

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152673	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER DUNELAND DIALYSIS MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP COD 3727 N FRONTAGE ROAD MICHIGAN CITY, IN 46360		
(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	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.62</p> <p>Survey dates: May 14, 15, and 16, 2025</p> <p>Total Census: 61</p> <p>At this Emergency Preparedness Survey, Duneland Dialysis Michigan City was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62</p> <p>QR: A1 5/29/2025</p>	E 0000		
V 0000 Bldg. 00	<p>This visit was for a CORE Federal recertification survey of an ESRD provider.</p> <p>Survey dates: May 14, 15, and 16, 2025</p> <p>Census by Service Type:</p> <p>In Center Hemodialysis: 48 Home Hemodialysis: 4 Home Peritoneal Dialysis: 9</p> <p>Total Census: 61</p> <p>Isolation: by room, 1</p> <p>The abbreviations used in this survey report: RN</p>	V 0000		

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

TITLE

(X6) DATE

Connie Canestraro

Facility Administrator

06/03/2025

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 0726 Bldg. 00	<p>for Registered Nurse and PCT for Patient Care Technician.</p> <p>QR: A 1 5/29/2025</p> <p>494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE</p> <p>Based on record review and interview, the dialysis facility failed to ensure that medical records were accurate in 1 of 3 in-center clinical record reviewed (Patient 4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. A revised policy, dated 07/24/2024, titled "Interdialytic Monitoring of Patient" indicated that any variance from the prescribed order for blood flow rate [BFR] requires documentation of reason. 2. A revised policy, dated 07/2024, titled "Initiation of Dialysis Treatment" indicated that blood flow should be increased incrementally until the prescribed blood flow rate is achieved and if unable to follow any part of the patient prescription documentation should occur and the Charge Nurse should be notified. 3. During a clinical record review on 05/16/2025, of Patient 4, the following inaccuracies were identified: <ul style="list-style-type: none"> A. Hemodialysis Flowsheet, dated 04/21/2025, indicated that the prescribed BFR was 400. At 6:17 AM, PCT 7 charted a BFR of 350 and noted that blood flow was increased to ordered rate without difficulty. The BFR remained at 350 for the duration of the treatment with no documentation 	V 0726	<p>The Facility Administrator (FA) will in-service all direct care patient staff on policy C-ID-0010: Intradialytic Monitoring of Patient as it relates to running patients at their prescribed BFR. Any staff who are not present for the initial in-servicing will have in-servicing completed within 2 days upon return to work. To ensure BFR settings are at the prescribed rate, the FA or designee will conduct the Chairside Treatment Verification Audit on 100% of patients daily x4 (ensuring to capture 2 days of MWF patients and 2 days of TTS pts), then weekly x2, then monthly x2, and then resume auditing of one patient shift monthly per the Quality Management Workbook audit schedule.</p> <p>FA is responsible for ensuring adherence to this Plan of Correction (POC), and for reviewing all education and audit results in the monthly QAPI and Governing Body meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made,</p>	06/13/2025

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	<p>regarding the reason for the variance from Patient's prescription.</p> <p>B. Hemodialysis Flowsheet, dated 04/23/2025, indicated that the prescribed BFR was 400. At 6:15 AM, PCT 7 charted a BFR of 350 and noted that blood flow was increased to ordered rate without difficulty. The BFR remained at 350 for the duration of the treatment with no documentation regarding the reason for the variance from Patient's prescription.</p> <p>C. Hemodialysis Flowsheet, dated 04/28/2025, indicated that the prescribed BFR was 400. At 6:13 AM, PCT 7 charted a BFR of 350 and noted that blood flow was increased to ordered rate without difficulty. The BFR remained at 350 for the duration of the treatment with no documentation regarding the variance from Patients' prescription.</p> <p>D. Hemodialysis Flowsheet, dated 05/09/2025, indicated that the prescribed BFR was 400. At 6:17 AM, PCT 7 charted a BFR of 350 and noted that blood flow was increased to ordered rate without difficulty. The BFR remained at 350 for the duration of the treatment with no documentation regarding the variance from Patient's prescription.</p> <p>4. During an interview on 05/16/2025, beginning at 9:05 AM, the Facility Administrator [FA] indicated that any change in the BFR from the prescribed rate should be documented. Additionally, the FA indicated that it was possible that the incorrect checkbox could have been marked by staff during charting.</p>		<p>re-education (if indicated), and monitoring will continue until substantial compliance is met.</p> <p>/p> ="" span</p>	