

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152502	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE INDIANAPOLIS EAST		STREET ADDRESS, CITY, STATE, ZIP COD 6701 E 21ST STREET INDIANAPOLIS, IN 46219		
(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
E 0000 Bldg. 00	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62.</p> <p>Survey Dates: 07/28/2025, 07/29/2025 and 07/30/2025.</p> <p>Active Census: 161</p> <p>At this Emergency Preparedness survey, Fresenius Medical Care Indianapolis East was not found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62.</p> <p>QR completed by Area 3 on 7/31/2025.</p>	E 0000		
E 0028 Bldg. 00	<p>494.62(b)(9) Dialysis Emergency Equipment</p> <p>Based on observation, record review, and interview, the facility failed to ensure emergency equipment was safe for use and was checked for expiration dates, and the Emergency Cart had been locked for 1 of 1 Emergency Carts observed.</p> <p>Findings include:</p> <p>1. A review of a dated 07/07/2025, Fresenius Kidney Care policy titled "Emergency Medication, Equipment, and Supplies" indicated but was not limited to, "Emergency Cart ...The emergency cart must be: ... Checked monthly or after use for contents, expiration dates ... The following</p>	E 0028	<p>E028 Dialysis Emergency Equipment CFR(s): 494.62(b)(9)</p> <p>On 08/05/2025, the Director of Operations held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on the Policy.</p> <p>Emergency Medications, Equipment and Supplies</p> <p>Emphasis will be placed on:</p> <p>The emergency cart must be:</p> <p>Locked when not in use</p> <p>Checked monthly or after use for</p>	08/05/2025

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

TITLE

(X6) DATE

Valerie Noah

Director of Operations

08/11/2025

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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	<p>minimum emergency supplies and equipment must be on the premises at all times, clean, functional, accessible and immediately available: Automated External Defibrillator (AED) ... The emergency cart must be: Locked when not in use ... "</p> <p>2. During an observation on 07/28/2025 at 8:30 AM, the Emergency Cart supplies, and equipment were reviewed. The Emergency Cart had been left unlocked and contained an AED with 1 package of pads with an expiration date of 06/24/2025.</p> <p>During an interview on 07/28/2025 at 8:35 AM, PCT 1 confirmed the AED pads had expired. PCT 1 further communicated the floor RNs were to check the Emergency Cart every morning and to ensure items were not expired and document in the computer system.</p> <p>3. During an interview on 07/28/2025 at 8:41 AM, RN 1 indicated the crash cart should had been checked monthly by the floor RN and remained locked.</p>			<p>contents, expiration dates, cleanliness, and proper functioning of all equipment.</p> <p>The following minimum emergency supplies and equipment must be on the premises at all times, clean, functional, accessible and immediately available:</p> <ul style="list-style-type: none"> Automated External Defibrillator (AED) Oxygen masks/cannulas Emergency medications Suction machine, disposable catheter, and canisters Disposable Ambu Bag with face mask IV solutions and administration sets Cardiac back board Oral Airway CPR pocket mask <p>Effective 08/05/2025, the Director of Operations will conduct 3 days per week audits, utilizing the facility specific audit tool for 2 weeks, with a focus on ensuring the Emergency cart is locked when not in use and all supplies are within expiration dates. The audits will then go to weekly for an additional 2 weeks or until 100% compliance is achieved.</p> <p>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. The Medical Director will review</p>	

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			<p>the results of audits each month at the QAPI Committee meeting monthly.</p> <p>The Director of Operations 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 QAPI 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 QAPI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAPI monthly.</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 QAPI and Governing Body minutes, education and monitoring documentation, are available for</p>	

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V 0000 Bldg. 00	<p>This visit was for a CORE Federal Recertification survey of an ESRD provider.</p> <p>Survey Dates: 07/28/2025, 07/29/2025, and 07/30/2025.</p> <p>Census by Service Type:</p> <p>In-Center Hemodialysis: 161 Home Hemodialysis: No Home Hemodialysis program. Peritoneal Dialysis: No Home Peritoneal Dialysis program. Total Census: 161</p> <p>Isolation Room/Waiver: 36 stations and 1 Isolation room.</p> <p>Abbreviations:</p> <table> <tr> <td>RN</td> <td>Registered Nurse</td> <td>ICHD</td> </tr> <tr> <td colspan="2">In-Center Hemodialysis</td> <td></td> </tr> <tr> <td>PCT</td> <td>Patient Care Technician</td> <td>HHD</td> </tr> <tr> <td colspan="2">Home Hemodialysis</td> <td></td> </tr> <tr> <td>FA</td> <td>Facility Administrator</td> <td>PD</td> </tr> <tr> <td colspan="2">Peritoneal Dialysis</td> <td></td> </tr> <tr> <td>MD</td> <td>Medical Doctor</td> <td>CVC</td> </tr> <tr> <td colspan="2">Central Venous Catheter</td> <td></td> </tr> </table> <p>QR completed by Area 3 on 7/31/2025.</p>	RN	Registered Nurse	ICHD	In-Center Hemodialysis			PCT	Patient Care Technician	HHD	Home Hemodialysis			FA	Facility Administrator	PD	Peritoneal Dialysis			MD	Medical Doctor	CVC	Central Venous Catheter			V 0000	<p>review at the clinic.</p> <p>Completion Date: 08/29/2025.</p>	
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V 0543 Bldg. 00	<p>494.90(a)(1) POC-MANAGE VOLUME STATUS</p> <p>Based on record review and interview, the facility failed to ensure the PCT had notified a RN of a blood pressure (BP) not within parameters for 2 (Patients: #1, and 12) of 3 records reviewed with documented abnormal blood pressures during their dialysis treatment and failed to ensure direct patient care staff monitored the patients during their dialysis treatment within the timelines to ensure patient safety in 10 of 15 records reviewed. (Patients: #1, 4, 5, 7, 8, 9, 10, 11, 12, and 15)</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. A review of a Fresenius Kidney Care policy dated 05/01/2023, titled "Patient Assessment and Monitoring" indicated but was not limited to, " ... monitoring patient during treatment ... Blood Pressure.... Report to the nurse: Systolic [top number] blood pressure greater than 180 mm/Hg [millimeters of Mercury]. Diastolic [bottom number] blood pressure greater than 100 mm/Hg. Blood pressure less than or equal to 100 mm/Hg systolic...." 2. A review of a Fresenius Kidney Care policy dated 09/05/2023, titled "Patient Monitoring and Safety Checks During Hemodialysis Treatment" indicated but was not limited to " ... Patients must be under continual observation ... Monitor and document pressure and pulse rate every 30 minutes or more frequently as needed but not to exceed 45 minutes or per state regulations ... Patient Monitoring includes: ... Blood pressure, pulse, respirations ... " 3. A review of the clinical record for Patient #1 was reviewed. 8 treatment records dated 		V 0543	<p>V543 POC-MANAGE VOLUME STATUS CFR(s): 494.90(a)(1)</p> <p>On 08/05/2025, the Director of Operations held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on the Policy.</p> <ul style="list-style-type: none"> ·Patient Assessment and Monitoring ·Patient Monitoring and Safety Checks During Hemodialysis Treatment <p>Emphasis will be placed on: Patients must be under continual observation.</p> <p>Monitor and document every 30 minutes or more frequently as needed but not to exceed 45 minutes or per state regulations in the FKC Treatment Record.</p> <p>Patient Monitoring includes: Changes in the patient's status Blood pressure, pulse, respirations</p> <ul style="list-style-type: none"> ·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 mm/hg systolic <p>Effective 08/05/2025, the Director of Operations will conduct 3 days per week audits for 2 weeks utilizing the facility specific audit</p>

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	<p>07/02/2025 through 07/26/2025 evidenced the following:</p> <p>Treatment sheet dated 07/14/2025, a blood pressure reading of 206/92 and pulse 76 at 5:04 AM by PCT 1. PCT 1 documented the next blood pressure reading 220/109 and pulse 73 at 5:32 AM. There was no evidence the RN was notified of systolic blood pressures greater than 180 mm/Hg.</p> <p>During an interview on 07/28/2025 at 12:00 PM PCT 1 communicated patient safety, blood pressure and pulse checks were to be completed every 30 minutes along with notifying the RN of abnormal findings.</p> <p>4. A review of the clinical record for Patient #4 was reviewed. 10 treatment records dated 07/04/2025 through 07/25/2025 evidenced the following:</p> <p>Treatment sheet dated 07/07/2025, a blood pressure and pulse check at 7:31 AM by PCT 4. PCT 4 completed the next blood pressure and pulse check at 8:02 AM. LPN 2 completed a blood pressure and pulse check at 9:03AM, and PCT 4 completed the next blood pressure and pulse check at 10:03 AM.</p> <p>During an interview on 07/28/2025 at 1:45 PM, PCT 4 communicated the process for monitoring patients during dialysis treatment to include safety checks, blood pressure, and pulse verification and documentation, every 30 minutes.</p> <p>5. A review of the clinical record for Patient #5 was reviewed. 10 treatment records dated 07/05/2025 through 07/26/2025 evidenced the following:</p>		<p>tool, with focus on ensuring blood pressure checks and machine parameter checks are completed every 30 minutes but not to exceed 45 minutes, and that the above listed parameters will be followed for reporting abnormal blood pressures to the nurse. During the blood pressure check the staff will monitor blood pressure, pulse and respirations, the audits will then go to weekly for an additional 2 weeks or until 100% compliance is achieved. 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. The Medical Director will review the results of audits each month at the QAPI Committee meeting monthly.</p> <p>The Director of Operations 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 QAPI 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>	

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	<p>Treatment sheet dated 07/05/2025, a blood pressure and pulse check at 11:30 AM by PCT 15. PCT 15 completed the next blood pressure and pulse check at 1:08 PM.</p> <p>Treatment sheet dated 07/10/2025, a blood pressure and pulse check at 9:07 AM by PCT 4. RN 6 completed the next blood pressure and pulse check at 10:01 AM.</p> <p>Treatment sheet dated 07/22/2025, a blood pressure and pulse check at 9:21 AM by RN 4. LPN 2 completed the next blood pressure and pulse check at 11:38 AM.</p> <p>6. A review of the clinical record for Patient #7 was reviewed. 10 treatment records dated 07/05/2025 through 07/26/2025 evidenced the following:</p> <p>Treatment sheet dated 07/05/2025, a blood pressure and pulse check at 9:31 AM by PCT 5. RN 5 completed the next blood pressure and pulse check at 10:31 AM.</p> <p>Treatment sheet dated 07/12/2025, a blood pressure and pulse check at 8:32 AM by PCT 6. PCT 6 completed the next blood pressure and pulse check at 9:33 AM.</p> <p>Treatment sheet dated 07/19/2025, a blood pressure and pulse check at 9:00 AM by PCT 6. PCT 9 completed the next blood pressure and pulse check at 10:31 AM.</p> <p>7. A review of the clinical record for Patient #8 was reviewed. 10 treatment records dated 07/04/2025 through 07/25/2025 evidenced the following:</p>		<p>The QAPI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAPI monthly.</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 QAPI and Governing Body minutes, education and monitoring documentation, are available for review at the clinic.</p> <p>Completion Date: 08/29/2025.</p>	

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	<p>Treatment sheet dated 07/04/2025, a blood pressure and pulse check at 8:32 AM by PCT 11. PCT 11 completed the next blood pressure and pulse check at 9:32 AM.</p> <p>Treatment sheet dated 07/16/2025, a blood pressure and pulse check at 7:31 AM by PCT 12. PCT 12 completed the next blood pressure and pulse check at 8:30 AM.</p> <p>Treatment sheet dated 07/17/2025, a blood pressure and pulse check at 11:03 AM by PCT 13. PCT 13 completed the next blood pressure and pulse check at 12:02 PM.</p> <p>Treatment sheet dated 07/21/2025, a blood pressure and pulse check at 8:35 AM by PCT 11. PCT 4 completed the next blood pressure and pulse check at 10:46 AM.</p> <p>Treatment sheet dated 07/23/2025, a blood pressure and pulse check at 7:33 AM by PCT 2. PCT 11 completed the next blood pressure and pulse check at 8:34 AM. PCT 11 completed the next blood pressure and pulse check at 9:44 AM.</p> <p>8. A review of the clinical record for Patient #9 was reviewed. 10 treatment records dated 07/04/2025 through 07/26/2025 evidenced the following:</p> <p>Treatment sheet dated 07/22/2025, a blood pressure and pulse check at 12:03 PM by PCT 2. RN 3 completed the next blood pressure and pulse check at 12:59 PM.</p> <p>Treatment sheet dated 07/26/2025, a blood pressure and pulse check at 2:29 PM by PCT 3. PCT 3 completed the next blood pressure and pulse check at 3:23 PM.</p>			

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	<p>9. A review of the clinical record for Patient #10 was reviewed. 12 treatment records dated 06/30/2025 through 07/25/2025 evidenced the following:</p> <p>Treatment sheet dated 06/30/2025, a blood pressure and pulse check at 10:34 AM by PCT 9. PCT 5 completed the next blood pressure and pulse check at 11:33 AM.</p> <p>Treatment sheet dated 07/04/2025, a blood pressure and pulse check at 1:32 PM by PCT 10. PCT 7 completed the next blood pressure and pulse check at 2:31 PM.</p> <p>Treatment sheet dated 07/16/2025, a blood pressure and pulse check at 2:03 PM by PCT 10. LPN 2 completed the next blood pressure and pulse check at 2:57 PM.</p> <p>10. A review of the clinical record for Patient #11 was reviewed. 10 treatment records dated 07/02/2025 through 07/25/2025 evidenced the following:</p> <p>Treatment sheet dated 07/04/2025, a blood pressure and pulse check at 9:25 AM by PCT 2. PCT 2 completed the next blood pressure and pulse check at 10:24 AM. PCT 2 completed the next blood pressure and pulse check at 12:08 PM.</p> <p>Treatment sheet dated 07/18/2025, a blood pressure and pulse check at 9:31 AM by PCT 1. PCT 1 completed the next blood pressure and pulse check at 10:30 AM. PCT 1 completed the next blood pressure and pulse check at 11:36 AM, and then again at 12:21 PM.</p> <p>Treatment sheet dated 07/25/2025, a blood</p>			

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	<p>pressure and pulse check at 11:32 AM by LPN 2. LPN 2 completed the next blood pressure and pulse check at 12:41 PM.</p> <p>11. A review of the clinical record for Patient #12 was reviewed. 6 treatment records dated 07/07/2025 through 07/21/2025 evidenced the following:</p> <p>Treatment sheet dated 07/07/2025, a blood pressure reading of 87/26 and pulse 59 at 1:50 PM by PCT 7. PCT 7 documented the next blood pressure reading 93/75 and pulse 55 at 2:11 PM. PCT 7 completed the next blood pressure reading 107/44 and pulse 62 at 3:32 PM. There was no evidence the RN was notified of systolic blood pressures less than 100 mm/Hg.</p> <p>Treatment sheet dated 07/11/2025, a blood pressure and pulse check at 2:35 PM by PCT 5. PCT 5 completed the next blood pressure and pulse check at 3:32 PM. PCT 1 completed the next blood pressure and pulse check at 11:36 AM, and again at 12:21 PM.</p> <p>Treatment sheet dated 07/21/2025, a blood pressure and pulse check at 2:03 PM by PCT 5. PCT 2 completed the next blood pressure and pulse check at 3:11 PM.</p> <p>12. A review of the clinical record for Patient #15 was reviewed. 10 treatment records dated 06/28/2025 through 07/26/2025 evidenced the following:</p> <p>Treatment sheet dated 07/01/2025, a blood pressure and pulse check at 9:03 AM by PCT 13. PCT 13 completed the next blood pressure and pulse check at 10:02 AM.</p>			

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	<p>Treatment sheet dated 07/05/2025, a blood pressure and pulse check at 8:33 AM by PCT 11. PCT 14 completed the next blood pressure and pulse check at 9:32 AM.</p> <p>Treatment sheet dated 07/08/2025, a blood pressure and pulse check at 9:02 AM by PCT 13. PCT 13 completed the next blood pressure and pulse check at 11:07 AM.</p> <p>Treatment sheet dated 07/22/2025, a blood pressure and pulse check at 9:02 AM by LPN 1. PCT 13 completed the next blood pressure and pulse check at 11:07 AM.</p> <p>Treatment sheet dated 07/26/2025, a blood pressure and pulse check at 7:02 AM by PCT 13. PCT 13 completed the next blood pressure and pulse check at 8:05 AM.</p> <p>During an interview on 07/30/2025, at 2:20 PM, RN 3 and RN 4 communicated safety checks to include blood pressure and pulse were to be completed every 30 minutes by direct care staff. RN 4 further indicated episodes of marked hypertension a blood pressure above 180/100 mm/Hg or hypotension a systolic blood pressures less than 100 mm/Hg were to be reported to the nursing staff for further investigation and treatment.</p>			