STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152673	A. BUILDING 00 B. WING	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNELAND DIALYSIS MICHIGAN CITY	3727 N FRONTAGE ROAD MICHIGAN CITY, IN 46360

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E 0000 Bldg. 00	This visit was for a Federal Recertification Survey of an ESRD provider. Survey dates: 4/27/2022 - 4/29/2022 and 5/4/2022 Census by Service Type: In Center Hemodialysis: 53 Home Hemodialysis [if any]: 0 Home Peritoneal dialysis [if any]: 7 Total Census: 60 Isolation Room/Waiver: 1 At this Emergency Preparedness survey, DSI Duneland Dialysis - Michigan City, LLC 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 Federal Recertification Survey of an ESRD provider. Survey Dates: 4/27/2022 to 4/29/2022 and 5/4/2022 Census: 60 ICHD: 53 PD: 7 HHD: 0 Isolation Room: 1 Quality Review Completed 05/13/2022	V 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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 0142 Bldg. 00	494.30(b)(1) IC-O-SIGHT-MONITOR ACTIVITY/IMPLEMENT P&P The facility must- (1) Monitor and implement biohazard and infection control policies and activities within the dialysis unit; Based on observation, record review, and interview, the facility failed to ensure the patient care technician followed infection control policies in 1 of 2 observations of initiating treatment of a patient with a fistula. (patient #10) The findings include: An agency policy titled, "Assessment and Needle Placement for Existing and New AV [arteriovenous] Fistula and Graft," revised 5/2021, stated, "... PURPOSE: To provide guidelines for successful cannulation of new and existing arteriovenous fistulas and grafts. ... PROCEDURE: ... Access preparation: ... Locate and palpate the needle cannulation sites prior to skin disinfection; remove gloves, perform hand hygiene and don clean gloves. c. Disinfect each access site separately with one of the below options: Alcohol prep pad in a rubbing motion for at least 30 seconds immediately prior to needle insertion ... NOTE: Repeat access preparation if cannulation area has been touched/contaminated...." During an observation on 4/28/2022 at 10:08 AM, PCT [patient care technician] 11 initiated the AVF for patient #10, at station #2, machine #15. After cleaning the skin with an alcohol wipe, PCT 11 was observed to palpate the AVF site with their gloved finger, but did not disinfect the site with another alcohol wipe again before inserting the cannulation needles and initiating treatment. The PCT failed to follow infection control policy when	V 0142	The Facility Administrator (FA) or designee will in-service all direct care staff on policies C-IC-0010 Infection Control for all Patients and C-TI-0010 Initiation of Dialysis Treatment as it relates to the cleansing of the AV Fistula site prior to cannulation and/or after re-palpating site. FA or designee will conduct infection control audit on 10% of patients daily x 2 weeks, weekly x4 and resume auditing per the Quality Management Workbook audit schedule. FA or designee will conduct Flow Sheet audit for 10% of patents daily x2 weeks, weekly x4 and resume monthly auditing per the Quality Management Workbook audit schedule. FA is responsible to review all education and audit results in the monthly QAPI and governing body (GB) meetings for tracking and trending. If compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.	06/01/2022

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	initiating an AVF. During an interview on 4/28/2022 at 10:35 AM, the facility administrator indicated PCT 11 may have been nervous and does know the proper procedure for initiating an AVF.			
V 0504 Bldg. 00	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. Based on record review and interview, the dialysis facility failed to ensure patient pre-, post-, and intra-dialytic blood pressures and heart rates were being assessed and managed in 6 of 7 in-center hemodialysis records reviewed. (Patients #1, #2, #3, #4, #5, #6) The findings include: 1. An undated agency policy titled, "Parameters Reportable to the Charge Nurse," received 4/29/2022, stated, "... Vital Sign: Blood Pressure, Parameter: Systolic, Report if: > 160 or < 100; Vital Sign: Blood Pressure, Parameter: Diastolic, Report if: > 100 or < 40 ... Vital Sign: Pulse, Report if: > 100 or < 60 bpm [beats per minute] ...." 2. An agency policy titled, "2022 Standing Orders," received 5/4/2022, stated, "... Initiate emergency interventions per protocol as needed. ... Clonidine 0.1 mg q hour x 2 [every hour two times] may be given PRN [as needed] for sustained systolic BP [blood pressure] >200 or diastolic BP >100. Notify MD if systolic BP >200	V 0504	The Facility Administrator (FA) or designee will in-service all direct care staff on policies C-TP-0060: Post Dialysis Assessment of Patient and C-ID-0010: Intradialytic Monitoring of Patient; and Parameters Reportable to the Charge Nurse tool as it relates to ensuring all vital signs outside of clinic approved ranges, documentation notifying the charge nurse and the physician (if indicated). FA or designee will conduct Prescription audit for 25% of patients daily x2 weeks, weekly x4 and resume auditing per the Quality Management Workbook audit schedule. FA or designee will conduct Flow Sheet audit for 10% of patents daily x2 weeks, weekly x4 and resume monthly auditing per the Quality Management Workbook audit schedule.	06/01/2022

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	or diastolic BP >100 after this intervention. ... Notify/refer to MD as needed throughout treatment...." 3. An agency policy titled, "Hypotension," revised 11/18/2018, stated, "... Procedure: 1. If patient's SBP [systolic blood pressure] is <100 or DBP [diastolic blood pressure] <40, SBP is trending down by >20 points, or patient is symptomatic, notify the RN [registered nurse]. 2. Check BP q 15 min [every 15 minutes]. 3. PCTs [patient care technicians] will report all BPs and patient status to the RN until patient is deemed stable and the UF [ultrafiltration] has been turned back on...." 4. Clinical record review on 5/2/2022 for patient #2, start of care 7/3/2020, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 10/29/2021. This document indicated patient #2's blood pressure at 8:33 AM was 146/104 [normal blood pressure 120/80], then increased to 161/108 at 9:01 AM. At 9:29 AM patient #2's blood pressure was 168/111, which then increased to 171/111 at 9:49 AM. This document failed to evidence the nurse was notified of the high blood pressures during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/5/2021. This document indicated patient #2's blood pressure at 9:01 AM was 138/98, then increased to 160/110 at 9:22 AM. This document failed to evidence the nurse was notified of the high blood pressure during treatment and of the 20-point change in the patient's blood pressure. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/8/2021. This document indicated patient #2's		FA is responsible to review all education and audit results in the monthly QAPI and GB meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.	

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	blood pressure at 8:32 AM was 148/94, then decreased to 125/74 at 9:02 AM, then decreased to 90/81 at 9:20 AM. This document failed to evidence the nurse was notified of the greater than 20-point changes in the patient's blood pressures during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/10/2021. This document indicated patient #2's blood pressure at 7:32 AM, was 119/75, then increased to 143/106 at 8:03 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/12/2021. This document indicated patient #2's blood pressure at 9:29 AM, was 119/80, then increased to 140/78, at 9:44 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/15/2021. This document indicated patient #2's blood pressure at 7:02 AM, was 139/88, then decreased to 118/71, at 7:32 AM. At 8:32 AM, the blood pressure was 107/67, which increased to 132/53, at 9:02 AM. At 9:15 AM, patient #2's blood pressure was 182/120, then decreased to 53/38, at 9:18 AM, then increased to 120/86, at 9:28 AM. This document failed to evidence the nurse was notified of the greater than 20-point changes in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated			

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	11/17/2021. This document indicated patient #2's blood pressure at 9:42 AM, was 130/86, then increased to 158/85, at 10:09 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. 5. Clinical record review on 5/2/2022 for patient #1, start of care 11/2/2018, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 2/24/2022. This document indicated patient #1's blood pressure at 11:31 AM, was 172/65, then decreased to 148/55, at 12:01 PM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 2/26/2022. This document indicated patient #1's blood pressure at 11:01 AM, was 211/82, then decreased to 168/65, at 11:31 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 3/31/2022. This document indicated patient #1's blood pressure at 12:01 PM, was 164/73, then decreased to 141/65, at 12:31 PM. At 1:31 PM, patient #1's blood pressure was 148/64, which then increased to 168/64 at 2:01 PM. This document failed to evidence the nurse was notified of the greater than 20-point changes in the patient's blood pressures during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/22/2022. This document indicated patient #1's			

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	blood pressure at 3:20 PM, was 169/75, decreased to 133/62 at 3:31 PM. At 5:02 PM, patient #1's blood pressure was 141/54, which decreased to 125/52 at 5:31 PM, then increased to 148/58 at 6:01 PM. This document failed to evidence the nurse was notified of the greater than 20-point changes in the patient's blood pressures during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/25/2022. This document indicated patient #1's blood pressure at 5:02 PM, was 157/58, and the next time it was assessed at 6:02 PM it had increased to 183/105. It was rechecked at 6:03 PM, and indicated to be 160/108, rechecked again at 6:04 PM, and indicated to be 179/75. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. 6. Clinical record review on 5/2/2022 for patient #4, start of care 1/14/2022, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 3/21/2022. This document indicated patient #4's blood pressure at 12:46 PM, was 107/59, then decreased to 80/52 at 1:01 PM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/20/2022. This document indicated patient #4's blood pressure at 2:46 PM was 133/63, then decreased to 87/61 at 3:01 PM. It was rechecked at 3:03 PM and showed to be 110/76. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment.			

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	7. Clinical record review on 5/2/2022 for patient #3, start of care 12/9/2016, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/4/2022. This document indicated patient #3's blood pressure at 9:31 AM, was 155/72, then increased to186/88, at 9:51 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/6/2022. This document indicated patient #3's blood pressure at 7:01 AM, was 146/71, then decreased to 120/62, at 7:31 AM. At 8:31 AM, the patient's blood pressure was 125/51, which increased to 146/61 at 9:01 AM. At 9:31 AM, the patient's blood pressure was 153/47, which increased to 174/83 at 9:58 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/8/2022. This document indicated patient #3's blood pressure at 6:31 AM, was 171/79, then decreased to 138/77, at 7:01 AM. At 7:38 AM, the patient's blood pressure was 134/71, which increased to 167/72, at 8:02 AM. At 8:31 AM, patient #3's blood pressure was 147/71, which then increased to 168/73 at 9:01 AM. This document failed to evidence the nurse was notified of the greater than 20-point changes in the patient's blood pressure. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/11/2022. This document indicated patient #3's blood pressure at 9:01 AM, was 145/70, which			

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	then increased to 180/75 at 9:31 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/15/2022. This document indicated patient #3's blood pressure at 9:31 AM, was 163/82, which then increased to 183/85 at 9:51 AM. This document failed to evidence the nurse was notified of the patient's high blood pressures. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/18/2022. This document indicated patient #3's blood pressure at 9:33 AM, was 169/78, which then increased to 199/85, at 9:57 AM. The patient's blood pressure at 10:13 AM was 145/86. This document failed to evidence the nurse was notified of the greater than 20-point changes in the patient's blood pressure. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/22/2022. This document indicated patient #3's blood pressure at 6:31 AM, was 165/88, which then decreased to 123/86, at 7:01 AM, then increased to 150/77 at 7:31 AM. At 8:31 AM, the patient's blood pressure was 147/89, which increased to 172/89 at 9:01 AM. This document failed to evidence the nurse was notified of the greater than 20-point changes in the patient's blood pressures. 8. Clinical record review on 5/2/2022 for patient #5, start of care 3/26/2022, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/14/2022. This document indicated patient #5's blood pressure at 7:44 AM, was 161/86, then			

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	decreased to141/70, at 8:02 AM, then increased to 162/58, at 8:33 AM. At 10:02 AM, patient #5's blood pressure was 130/64, which increased to 153/69 at 10:32 AM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/16/2022. This document indicated patient #5's blood pressure at 2:01 PM, was 176/95, which decreased to 145/79, at 2:31 PM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/19/2022. This document indicated patient #5's blood pressure at 1:31 PM, was 167/100. At 2:43 PM, patient #5's blood pressure was 176/103, and at 2:51 PM, the patient's blood pressure was 180/102. This document failed to evidence the nurse was notified of the patient's high blood pressures during treatment. During an interview on 5/4/2022 at 2:48 PM, the facility administrator indicated patient #5's physician did not want to treat based off of the facility's blood pressures, because the patient's spouse keeps a dedicated blood pressure diary that is taken to patient #5's doctor appointments. 9. Clinical record review on 5/2/2022 for patient #6, start of care 5/6/2021, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/18/2021. This document indicated patient #6's heart rate at 10:32 AM, was 123 beats per minute (normal range for an adult is 60-100 beats per			

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	minute). At 11:02 AM, the patient's heart rate was 138. At 11:32 AM, the patient's heart rate was 138. At 12:06 PM, the patient's heart rate was 160. At 11:32 AM, patient #6's blood pressure was 95/53. This document failed to evidence the nurse was notified of the patient's elevated heart rates and low blood pressure during treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 1/8/2022. This document indicated patient #6's blood pressure at 12:01 PM, was 129/62, which decreased to 101/41, at 12:31 PM. This document failed to evidence the nurse was notified of the greater than 20-point change in the patient's blood pressure. During an interview on 4/29/2022 at 12:47 PM, the facility administrator indicated if there was a 20-point change in a patient's blood pressure in either direction, the PCT was to notify the RN [registered nurse].			
V 0543 Bldg. 00	494.90(a)(1) POC-MANAGE VOLUME STATUS 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; Based on record review and interview, the facility failed to ensure the physician was aware of the inability of the patient to achieve their dry weight to establish the appropriateness of the dialysis prescriptions in 6 of 7 in-center hemodialysis patients clinical records reviewed (patients #1, #2, #4, #5, #6, #7) and failed to ensure patient blood pressures were monitored per policy in 2 of 7 in-center hemodialysis patients clinical records	V 0543	The Facility Administrator (FA) or designee will in-service all direct care staff on policies C-PT-0010: Pre-Treatment Assessment of Patient and C-TP-0060: Post Dialysis Assessment of Patient as it relates to monitoring estimated dry weights, documenting changes in medical record and	06/01/2022

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	reviewed. (patients #1, #2) The findings include: 1. An agency policy titled, "Intradialytic Monitoring of Patient," revised 9/2020, stated, "MONITORING: Direct patient care staff will monitor the following parameters during each dialysis treatment: ... 2. Vital signs: Obtained and documented at least every 30 minutes and reported to charge nurse if outside of standing orders and/or reportable parameters ...." 2. An agency policy titled, "Post Dialysis Assessment of Patient," revised 1/2020, stated, "... ASSESSMENT: 1. Post dialysis patient assessment includes but is not limited to: ... Weight/volume status; Evaluate post weight variance from EDW [estimated dry weight]. If post weight +/- 1 kg [kilogram] from EDW, evaluate patient's condition, document, and contact physician if assessment deems this necessary. ... Post dialysis assessments are performed by qualified nursing staff (RN [registered nurse], LPN [licensed practical nurse], LVN [licensed vocational nurse]) ...." 3. An undated agency document titled, "Parameters Reportable to the Charge Nurse," obtained 4/29/2022, stated, "... Vital Sign: Weight, Parameter: Post-Dialysis, Report if: >1 kg [kilogram] above or below EDW [estimated dry weight] ...." 4. Clinical record review on 5/2/2022, for patient #6, start of care 5/6/2021, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/18/2021. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 98.5 kg. This		notifying the physician (if indicated). Documentation noted for any new orders. FA or designee will conduct Flow Sheet audit of 10% of patients daily x2 weeks, weekly x4, and resume monthly auditing per the Quality Management Workbook audit schedule. FA is responsible to review all education and audit results in the monthly QAPI and GB meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.	

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	document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/19/2021. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 97.0 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/21/2021. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 96.0 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/23/2021. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 101.0 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/28/2021. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 100.0 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight.			

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	Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/30/2021. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 99.0 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 1/2/2022. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 102.0 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 1/5/2022. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 104.0 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 1/8/2022. This document indicated patient #6's dry weight was 94.0 kg. At the completion of treatment, patient #6's weight was 103.5 kg. This document failed to evidence the physician was informed patient #6 failed to achieve their target dry weight. During an interview on 5/4/2022 at 12:45 PM, the facility administrator indicated patient #6 suffered from alcoholism and was non-compliant with diet and fluid restrictions, which frequently caused			

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	them to be over their dry weight. 5. Clinical record review on 5/2/2022, for patient #5, start of care 3/26/2022, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/21/2022. This document indicated patient #5's dry weight was 86.5 kg. At the completion of treatment, patient #5's weight was 83.0 kg. This document failed to evidence the physician was informed patient #5 failed to achieve their target dry weight. During an interview on 5/4/2022 at 2:48 PM, the facility administrator indicated patient #5's dry weight should have been adjusted. 6. Clinical record review on 5/2/2022, for patient #4, start of care 1/14/2022, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/22/2022. This document indicated patient #4's dry weight was 115.0 kg. At the completion of treatment, patient #4's weight was 117.0 kg. This document failed to evidence the physician was informed patient #4 failed to achieve their target dry weight. During an interview on 5/4/2022 at 3:09 PM, the facility administrator did not think patient #4 gained that much weight and it was an error. 7. Clinical record review on 5/2/2022, for patient #7, start of care 10/29/2021, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/19/2021. This document indicated patient #7's dry weight was 83.0 kg. At the completion of treatment, patient #7's weight was 78.0 kg. This document failed to evidence the physician was informed patient #7 failed to achieve their target dry weight.			

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	Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/21/2021. This document indicated patient #7's dry weight was 83.0 kg. At the completion of treatment, patient #7's weight was 78.0 kg. This document failed to evidence the physician was informed patient #7 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 12/10/2021. This document indicated patient #7's dry weight was 78.0 kg. At the completion of treatment, patient #7's weight was 81.0 kg. This document failed to evidence the physician was informed patient #7 failed to achieve their target dry weight. During an interview on 5/4/2022 at 2:29 PM, the facility administrator indicated patient #7's dry weight should have been adjusted sooner. 8. Clinical record review on 5/2/2022, for patient #1, start of care 11/2/2018, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 2/24/2022. This document indicated patient #1's dry weight was 47.5 kg. At the completion of treatment, patient #1's weight was 49.5 kg. This document failed to evidence the physician was informed patient #1 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 2/26/2022. This document indicated patient #1's dry weight was 47.5 kg. At the completion of treatment, patient #1's weight was 49.5 kg. This document failed to evidence the physician was informed patient #1 failed to achieve their target dry weight.			

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	Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 3/31/2022. This document indicated patient #1's dry weight was 47.5 kg. At the completion of treatment, patient #1's weight was 49.5 kg. This document failed to evidence the physician was informed patient #1 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 4/25/2022. This document indicated patient #1's blood pressure was monitored at 5:02 PM, and the next time it was monitored was 6:02 PM. This document failed to evidence patient #1's blood pressure was monitored per facility policy. During an interview on 5/4/2022 at 2:02 PM, the facility administrator indicated patient #1 was a small person and they should have had their dry weight adjusted with a note from the physician. 9. Clinical record review on 5/2/2022, for patient #2, start of care 7/3/2020, evidenced an agency document titled, "Hemodialysis Flowsheet," dated 10/27/2021. This document indicated patient #2's dry weight was 78.5 kg. At the completion of treatment, patient #2's weight was 81.0 kg. This document failed to evidence the physician was informed patient #2 failed to achieve their target dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 10/29/2021. This document indicated patient #2's dry weight was 79.5 kg. At the completion of treatment, patient #2's weight was 82.0 kg. This document failed to evidence the physician was informed patient #2 failed to achieve their target			

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	dry weight. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet," dated 11/19/2021. This document indicated patient #2's blood pressure was monitored at 7:36 AM, and the next time it was monitored was 8:34 AM. This document failed to evidence patient #2's blood pressure was monitored per facility policy. During an interview on 5/4/2022 at 1:53 PM, the facility administrator indicated she did not know why patient #2 was missing an assessment and that there should have been a note for the dry weights.			
V 0544 Bldg. 00	494.90(a)(1) POC-ACHIEVE ADEQUATE CLEARANCE Achieve and sustain the prescribed dose of dialysis to meet a hemodialysis Kt/V of at least 1.2 and a peritoneal dialysis weekly Kt/V of at least 1.7 or meet an alternative equivalent professionally-accepted clinical practice standard for adequacy of dialysis. Based on observation, record review and interview, the facility failed to ensure patient dialysis prescriptions orders were verified and adhered to in order to achieve and sustain the prescribed dose of dialysis to meet the adequacy of dialysis in 5 out of 7 in-center hemodialysis records reviewed (patients #1, #2, #4, #5, #7) and 1 of 5 dialysis prescriptions observed. (patient #9) The findings include: 1. An agency policy titled "Intradialytic Monitoring of Patient," revised 9/2020, stated "... MONITORING: Direct patient care staff will monitor the following parameters during each dialysis treatment: ... 2. Vital Signs: Obtained and	V 0544	The Facility Administrator (FA) or designee will in-service all direct care staff on policy C-ID-0010: Intradialytic Monitoring of Patient as it relates to documentation of any changes to the prescribed treatment orders, BFR/DFR to achieve adequate clearance. FA or designee will conduct Flow Sheet audit of 10% of patients daily x2 weeks, weekly x4, and resume monthly auditing per the Quality Management Workbook audit schedule. FA is responsible to review all education and audit results in the	06/01/2022

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	documented at least every 30 minutes and reported to charge nurse if outside of standing orders and/or reportable parameters ... 8. Delivery of dialysis prescription ... DELIVERY SYSTEM: ... 3. Blood flow rate 4. Dialysate flow rate...." 2. During an observation on 4/28/2022 at 10:00 AM, a dialysis prescription was reviewed with RN [registered nurse] 2 at station #11, machine #10, for patient #9. The BFR [blood flow rate] was incorrect and was set at 350. The prescribed BFR was for 400. RN 2 acknowledged the incorrect BFR rate but could not find any documentation as to why it had been changed.544 3. Clinical record review on 5/2/2022, for patient #2, start of care 7/3/2020, evidenced an agency document titled, "Hemodialysis Flowsheet" dated 11/12/2021. This document indicated the patient's prescribed BFR was 450 ml/min (milliliters/minute). During this treatment patient #2's BFR was turned down to 400 ml/min. This document failed to indicate as to why patient #2 did not receive their prescribed treatment. During an interview on 5/4/2022 at 1:47 PM, the facility administrator indicated there should have been a note saying why the BFR was changed. 4. Clinical record review on 4/28/2022 for patient #4, start of care 1/14/2022, evidenced an agency document titled, "Hemodialysis Flowsheet" dated 3/11/2022. This document indicated the patient's prescribed BFR was 400 ml/min. During this treatment, patient #4's BFR was turned down to 350 ml/min and then to 300 ml/min. This document failed to indicate as to why patient #4 did not receive their prescribed treatment. Clinical record review evidenced an agency		monthly QAPI and GB meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.	

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	document titled, "Hemodialysis Flowsheet" dated 3/21/2022. This document indicated the patient's prescribed BFR was 400 ml/min. During this treatment, patient #4's BFR was turned down to 375 ml/min. This document failed to indicate as to why patient #4 did not receive their prescribed treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet' dated 4/25/2022. This document indicated the patient's prescribed BFR was 400 ml/min. During this treatment, patient #4's BFR was turned down to 355 ml/min. This document failed to indicate as to why patient #4 did not receive their prescribed treatment. During an interview on 5/4/2022 at 3:05 PM, the facility administrator indicated there should have been a note explaining why the BFR was changed. 5. Clinical record review on 5/2/2022 for patient #1, start of care 11/2/2018, evidenced an agency document titled, "Hemodialysis Flowsheet" dated 4/25/2022. This document indicated the patient's prescribed BFR was 350 ml/min. During this treatment, patient #1's BFR was turned down to 300 ml/min. This document failed to indicate as to why patient #1 did not receive their prescribed treatment. During an interview on 5/4/2022 at 2:03 PM, the facility administrator indicated a note was needed for the change in BFR. 6. Clinical record review on 5/2/2022 for patient #7, start of care 10/29/2021, evidenced an agency document titled, "Hemodialysis Flowsheet" dated 11/17/2021. This document indicated the patient's prescribed BFR was 400 ml/min. During this			

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	treatment, patient #7's BFR was turned down to 350 ml/min. This document failed to indicate as to why patient #7 did not receive their prescribed treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet" dated 11/19/2021. This document indicated the patient's prescribed BFR was 400 ml/min. During this treatment, patient #7's BFR was turned down to 350 ml/min. This document failed to indicate as to why patient #7 did not receive their prescribed treatment. Clinical record review evidenced an agency document titled, "Hemodialysis Flowsheet" dated 11/29/2021. This document indicated the patient's prescribed DFR [dialysate flow rate] was 800 ml/min. During this treatment, patient #7's DFR was turned down to 600 ml/min and 300 ml/min. This document failed to indicate as to why patient #7 did not receive their prescribed treatment. During an interview on 5/4/2022 at 2:31 PM, the facility administrator indicated the DFR should have been set at 800 ml/min. 7. Clinical record review on 5/2/2022 for patient #5, start of care 3/26/2022, evidenced an agency document titled, "Hemodialysis Flowsheet" dated 3/26/2022. This document indicated the patient's prescribed BFR was 400 ml/min. During this treatment, patient #5's BFR was turned down to 350 ml/min. This document failed to indicate as to why patient #5 did not receive their prescribed treatment. During an interview on 5/4/2022 at 2:45 PM, the facility administrator indicated she did not know why patient #5's BFR was not set to the			

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	prescribed rate.			