

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152601	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/29/2018
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NAME OF PROVIDER OR SUPPLIER  LIBERTY DIALYSIS LAFAYETTE II	STREET ADDRESS, CITY, STATE, ZIP COD 1020 N 18TH ST LAFAYETTE, IN 47904
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E 0000  Bldg. 00	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.62  Survey Date: 6/27/18 to 6/29/18  Facility Number: 005140  Provider Number: 152601  Census = 122  At this Emergency Preparedness survey, Liberty Dialysis Lafayette was found not to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR494.62	E 0000	<b>V Tag #000</b>  The Governing Body of the facility takes seriously the management of the day to day operations of the facility and its responsibility to ensure full compliance with infection control, hand hygiene, patient rights, patient monitoring, safety checks, Nursing Assessments medication administration, Medical Director Responsibilities, and L coordination of care. Therefore, on July 13th 2018, the Governing Body actively participated in the review of the deficiency statements and plan of corrective action as detailed below.	
E 0028  Bldg. 00	Based on observations, record review, and interview, the agency failed to ensure the emergency medication in the home therapy crash cart was not expired in 1 of 1 agency.  Findings include:  1. A facility policy titled, "Emergency Medications, Equipment and Supplies" was reviewed and stated, " The following minimum emergency supplies and equipment must be on the premises at all times, clean, functional,	E 0028	On July 11, 2018, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies: * FMS-CS-IC-II-130-007A Emergency Medications, Equipment, and Supplies Emphasis was placed on: * Monitoring emergency medications for expiration dates * Ensuring AED battery is ordered when extra one is used	07/27/2018

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 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>accessible and immediately available: ... Emergency medications ... the emergency supplies must be checked monthly or after use for contents, expiration dates as well as cleanliness and proper functioning of all equipment ... an itemized log must be kept indicating the contents of the emergency cart/box and expiration date of contents. Items approaching expiration are reordered and replaced prior to the actual expiration date .... "</p> <p>2. A flash tour was conducted on 6/27/18 at 11:00 AM of the facility home therapy department including the crash cart and medications. The following expired medications were found in the emergency crash cart:</p> <p>A. Two (2) vials Atropine Sulfate 0.5 mg 0.1 mg/ml (1 milligram per milliliter) with an expiration date of 3/1/18.</p> <p>B. One (1) vial Calcium Chloride 10% 100 mg/ml with an expiration date of 4/1/18.</p> <p>C. One (1) vial Sodium Bicarbonate 1 mEq/ ml (milliequivalents per milliliter) with an expiration date of 3/1/18.</p> <p>D. One (1) vial Sodium Bicarbonate 1 mEq / ml 50 mEq with an expiration date of 4/1/18.</p> <p>E. Four (4) vials Epinephrine 1:1000 1 mg/ml with an expiration date of 4-1-18.</p> <p>F. Two (2) vials Epinephrine 1:1000 1 mg/ml with an expiration date of 5/1/17.</p> <p>G. Two (2) vials Solu-Medrol 125 mg/ 2 ml with an expiration date of 3/1/18.</p>		<p>* All equipment available and ready for emergency use * Crash cart check list is completed monthly Effective July 11, 2018, Program Manager or staff RN will conduct monthly audits utilizing Emergency Cart Checklist (FMS-CS-IC-II-130-007D1) and Emergency Medications and Supply List. The Governing Body will determine on-going frequency of the audits based on compliance. Once compliance sustained monitoring will be done through the QAI calendar. Any ongoing non-compliance by staff, per the Conditions for Coverage and the FMC policy, will be addressed with corrective action as appropriate. The Program Manger is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues</p>		

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V 0000 Bldg. 00	<p>3. An interview was conducted with Employee D on 6/27/18 at 12:09 PM. He/ She validated the expiration date of all the listed medications and reported he/ she was responsible for monitoring the crash cart and expiration dates of medications in the home therapy department. Employee D validated there was no log being utilized to monitor medication expiration dates.</p> <p>This visit was for a federal ESRD (CORE) recertification survey.</p> <p>Survey Dates: 6/27/18 -6/29/18</p> <p>Facility Number: 005140</p> <p>Provider Number: 152601</p> <p>Dialysis Agency Census: 122</p> <p>Clinical Chart Review: 12 Active In-Center Hemodialysis: 10 Closed Records In-Center Hemodialysis: 1 Active Home Hemodialysis:1</p>	V 0000	<p><b>V Tag #000</b></p> <p>The Governing Body of the facility takes seriously the management of the day to day operations of the facility and its responsibility to ensure full compliance with infection control, hand hygiene, patient rights, patient monitoring, safety checks, Nursing Assessments medication administration, Medical Director Responsibilities, and L coordination of care. Therefore, on July 13th 2018, the Governing Body actively participated in the review of the deficiency statements and plan of corrective action as detailed below.</p>	
V 0115 Bldg. 00	<p>494.30(a)(1)(i) IC-GOWNS, SHIELDS/MASKS-NO STAFF EAT/DRINK</p> <p>Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing when performing procedures during which</p>			

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	<p>sputting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory.</p> <p>Based on observation, record review, and interview, the clinical manager failed to ensure the dialysis staff did not have food or drinks in the dialysis treatment area for 1 of 1 facility</p> <p>Findings Include:</p> <p>1. A document titled, "Infection Control Information Acknowledgement" was reviewed and stated, "Safe infection control techniques and use of personal protective equipment are necessary to assure a safe working environment for patients and staff. The following areas area addressed in the dialysis facility infection control guidelines and inservice program: ... eating drinking, smoking and gum chewing restriction .... "</p> <p>2. During a flash tour conducted on 6/27/18 at 11:00 AM of the dialysis treatment areas the following was observed: There were 2 personal drinking containers located on the desk of the in-center dialysis treatment area #1.</p> <p>3. An interview was conducted with the clinical manager at the time of the observation 6/27/18 at 11:00 AM. The clinical manager reported the drinking container were not permitted in the dialysis treatment area and staff were not permitted to eat or drink in the dialysis treatment area.</p>	V 0115	<p><b>V Tag #115</b></p> <p>On July 11th, 2018, the Clinical Manager held a staff meeting and reinforce the expectations and responsibilities of the facility staff on policies and acknowledgement forms</p> <ul style="list-style-type: none"> <li>- Infection Control Information and Acknowledgement Form</li> </ul> <p>Emphasis was placed on:</p> <ul style="list-style-type: none"> <li>-Safe infection control techniques and use of personal protective equipment are necessary to assure a safe working environment for patients and staff.</li> <li>-Infection Control Guidelines regarding eating, drinking, smoking and gum chewing restrictions in the dialysis facility</li> </ul> <p>Effective June 16th, 2018, the Clinical Manager or designee will conduct infection control audits of the patient treatment area with a focus on Infection Control Guidelines and drinking restrictions on the treatment room floor as well as cross-contamination prevention.</p>	07/27/2018

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V 0147  Bldg. 00	494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE		<p>The infection control audits will be completed during dialysis treatments daily for two weeks, then weekly for four weeks, and monthly for two months utilizing the Infection Control and Monitoring Tool. Once compliance is sustained monitoring will be done through the Clinical Audit Checklist per QAI calendar.</p> <p>The Clinical Manger is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate to achieve sustainable compliance.</p> <p>The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The Infection Control and Uncovered Access Monitoring Tools and staff in-service sheets are available in the clinic for review.</p> <p>The deficiency will be corrected on July 27th, 2018</p>	

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	<p><b>Recommendations for Placement of Intravascular Catheters in Adults and Children</b></p> <p>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 guidelines periodically for all persons who manage intravascular catheters.</p> <p>II. Surveillance 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 B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>Based on observation, record review and interview a PCT (Patient Care Technician) failed to follow the infection control procedures during a discontinuation of a dialysis with central venous catheter procedure for 1 of 2 observations. (Employee I and Patient # 5)</p> <p>Findings Included:</p>	V 0147	<p><b>V Tag # 147</b> On July 11th 2018, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies and procedures:</p> <p>FMS-CS-IC-I-105-028C Termination of Treatment Using a Central Venous Catheter and</p>	07/27/2018

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	<p>1. A facility procedure titled, "Termination of Treatment Using a Central Venous Catheter and Optiflux Single Use Ebeam Dialyzer: Disinfection of Catheter and Disconnecting the Patient" was reviewed and stated, "... Using a new sterile alcohol pad, scrub threads of the luer lock (hub) vigorously using back and forth friction for 15 seconds -let dry and discard pad ...."</p> <p>2. A discontinuation of dialysis with CVC procedure for Patient # 5 by Employee I was observed on 6/28/18 at 9:05 AM. In the performance of the procedure, Employee I was observed to scrub the red port hub of the CVC for 12 seconds and the blue port hub for 9 seconds.</p> <p>3. An interview was conducted with Employee I on 6/28/18 at 9:10 AM. Employee I reported the policy was to scrub the port hubs for a total of 15 seconds each and he/ she would count the time in his/ her head and did not watch the clock.</p>		<p>Optiflux® Single Use Ebeam Dialyzer Emphasis will be placed on: <b>Termination:</b> Disinfection of the catheter and disconnecting the Patient <b>Step 6:</b> Using a new sterile alcohol pad, scrub threads of the luer lock vigorously using back and forth friction for 15 seconds, let dry and discard pad</p> <p>Effective July 16th 2018, the Clinical Manager or designee will conduct infection control audits of the patient treatment area with a focus Termination of Treatment with a central venous catheter and cross-contamination prevention. The infection control audits will be completed during and post dialysis treatment daily for two weeks, then weekly for four weeks, and monthly for two months utilizing the Infection Control Monitoring Tool. Once compliance is sustained monitoring will be done through the Clinical Audit Checklist per QAI calendar. The Clinical Manger is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate to</p>	

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V 0402 Bldg. 00	<p>494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY</p> <p>The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.</p> <p>Based on observation and interview, the agency failed to ensure the patients in the home therapies department had a method to call for help in the exam/ treatment rooms for 1 of 1 agency.</p> <p>Findings Include:</p> <p>1. A flash tour was conducted on 6/27/18 to include the exam/ treatment rooms located in the home hemodialysis and home peritoneal dialysis department of the facility. No emergency patient call system was in place in the exam/ treatment rooms.</p> <p>2. An interview was conducted on 6/27/18 at 1:15 PM with Employee D. Employee D validated there was no emergency patient call system in the home</p>	V 0402	<p>achieve sustainable compliance. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The Infection Control Monitoring Tools and staff in-service sheets are available in the clinic for review.</p> <p>The deficiency will be corrected on July 27th 2018</p> <p>V Tag #402 July 10, 2018 the Program Manager, In-Center manager, Biomed Technical Manager developed a plan to install emergency call system in the Home Therapy training rooms. The call system will notify the in-center staff for assistance. The estimated date of completion is September 1, 2018. In the interim a call bell was placed in each room for patients to ring for assistance in the event of an emergency. Effective July 16, 2018, Program Manager and designee will monitor project weekly. Progress will be</p>	07/27/2018

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V 0504 Bldg. 00	<p>therapies exam / treatment rooms.</p> <p>3. Employee R was interviewed on 6/29/18 at 12:20 PM with Employee R. Employee R reported there was no emergency patient call system in the home therapies exam / treatment rooms.</p> <p>494.80(a)(2) PA-ASSESS B/P, FLUID MANAGEMENT NEEDS The patient's comprehensive assessment must include, but is not limited to, the following:  Blood pressure, and fluid management needs.</p> <p>Based on observations, record review, and interview, the RN (registered nurse) failed to ensure the PCT (patient care technician) took BP (blood pressure) and HR (heart rate) measurements every 15 minutes for specific patients as ordered by the RN (Patients # 5 and 10) and at least every 30 minutes according to facility policy (Patient's 4 and 5) for patient's receiving dialysis treatments for 3 of 10 clinical records reviewed.</p> <p>Findings Include:</p>	V 0504	<p>reported to QAI Committee, including Governing Body to ensure compliance with project plan and completion. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues. The deficiency will be corrected by July 27th 2018</p> <p>V Tag# 504</p> <p>On July 11th 2018 the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies: * Monitoring During Patient Treatment Policy, FMS-CS-IC-I-110-133A Registered Nurse Job Description Patient Care</p>	07/27/2018

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	<p>1. A facility policy titled, "Patient Monitoring During Patient Treatment" was reviewed and stated, "Monitor the patient at the initiation of treatment and every 30 minutes or more frequently as necessary ... vital signs will be monitored at the initiation of dialysis and every 30 minutes ... respond to changes in vital signs as indicated by patient's symptoms, nursing judgment or as ordered by the physician .... "</p> <p>2. A facility job description for the RN was reviewed and stated " ... directs patient care technician's provision of safe and effective delivery of chronic hemodialysis therapy to patients in compliance with standards outlined in the facility policy procedure manuals ... delegates tasks to all direct patient care staff including ... PCT's ... ensures accurate and complete documentation by PCT .... "</p> <p>3. A facility job description for the PCT was reviewed and stated " ... Functions as part of the hemodialysis health care team in providing safe and effective dialysis therapy for patients under the direct supervision of a licensed nurse in accordance with FMCNA policies, procedures, and training and in compliance with regulations set forth by the corporation, state and federal agencies ... provide intervention as prescribed by physician order or as directed ... record accurate and timely information regarding vital signs and treatment parameters onto the Hemodialysis treatment sheet .... "</p> <p>4. The clinical record of Patient # 4 was reviewed with the following findings:  A dialysis treatment sheet for 6/23/18 evidenced vital signs were taken at 12:16 PM and the next</p>		<p>Technician Job Description</p> <p>Emphasis was placed on: All patients will receive monitoring pre-treatment, every 30 minutes or more frequently as necessary vital signs will be monitored at the initiation of dialysis and every 30 minutes. Respond to changes in vital signs as indicated by patient's symptoms, nursing judgement or as ordered by the physician. during treatment and post treatment. RN Job Roles including directs patient care technician's provision of safe and effective delivery of chronic hemodialysis therapy to patients in compliance with standards outlined in the facility policy and procedure manuals. Delegates tasks to call direct patient care staff including PCTs. Ensures accurate and complete documentation by PCT PCT Job Roles including functions as part of the hemodialysis healthcare team in providing safe and effective dialysis therapy for patients under the direct supervision of a licensed nurse in accordance with FMCNA policies and procedures</p> <p>On July 16th 2018 the Clinical Manager or designee will conduct patient treatment sheet reviews with a focus on patient monitoring 30 minute safety checks and compliance with RN</p>	

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	<p>vital signs were taken at 13:06 PM. This was a 50 minute lapse between vital sign monitoring. The facility failed to follow their policy and obtained a blood pressure every 30 minutes.</p> <p>5. The clinical record of Patient # 5 was reviewed with the following findings:</p> <p>A dialysis treatment sheet for 6/14/18 evidenced vital signs were taken at 5:10 AM and the next vital signs were taken at 6:02 AM. This was a 52 minute lapse between vital sign monitoring. The facility failed to follow their policy and obtained a blood pressure every 30 minutes.</p> <p>A dialysis treatment sheet for 6/14/18 evidenced a note by the PCT at 6:31 AM that stated, "BP low, RN aware, patient has orders, pt on 15 minute checks per RN." The next BP was taken at 7:03 AM (32 minutes later), 7:33 AM (30 minutes later) and 8:03 AM (30 minutes later). The PCT failed to follow the RN instructions to monitor the patient's BP every 15 minutes.</p> <p>6. The clinical record of Patient # 10 was reviewed with the following findings:</p> <p>A dialysis treatment sheet for 6/26/18 evidenced a heart rate of 49 bpm (beats per minute) at 12:17 AM and 55 bpm at 12:24 AM. A RN note written at 12:25 PM stated, "Pulse low; pt denies ss (signs and symptoms) of bradycardia (a heart rate less than 60 bpm). Will cont (continue) to monitor every 15 min. MD orders." Vital signs were taken by the PCT at 12:47 PM with a heart rate of 65 bpm, 13:04 PM with a heart rate of 66 bpm, 13:33 PM (30 minutes later) with a heart rate of 50 bpm, 14:02 (30 minutes later) with a heart rate of 48 bpm, 14:33 PM (30 minutes later) with a heart rate of 54 bpm. The PCT failed to follow the RN instructions</p>		<p>delegation directive to the PCTs The treatment sheet reviews will be completed on one shift of patients or a minimum of 10 treatment records daily for two weeks, weekly for four weeks, and monthly for two months utilizing the Treatment Sheet Audit Tool Once compliance is sustained monitoring will be done through the Medical Record Audit per QAI calendar. The Clinical Manger is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate to achieve sustainable compliance. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues. The Treatment Sheet and Monitoring Tools and staff in-service sheets are available in the clinic for review. The deficiency will be completed on July 27th 2018</p>	

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V 0715 Bldg. 00	<p>to monitor the patients slow heart rate every 15 minutes.</p> <p>7. An interview was conducted with the clinical manager on 6/28/18 at 4:30 PM. The clinical manager reported vital signs were to be taken every 30 minutes while the patient was receiving dialysis treatment. In addition, the clinical manager reported if the RN had determined the patient needed to be monitored more frequently than every 30 minutes, the PCT would need to follow the instructions of the RN.</p> <p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&amp;P The medical director must- (2) Ensure that- (i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p> <p>Based on observation, record review, and interview, the medical director failed to ensure the staff working in the in-center hemodialysis unit and the home therapies unit followed facility policies to ensure the safe storage of medications for 3 of 4 units observed in the facility.</p> <p>Findings Include:</p> <p>1. A facility policy titled, "Medication Preparation and Administration" was reviewed and stated, "... Medications may be pre-drawn up ... These pre-drawn medications shall be labeled and must be kept under the preparer's control or in a locked designated medication storage area or refrigerated if necessary until delivery to the appropriate</p>	V 0715	<p><b>V Tag # 715</b> On July 11th, 2018 the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies and procedures: FMC-CS-IC-II -120-040A Medication Preparation and Administration Policy FMC-CS-IC-II- 120-040C Medication Preparation and Administration Procedure</p> <p><b>Emphasis placed on:</b> Medications may be pre-drawn up. These pre-drawn medications shall be labeled and must be kept</p>	07/27/2018

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	<p>patient for administration ... Securement: All medication will be kept in a locked cabinet except when in use ...."</p> <p>2. During a flash tour of the facility's active dialysis units on 6/27/18, solutions drawn up in syringes, bottles of pills, and vials of medication were stored in medication cabinets and refrigerators unsecured as evidenced by:</p> <p>On 6/27/18 at 11:00 AM, the medication storage cabinets located in the in-center hemodialysis units 1 and 3 failed to be secured and locked.</p> <p>On 6/27/18 at 12:09 AM, the medication refrigerator located in the home therapies unit failed to be secured and locked.</p> <p>3. An interview as conducted with Employee P and R on 6/27/18 at 5:00 PM in regards to the security of medications in the facility. On 6/28/18 at 4:30 PM, they provided a facility medication policy and validated medications should have been stored in a locked designated storage area.</p>		<p>under the preparer's control or in a locked designated medication storage area until delivery to the appropriate patient for administration</p> <p>Securement: All medication will be kept in a locked cabinet except when in use</p> <p>Effective June 16th, 2018, the Clinical Manager or designee will conduct audits of the patient treatment area with a focus on the Medication Preparation Stations and ensuring medications are secure when not in use. The audits will be completed during dialysis treatments daily for two weeks, then weekly for four weeks, and monthly for two months utilizing the Infection Control and Monitoring Tool. Once compliance is sustained monitoring will be done through the Clinical Audit Checklist per QAI calendar.</p> <p>The Clinical Manger is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate to achieve sustainable compliance.</p> <p>The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by</p>	

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V 0726  Bldg. 00	<p>494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>Based on record review and interview, the facility failed to ensure the medical records for patients were complete and accurate in relation to post dialysis assessments, for 5 of 12 clinical records reviewed. (Patients # 5, 7, 9, 11, and 12)</p> <p>Findings Include:</p> <p>1. A facility policy titled, "Medical Record Documentation Standards" was reviewed and stated, "Policy ... The patient's medical record is an important tool in medical and nursing care. It is crucial in planning the care of the patient, documenting communication between the health professionals contributing to the patient's care and in furnishing documentary evidence of the patient's course of illness and response to treatment ... The dialysis facility must monitor and maintain complete, accurate ... records on all</p>	V 0726	<p>the Statement of Deficiency, is effective and is providing resolution of the issues. The Treatment Room Medication Preparation Area Monitoring Tools and staff in-service sheets are available in the clinic for review. The deficiency will be corrected on July 27th, 2018</p> <p><b>V Tag # 726</b></p> <p>On July 11th, 2018, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies and procedures:</p> <p>FMS-CS-IC-I-110-132A Patient Evaluation Post Dialysis Treatment Policy FMS-CS-IC-I-110-132C Patient Evaluation Post Dialysis Treatment Procedure</p> <p>Monitoring During Patient Treatment Policy, FMS-CS-IC-I-110-133A Registered Nurse Job Description</p>	07/27/2018	

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	<p>patients ... These records will reflect the condition of the patient from the time of the first dialysis treatment until the patient is discharged ... Document all facts and pertinent information related to an event, course of treatment, patient's condition, response to care and any deviation from and reason for deviation of standard treatment ... Documentation must include evidence of follow-through ...."</p> <p>2. A facility procedure titled, "Patient Evaluation Post-Dialysis Treatment" was reviewed and stated, "Patient assessment is a nursing responsibility and cannot be delegated to unlicensed patient care staff. Nurses assess the patient post treatment as warranted by the patient's condition. The assessment must be documented in the patient's medical record .... Guidelines for performing a post treatment assessment may include: Changes in the patient's condition reported by the unlicensed patient care staff ... the post dialysis nursing assessment may include review and evaluation of one or more of these parameters as indicated by the patient's conditions ... Blood pressure, Pulse, Volume status .... "</p> <p>3. A dialysis treatment record for patient # 5 was reviewed with the following findings:</p> <p>A treatment record dated 6/19/18 evidenced a heart rate of 55 and an assessment note by the RN at 5:32 AM, "BP set for every 15 minutes." The record failed to evidence a post RN evaluation.</p> <p>A treatment record dated 6/23/18 evidenced a heart rate of 55 at 5:31 AM and a note by the PCT at 5:32 AM that stated, "Patient on 15 minute checks starting now to monitor RN notified." The record failed to evidence a post RN evaluation.</p>		<p><b>Patient Care Technician Job Description</b></p> <p><b>With Emphasis on:</b> Accurate Documentation on the Treatment Sheet for any treatment interventions provided to the patients as directed by the Registered Nurse Accurate Documentation on the Treatment Sheet of all treatment vitals including 30-minute safety checks and Post RN Assessments RN Job Roles including directs patient care technician's provision of safe and effective delivery of chronic hemodialysis therapy to patients in compliance with standards outlined in the facility policy and procedure manuals. Delegates tasks to call direct patient care staff including PCTs. Ensures accurate and complete documentation by PCT PCT Job Roles including functions as part of the hemodialysis healthcare team in providing safe and effective dialysis therapy for patients under the direct supervision of a licensed nurse in accordance with FMCNA policies and procedures</p> <p>On July 16th 2018 the Clinical Manager or designee will conduct patient treatment sheet reviews with a focus on patient monitoring 30 minute safety</p>	

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	<p>A treatment record dated 6/26/18 failed to evidence a post RN evaluation.</p> <p>4. The clinical record of Patient #7 was reviewed with the following findings:</p> <p>A dialysis treatment record dated 6/16/18 was reviewed and failed to include a post-evaluation RN assessment.</p> <p>A dialysis treatment record dated 6/23/18 was reviewed and failed to include a post-evaluation RN assessment.</p> <p>5. The clinical record of Patient # 9 was reviewed with the following findings:</p> <p>A dialysis treatment record dated 6/16/18 was reviewed and failed to include a post-evaluation RN assessment.</p> <p>A dialysis treatment record dated 6/26/18 was reviewed and failed to include a post-evaluation RN assessment.</p> <p>6. The clinical record of Patient # 11 was reviewed with the following findings:</p> <p>A dialysis treatment record dated 6/19/18 was reviewed. A note by the RN at 5:38 AM stated, "HR noted. PT asymptomatic. Standing orders ok to start/ continue HD [hemodialysis]. Will monitor/ record vitals Q [every] 15 mins [minutes] until HR [heart rate] within normal limits. PCT [patient care technician] aware of monitor parameters/ frequency." During the dialysis treatment the patients heart rate was 45 to 60 bpm (beats per minute). The dialysis treatment record failed to include a post-evaluation RN</p>		<p>checks post treatment RN assessments and compliance with RN delegation directive to the PCTs The treatment sheet reviews will be completed on one shift of patients or a minimum of 10 treatment records daily for two weeks, weekly for four weeks, and monthly for two months utilizing the Treatment Sheet Audit Tool</p> <p>Once compliance is sustained monitoring will be done through the Medical Record Audit per QAI calendar.</p> <p>The Clinical Manger is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate to achieve sustainable compliance.</p> <p>The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The Treatment Sheet and Monitoring Tools and staff in-service sheets are available in the clinic for review.</p> <p>The deficiency will be completed on July 27th, 2018</p>	

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	<p>assessment.</p> <p>7. The clinical record of Patient # 12 was reviewed with the following findings:</p> <p>A dialysis treatment record dated 6/16/18 was reviewed and failed to include a post-evaluation RN assessment.</p> <p>A dialysis treatment record dated 6/23/18 was reviewed. At 6:02 AM the patient's heart rate was 101. A note by the PCT stated, "HR elevated, RN aware, put on 15 minute checks per RN." At 8:03 AM the patient's BP was 89/56. The dialysis treatment record failed to include a post-evaluation RN assessment.</p> <p>A dialysis treatment record dated 6/26/18 was reviewed. At 7:20 AM the patient's BP was 89/60 and at 7:48 AM was 86/60. A RN note at 7:49 AM stated, "BP lower than prescribed limits off, BP remains Q 15 minutes." The dialysis treatment record failed to include a post-evaluation RN assessment.</p> <p>8. The findings was reviewed with the clinical manager on 6/29/18 at 5:00 PM. The clinical manager reported she had no further information/ documentation to be provided.</p>			