fresh alcohol pad prior to each injection"</p> <p>2. During an observation of a parenteral medication preparation and administration on 1/12/2022 at 11:34 AM, PCT (patient care technician) F, was observed drawing up Heparin [to prevent blood clotting] from an opened multi-dose vial. PCT J failed to wipe the rubber stopper with an alcohol pad prior to inserting the needle to withdraw the medication. PCT J inserted a second sterile needle into the stopper of the vial and withdrew the heparin medication into the second syringe. PCT F failed to wipe the opened heparin vial with an alcohol pad prior to inserting the second syringe needle into the vial. PCT F was then observed taking the syringes to station #10, for patient #5.</p>	V 143			

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V 143	Continued From page 8 3. During an observation of a parenteral medication preparation and administration on 1/12/2022 at 11:37 AM, PCT L, was observed to draw up Heparin from a multi-dose vial. PCT L failed to clean the rubber stopper with an alcohol pad prior to inserting the needle to withdraw the medication. PCT L inserted the second sterile needle into the stopper of the vial and withdrew the heparin medication into the second syringe. PCT L failed to wipe the opened heparin vial with an alcohol pad prior to inserting the second syringe needle into the vial. PCT L was then observed taking the syringes to station #3, for patient #9. 4. During an observation on 1/11/2022 at 1:25 PM, RN [registered nurse] M was observed administering medication to patient #10 at station #9. RN M cleaned the injection port with an alcohol pad and administered the first medication. RN M administered the second medication failing to cleanse the injection port with an alcohol pad prior to injecting the second syringe. During an interview on 1/13/2022 at 11:34 AM, Employee B (Manager of Clinical Services) indicated vials should always be cleaned prior to inserting each needle. Employee B indicated when administering medication, the injection port should be cleansed prior to each entry with a syringe.	V 143			
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).	V 407			

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V 407	Continued From page 9 This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the agency failed to ensure patients site access and faces were always visible for 3 of 12 patient observations. (patient #6, #7, #8). The findings include: 1. An agency policy titled "Pre-Intra-Posttreatment Data Collection, Monitoring and Nursing Assessment" revised April 2021, stated " ...The vascular access site, blood line connections, and the patient's face should always be visible throughout the dialysis treatment" 2. During an observation on 1/11/2022 at 10:21 AM, patient #6, at station #4, had her access site covered with a blanket. 3. During an observation on 1/11/2022 at 10:22 AM, patient #7, at station #5, had his hood covering his eyes. Patient #7's face failed to be visible during treatment. 4. During an observation on 1/12/2022 at 10:22 AM, patient #8, at station #6, had his hood covering his eyes. Patient #8's face failed to be visible during treatment. During an interview on 1/13/2022 at 2:01 PM, the facility administrator indicated the patients should never have their access sites or faces covered. She indicated staff would need to be able to see the patients' access sites and their eyes during treatment.	V 407			
V 504	PA-ASSESS B/P, FLUID MANAGEMENT NEEDS CFR(s): 494.80(a)(2)	V 504			

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V 504	<p>Continued From page 10</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 facility failed to ensure patient pre/post and intradialytic blood pressures were being assessed and managed in 4 of 5 in-center hemodialysis records reviewed. (Patient #2 #3, #4, #5).</p> <p>The findings include:</p> <p>1. A policy titled "Pre-Intra-Post Date Collection, Monitoring, and Nursing Assessment" revised April 2021 stated, " ... The following are considered abnormal findings and should be reported to the licensed nurse and documented in the patient's medical record" ... "Blood pressure: Intradialytic: Difference of 20 mm/Hg increase or decrease from the patient's last intradialytic treatment BP reading" ... "Blood pressure Post Treatment: If a patient can stand: Standing systolic BP (blood pressure) greater than 140 mm/Hg or less than 90 mm/Hg. Standing diastolic BP greater than 90 mm/Hg or less than 50 mm/Hg. Sitting BP for patient's that cannot stand: Sitting systolic BP greater than 140 mm/Hg or less than 90 mm/Hg. Sitting diastolic BP greater than 90 mm/Hg or less than 50 mm/Hg"</p> <p>2. Record review on 1/12/2022 for patient #3, start of care 11/1/2021, evidenced an agency document titled "Post Treatment" dated</p>	V 504			

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V 504	<p>Continued From page 11</p> <p>12/22/2021. This document evidenced the patient's blood pressure at the beginning of treatment at 6:01 AM, was 170/93. At 7:01 AM, patient #3's blood pressure was 212/117, at 8:31 AM patient #3's blood pressure was 223/115, at 9:31 AM, patient #3's blood pressure was 213/120. This document failed to evidence documentation the physician was notified of patient #3's high blood pressure.</p> <p>Record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 12/27/2021. This document indicated the patient's blood pressure at the beginning of treatment at 6:05 AM, was 223/120. At 6:31 AM, patient #3's blood pressure was 204/120, at 7:01 AM, patient #3's blood pressure was 206/117, at 8:31 AM, patient #3's blood pressure was 204/110, and at 9:31 AM, patient #3's blood pressure was 237/137. This document failed to evidence the physician was notified of patient #3's high blood pressure.</p> <p>3. Clinical record review on 1/12/2022 for patient #2, start of care 4/13/2018, evidenced an agency document titled "Post Treatment" dated 1/5/2022. This document indicated the patient's blood pressure at 8:01 AM, was 149/80, the patient's blood pressure at 8:31 AM, was 122/68. This document failed to evidence documentation the licensed nurse was notified of a drop in blood pressure more than 20mm/Hg [millimeter/mercury] during treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 12/29/2021. This document indicated the patient's blood pressure at 9:46 AM, was 147/44, the patient's blood pressure at 10:00 AM, was</p>	V 504			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 504	<p>Continued From page 12</p> <p>122/69. This document failed to evidence the licensed nurse was notified of a drop in the systolic blood pressure more than 20mm/Hg during treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 1/10/2022. This document indicated the patient's blood pressure at 8:01 AM, was 123/67, the patient's blood pressure at 8:31 AM, was 146/52. This document failed to evidence the licensed nurse was notified of an increase in blood pressure more than 20mm/Hg during treatment.</p> <p>Record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 12/31/2021. This document indicated the patient's pre-treatment blood pressure was 223/74. At 7:02 AM, patient #2's blood pressure was 217/77. This document failed to evidence the physician was notified of patient #2's high blood pressure.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 12/31/2021. This document indicated the patient's blood pressure at 7:02 AM, was 217/77, the patient's blood pressure at 7:31 AM, was 175/70. This document failed to evidence the licensed nurse was notified of a drop in blood pressure more than 20mm/Hg during treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 1/10/2022. This document indicated the patient's blood pressure at 8:01 AM, was 123/67, the patient's blood pressure at 8:31 AM, was 146/52. This document failed to evidence the licensed nurse was notified of an increase in blood pressure more than 20mm/Hg during treatment.</p>	V 504			

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V 504	Continued From page 13 4. Record review on 1/11/2022 for patient #5, start of care 7/23/2021, evidenced an agency document titled "Post Treatment" dated 12/27/2021. This document indicated the patient's blood pressure at 1:31 PM, was 210/185, at 2:01 PM, patient #5's blood pressure was 201/81. This document failed to evidence the physician was notified of patient #5's high blood pressure. 5. Clinical record review on 1/11/2022 for patient #4, start of care 2/22/2016, evidenced an agency document titled "Post Treatment" dated 12/20/2021. This document indicated the patient's blood pressure at 9:31 AM, was 137/65, the patient's blood pressure at 10:01 AM, was 115/64. This document failed to evidence the licensed nurse was notified of the drop in blood pressure more than 20mm/Hg during treatment. During an interview on 1/13/2022 at 1:07 PM, the administrator indicated teammates are to alert the nurse if there was a 20 point drop or elevation in blood pressures during treatment. During an interview on 1/13/2022 at 1:09 PM, the administrator indicated the physician should be notified of systolic blood pressure over 200, unless the physician has specific parameters.	V 504			
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 professionally-accepted clinical practice standard for adequacy of dialysis.	V 544			

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V 544	<p>Continued From page 14</p> <p>This STANDARD is not met as evidenced by: Based on 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 3 out of 5 in-center hemodialysis clinical records reviewed. (#1, #3, #5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. An agency policy titled "Pre-Intra-Posttreatment Data Collection, Monitoring and Nursing Assessment" revised October 2020, indicated " ... 2. The Nursing Assessment will be performed and documented ... a. The assessment includes the following components ... iii. Verification of prescription ... 3. Patient identity, prescription and machine setting are verified by teammate prior to initiation of treatment with the exception of blood flow rate which is verified and documented when the ordered rate is obtained after onset of treatment. The prescription components are confirmed by a licensed nurse within one (1) hour of treatment initiation ... Prescription components include ... f. Blood flow rate.... " 2. Clinical record review on 1/12/2022 for patient #3, start of care 11/1/2021, evidenced an agency document titled "Post Treatment" dated 1/5/2022. This document indicated the patient's prescribed blood flow rate (BFR) was 350 ml/min (milliliters/minute). During this treatment patient #3's BFR was 300 ml/min. This document failed to evidence documentation as to why the BFR was reduced and why patient #3 did not get his prescribed treatment. 	V 544			

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V 544	<p>Continued From page 15</p> <p>3. Clinical record review on 1/12/2022 for patient #1, start of care 4/21/2021, evidenced an agency document titled "Post Treatment" dated 1/7/2022. This document indicated the patient's prescribed BFR was 400 ml/min. During this treatment patient #1's BFR was 350 ml/min. This document failed to evidence documentation as to why the BFR was reduced and why patient #1 did not get his prescribed treatment.</p> <p>4. Clinical record review on 1/12/2022 for patient #5, start of care 2/22/2016, evidenced an agency document titled "Post Treatment" dated 12/24/2021. This document indicated the patient's prescribed BFR was 450 ml/min. During this treatment patient #5's BFR was 400 ml/min. This document failed to evidence documentation as to why the BFR was reduced and why patient #5 did not get her prescribed treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 12/22/2021. This document indicated the patient's prescribed BFR was 450 ml/min. During this treatment patient #5's BFR was 400 ml/min. This document failed to evidence documentation as to why the BFR was reduced and why patient #5 did not get her prescribed treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 12/29/2021. This document indicated the patient's prescribed BFR was 450 ml/min. During this treatment patient #5's BFR was 400 ml/min. This document failed to evidence documentation as to why the BFR was reduced and why patient #5 did not get her prescribed treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an</p>	V 544			

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V 544	<p>Continued From page 16</p> <p>agency document titled "Post Treatment" dated 12/27/2021. This document indicated the patient's prescribed BFR was 450 ml/min. During this treatment patient #5's BFR was 400 ml/min. This document failed to evidence documentation as to why the BFR was reduced and why patient #5 did not get her prescribed treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 1/3/2022. This document indicated the patient's prescribed BFR was 450 ml/min. During this treatment patient #5's BFR was 400 ml/min. This document failed to evidence documentation as to why the BFR was reduced and why patient #5 did not get her prescribed treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 1/5/2022. This document indicated the patient's prescribed BFR was 450 ml/min. During this treatment patient #5's BFR was 400 ml/min. This document failed to evidence documentation as to why patient #5 did not get her prescribed treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 1/7/2022. This document indicated the patient's prescribed BFR was 450 ml/min. During this treatment patient #5's BFR was 350 ml/min. This document failed to evidence documentation as to why patient #5 did not get her prescribed treatment.</p> <p>Clinical record review on 1/12/2022, evidenced an agency document titled "Post Treatment" dated 1/12/2022. This document indicated the patient's prescribed BFR was 450 ml/min. During this</p>	V 544			

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V 544	Continued From page 17 treatment patient #5's BFR was 350 ml/min. This document failed to evidence documentation as to why patient #5 did not get her prescribed treatment. During an interview on 1/13/2022 at 1:27 PM, the administrator indicated a physician order was needed to lower the blood flow rate as it was part of the prescription. She indicated there should be documentation as to why the blood flow rate was lowered during treatment, or why the prescribed blood flow rate was not used.	V 544			