

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

PRINTED: 07/28/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152649	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2025
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NAME OF PROVIDER OR SUPPLIER APPLESEED DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP COD 1833 MAGNAVOX WAY FORT WAYNE, IN 46804
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. 00	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62. Survey Dates: June 30, July 1 and 2, 2025 Active Census: 109 At this Emergency Preparedness survey, Appleseed Dialysis was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62.	E 0000		
V 0000 Bldg. 00	This visit was for a CORE Federal survey and addition of 4 stations of an ESRD provider. Survey dates: June 30, July 1 and 2, 2025 Census by Service Type: In-Center Hemodialysis: 0 Home Hemodialysis: 17 Home Peritoneal dialysis: 91 In-Center Peritoneal Dialysis: 1 Total Active Census: 109 Isolation Room/Waiver: One Isolation Room Abbreviations:	V 0000		

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

TITLE

(X6) DATE

Lisa Chelf

Regional Home Manager

07/28/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 0587 Bldg. 00	<p>RN-Registered Nurse</p> <p>QR 7/7/25 A2</p> <p>494.100(b)(2),(3) H-FAC RECEIVE/REVIEW PT RECORDS Q 2 MONTHS</p> <p>Based on record review and interview, the dialysis facility failed to ensure the peritoneal dialysis patient was reminded to turn in their weight and blood pressure records for 1 of 9 peritoneal dialysis records reviewed (Patient #5).</p> <p>Findings include:</p> <p>1. Review of the Daily Home Treatment Record (Flowsheet) policy, revised April 2025, indicated " ... Daily Home Treatment Record (flowsheet) - record submitted by the patient or care partner of applicable treatment data including but not limited to, date, vital signs ... If a patient fails to provide Daily Home Treatment Records, the licensed nurse will review with the patient the importance of Daily Home Treatment Records, and the patient's responsibility to provide them ... All of the above will be documented and attested to by the licensed nurse in the medical record ..."</p> <p>2. Review of Patient #5's clinical record included treatment records dated 04/01/2025 through 05/28/2025. The treatment records failed to include Patient #5's weights and blood pressures. The record failed to evidence the RN reviewed with the Patient the importance of the daily treatment records and the Patient's responsibility to provide them.</p> <p>3. During an interview on 07/01/2025 at 4:01 PM, RN 2 indicated she was the nurse who had</p>	V 0587	V587 7/31/25 The Regional Home Program Manager will inservice all Peritoneal Dialysis Licensed Nurses on Policy 5-01-29 "Daily Home Treatment Record (Flowsheet)" starting on 7/3/2025. Verification of attendance will be evidenced by an in-service signature sheet. Peritoneal dialysis licensed nurses will be educated using surveyor observations as examples with emphasis on, but not limited to the following: 1) Each peritoneal dialysis patient has agreed and been trained to complete documentation of each treatment procedure on the Daily Home Treatment Record, also referred to as a flowsheet. 2) Daily Home Treatment Record (flowsheet) - record submitted by the patient or care partner of applicable treatment data including, but not limited to, date, vital signs...3) If a patient fails to provide Daily Home Treatment Records, the licensed nurse will review with the patient the importance of Daily Home Treatment Records, and the patient's responsibility to provide	07/31/2025

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	<p>reviewed Patient #5 daily treatment records for April and May 2025. RN 2 relayed Patient #5 records their weights and blood pressures on a paper form. RN 2 indicated Patient #5 had not brought the forms to the last few visits and had become increasingly non-compliant and missing appointments lately. RN 2 further indicated she had requested the forms from Patient #5 but didn't think she had documented that in the clinical record.</p>		<p>them...4) All the above will be documented and attested to by the licensed nurse in the medical record. The Regional Home Program Manager or Clinical Coordinator will audit twenty-five percent (25%) of daily home treatment records weekly x 2 weeks to verify compliance with facility policy. Ongoing compliance will be verified with one hundred percent (100%) of daily home treatment records audited at the end of each month. Instances of non-compliance will be addressed. The Regional Home Program Manager or the Clinical Coordinator will review audit results with teammate(s) during check-in meetings, and with the Medical Director during monthly Quality Assessment and Performance. Improvement meetings known as Facility Health Meetings. The Facility Administrator will report progress, as well as any barriers to maintaining compliance. Action plans will be evaluated for effectiveness and new plans developed when needed until sustained compliance is achieved. Supporting documentation will be included in the meeting minutes. The Regional Home Program Manager is responsible for compliance with this plan of correction.</p>	