

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152634	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/26/2024
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4021 W KILGORE AVE MUNCIE, IN 47304
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V 0000 Bldg. 00	<p>This visit was for a Federal/State complaint survey of an ESRD Provider.</p> <p>Survey Dates: July 24, 25, and 26, 2024</p> <p>Complaint: IN00439154 with related deficiency cited.</p> <p>Census by Service Type: In Center Hemodialysis: 67 Home Hemodialysis: 5 Home Peritoneal dialysis: 9 Total Active Census: 81</p> <p>Isolation Room: 1</p> <p>QR 7/31/24 A2</p>	V 0000		
V 0543 Bldg. 00	<p>494.90(a)(1) POC-MANAGE VOLUME STATUS</p> <p>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 record review and interview, the dialysis facility failed to ensure as needed (PRN) medication was offered for a patient with elevated blood pressure (BP) during treatment for 1 of 5 patient records reviewed (Patient #3).</p> <p>Findings include:</p> <p>1. The Hypertension policy indicated "Staff will recognize, report, and immediately address systolic blood pressures greater than 180 ... If</p>	V 0543	<p><u>V 543 POC-MANAGE VOLUME STATUS</u></p> <p>On 8/2/2024, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies: Nursing Supervision and Delegation Patient Assessment and Monitoring</p>	08/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerrey Thornton	Director of Operations	08/06/2024

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>hypertension is not related to hypervolemia, notify the physician for additional orders/ interventions ... Document in patient's treatment record."</p> <p>2. Review of Patient #3's clinical record included treatment run sheets from 7/08/24 through 7/24/24.</p> <p>On 7/08/24, treatment began at 5:19 AM. Patient #3's BP was 213/82 at that time. The patient's BP was 225/99 at 5:31 AM, 207/91 at 6:02 AM, 199/76 at 6:33 AM, 200/82 at 7:04 AM, 213/93 at 7:33 AM, and 204/85 at 8:01 AM. A comment in the treatment run sheet by RN 2 at 8:02 AM indicated PRN Clonidine (a medication to treat high blood pressure) had just been given. The clinical record failed to evidence PRN clonidine had been offered to Patient #3 that day prior to the 8:02 comment.</p> <p>On 7/10/24, treatment began at 5:36 AM. Patient #3's BP was 205/79 at 5:39 AM, 201/81 at 6:02 AM, 184/72 at 6:33 AM, 194/82 at 7:03 AM, 197/83 at 7:35 AM, 206/85 at 8:32 AM, 209/82 at 8:47 AM. The clinical record failed to evidence Patient #3 was offered PRN Clonidine on 7/10/24.</p> <p>On 7/22/24, treatment began at 5:54 AM. Patient #3's BP was 165/90 at that time. Patient #3's BP was 194/88 at 6:02 AM, 199/90 at 6:32 AM, 185/83 at 7:02 AM, 180/80 at 7:31 AM, 184/77 at 8:08 AM, 211/72 at 8:32 AM. The clinical record failed to evidence Patient #3 was offered PRN Clonidine on 7/22/24.</p> <p>During an interview on 7/25/24 at 12:37 PM, RN 1 indicated Patient #3 is supposed to take her home BP medications when she gets home from treatment and that RN 1 has educated the patient to take her home medications, stop smoking and vaping, and avoid salty foods. RN 1 further</p>		<p>Hypertension Emphasis was placed on: Record blood pressure. Recheck blood pressures after a drop that requires interventions such as administering normal saline. Reposition electronic cuff or use a manual cuff for aberrant blood pressure readings. Report to the nurse: Systolic blood pressures greater than 180 mm/Hg Diastolic blood pressure greater than 100 mm/Hg Blood Pressure less than or equal to 100 <u>mm/hg systolic</u></p> <p>Staff will recognize, report, and immediately address systolic blood pressures greater than 180 mm/Hg and/or diastolic blood pressures greater than 100 mm/Hg. Notify the nurse in charge if a patient has a systolic blood pressure greater than 180 mm/Hg and / or diastolic blood pressure greater than 100 mm/Hg. The RN will assess the patient and determine if further nursing interventions are needed as outlined in the "Routine Protocols for Hemodialysis 2024 FMC Battle Creek 4370".</p> <p>If hypertension is related to hypervolemia, decrease EDW: Follow CMAB Fluid Management algorithm or notify physician for</p>	

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	<p>indicated Patient #3 often declines PRN Clonidine saying he or she wants to see what her BP will do during treatment.</p> <p>During an interview on 7/26/24 at 4:07 PM, RN 2 indicated she determines whether to administer Clonidine based on the order parameters which are usually for a systolic greater than 180 and indicated she documents on the treatment sheet when a patient declines a PRN medication. RN relayed she was not sure whether she had offered Patient #3 PRN Clonidine on 7/8/24 but that she has offered Clonidine to that patient before. RN 2 further indicated Patient #3 has declined Clonidine when RN 2 has offered it because the patient said he or she would want to see if the BP dropped before giving it, and sometimes the patient had taken their home BP medications prior to coming to treatment and said he or she wanted to see if the home BP medications were going to work prior to accepting Clonidine.</p> <p>During an interview on 7/26/24 at 4:27 PM, the Clinical Manager relayed she expected RNs to follow the parameters for administering PRN Clonidine. The Clinical Manager further indicated she expected the RN to document in the treatment sheet if the patient declined a PRN medication.</p>		<p>possible estimated dry weight adjustment outside of algorithm parameters.</p> <p>If hypertension is not related to hypervolemia, notify the physician for additional orders/interventions. Document in the patient's treatment record.</p> <p>Prior to discharge, the RN must review the treatment record to:</p> <p>Confirm patent is stable for discharge; document the follow up assessment of pre- treatment complaints from patient.</p> <p>Whether the patient is achieving dry weight and identifying reason for patient not achieving dry weight. • Blood pressures < 100 systolic or greater than 180 systolic addressed by the registered nurse with or documentation present</p> <p>Effective 8/5/2024, Clinical Manager or Charge Nurse will conduct 10 treatment sheets weekly, 3 days per week, alternating shifts, with focus on ensuring staff to notify the registered nurse if systolic blood pressure less than 100 or greater than 180, if diastolic greater than 100 is addressed or documentation is present with MD notification utilizing Treatment Sheet Audit Tool for 2 weeks and then will complete weekly treatment audits on 10% of</p>	

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			<p>completed treatments for an additional 2 weeks. The Governing Body will determine on-going frequency of the audits based on compliance. Once compliance sustained monitoring will be done through the Clinic Audit Checklist per QAI calendar.</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 taking 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>	

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

PRINTED: 08/14/2024
FORM APPROVED
OMB NO. 0938-039

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			of the issues. The QAI and Governing Body minutes, education and monitoring documentation are available for review at the clinic. Completion 08/23/2024		