

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

PRINTED: 04/02/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152502		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/18/2025																									
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE INDIANAPOLIS EAST				STREET ADDRESS, CITY, STATE, ZIP COD 6701 E 21ST STREET INDIANAPOLIS, IN 46219																											
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V 0000 Bldg. 00	<p>This visit was for a Federal Complaint survey of an ESRD provider.</p> <p>Survey Dates: 03/17/2025 and 03/18/2025.</p> <p>Complaint: IN00455047 was investigated, with related and unrelated deficiencies cited.</p> <p>Census by Service Type:</p> <p>In-Center Hemodialysis: 163 Home Hemodialysis: No Home Hemodialysis program. Peritoneal Dialysis: No Home Peritoneal Dialysis program. Total Census: 163</p> <p>Isolation Room/Waiver: 1 Isolation room.</p> <p>Abbreviations</p> <table border="0"> <tr> <td>RN</td> <td>Registered Nurse</td> <td>ICHD</td> </tr> <tr> <td>In-Center Hemodialysis</td> <td></td> <td></td> </tr> <tr> <td>PCT</td> <td>Patient Care Technician</td> <td>HHD</td> </tr> <tr> <td>Home Hemodialysis</td> <td></td> <td></td> </tr> <tr> <td>FA</td> <td>Facility Administrator</td> <td>PD</td> </tr> <tr> <td>Peritoneal Dialysis</td> <td></td> <td></td> </tr> <tr> <td>MD</td> <td>Medical Doctor</td> <td>CVC</td> </tr> <tr> <td>Central Venous Catheter</td> <td></td> <td></td> </tr> </table> <p>QR by Area 3 on 3-21-2025.</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			
RN	Registered Nurse	ICHD																													
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PCT	Patient Care Technician	HHD																													
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FA	Facility Administrator	PD																													
Peritoneal Dialysis																															
MD	Medical Doctor	CVC																													
Central Venous Catheter																															
V 0113 Bldg. 00	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</p> <p>Based on observation, record review, and interview, the facility failed to ensure the staff instructed the patients on the proper use of hand</p>			V 0113	<p>V113 IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1)</p>		04/17/2025																								

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

TITLE

(X6) DATE

Valerie Noah

Director of Operations

03/31/2025

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>hygiene after holding their access with a gloved hand during 3 of 4 post-dialysis observations. (Employees: PCT 3 (3 times)) (Patients: #11, 19, and 25)</p> <p>Findings Include:</p> <p>1. A review of a Fresenius Kidney Care policy dated 11/06/2023, "Hand Hygiene," indicated but was not limited to, "Purpose: The purpose of this policy is to prevent transmission of pathogenic microorganisms to patients and staff through cross-contamination. Responsibility: All staff, patients ... Policy: Hand hygiene includes either washing hands with soap and water or using a waterless alcohol-based antiseptic hand rub with 60-90% alcohol content ... Hand Hygiene: Patients: Patients should perform hand hygiene if able, prior to and after each dialysis treatment ... "</p> <p>2. On 03/17/2025 at 9:25 AM, two signs, one in English and the other in Spanish, were reviewed on the wall above the scale of the treatment area entrance. The signs stated, "Germs are all around you. Stay healthy, wash your hands."</p> <p>During an interview on 03/17/2025 at 12:45 PM, when queried regarding infection control practices with gloves and hand hygiene, PCT 2 confirmed anytime gloves are removed hand hygiene should have been completed for staff or patients.</p> <p>3. During an observation on 03/17/2025 at 2:25 PM, PCT 3 was observed assisting Patient #25 after the patient held their left vascular access site with a right gloved hand at Station #23. The patient obtained their weight, provided the weight slip to PCT 3, and left the treatment area. Patient #25 was not instructed or offered hand hygiene</p>				<p>On 3.20.25, 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>Hand Hygiene</p> <p>Emphasis will be placed on:</p> <p>Hand hygiene includes either washing hands with soap and water or using a waterless alcohol-based antiseptic hand rub with 60-90% alcohol content when:</p> <p>Hands are visibly dirty or contaminated with proteinaceous material, blood, or other body fluids</p> <p>Before and after direct contact with patients</p> <p>Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medication</p> <p>Immediately after removing gloves</p> <p>After contact with body fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled</p> <p>After contact with inanimate objects near the patient</p> <p>When moving from a contaminated body site to a clean body site of the same patient</p> <p>Patients should perform hand hygiene if able, prior to and after each dialysis treatment.</p> <p>As needed, direct patient care</p>		

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	<p>prior to leaving the treatment floor.</p> <p>4. During an observation on 03/17/2025 at 3:05 PM, PCT 3 was observed assisting Patient #11 after the patient held their left vascular access site with a right gloved hand at Station #26. The PCT removed Patient #11's glove and assisted the patient to the scale and their wheelchair after obtaining Patient #11's weight. Patient #11 was not instructed or offered hand hygiene prior to leaving the treatment floor.</p> <p>During an interview on 03/18/2025 at 12:10 PM, PCT 6 indicated after the patients held their access with a gloved hand post-dialysis treatment, they were to be offered hand sanitizer.</p> <p>5. During an observation on 03/18/2025 at 12:15 PM, PCT 3 was observed assisting Patient #19 after the patient held their left vascular access site with a right gloved hand at Station #7. The patient obtained their weight, provided the weight slip to PCT 3, and left the treatment area. Patient #19 was not instructed or offered hand hygiene prior to leaving the treatment floor.</p> <p>During an interview on 03/18/2025 at 12:30 PM, when queried regarding infection control practices regarding hand hygiene for patients post dialysis treatment, PCT 3 indicated the patients were to wash their hands, or we were to offer hand sanitizer. PCT 3 further stated, "I used to. We need to get back into that practice. We need to get better at that."</p>				<p>staff will demonstrate how to operate the sinks, demonstrate hand washing to patients who are able to perform hand washing, and explain risk of contamination with regard to their vascular access and hands to all patients.</p> <p>Gloves must be provided to patients when performing procedures which risk exposure to blood or body fluids, such as when self-cannulating or holding access sites post treatment to achieve hemostasis.</p> <p>To help ensure the prevention of cross contamination to their family members or other patients, hand hygiene must be performed.</p> <p>Effective 3.20.25, 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 patients are instructed to perform hand hygiene after each dialysis treatment and after glove removal. 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>		

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			<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 review at the clinic.</p> <p>Completion Date: 04/17/2025.</p>		

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V 0117 Bldg. 00	<p>494.30(a)(1)(i) IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS</p> <p>Based on observation, record review, and interview, the facility failed to ensure the proper storage of supplies without risk of exposure to contaminants in 2 of 3 observations.</p> <p>Findings Include:</p> <p>1. A review of a Fresenius Kidney Care policy dated 05/05/2021, titled "General Cleanliness and Infection Control Guidelines," indicated but was not limited to, " ... The purpose of this policy is to provide guidance for the FKC staff on preventing the spread of infectious disease and maintaining a clean, safe, and aesthetically pleasant environment for patients, staff, and visitors ... Supplies or patient's belongings should not be kept or stored behind the machine at the patient station ... "</p> <p>2. On 03/17/2025 at 9:30 AM, signs on the wall box shelves surrounding the treatment area were reviewed. The signs stated, "No items on back counter."</p> <p>3. On 03/17/2025 at 9:30 AM, during the Flash Tour of the treatment floor observed an arm cushion on the wall unit shelf behind Station #7 and a plastic container of hand sanitizer behind Station #4.</p> <p>4. On 03/17/2025 at 3:45 PM, observed the following: a blue barrier on top of the dialysis machine at Station #27, a dialyzer, and tubing on the top of the dialysis machine at Station #28, a blue barrier wrapped around supplies used for</p>			V 0117	<p>On 3.20.25, 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>General Cleanliness and Infection Control Guidelines</p> <p>Emphasis will be placed on:</p> <ul style="list-style-type: none"> ·Facility to provide and maintain a clean, safe, aesthetically pleasant environment for patients, staff, and visitors. ·All areas must be kept clean and organized, including but not limited to the treatment area, water/supply room and offices. Walkways must be kept clear of debris and free of clutter. ·Supplies or patient's belongings should not be kept or stored behind the machine at the patient station. <p>Effective 3.20.25, the Director of Operations or Charge nurse will conduct bi-weekly audits utilizing specific plan of correction audit tool for 2 weeks, and then weekly for an additional 2 weeks or until 100% compliance is achieved.</p>		04/17/2025

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	<p>disconnection of dialysis on the dialysis machine at Station #29, and a pile of gloves on the dialysis machine at Station #30.</p> <p>During an interview on 03/17/2025 at 3:45 PM, when queried regarding supplies being on the dialysis machines, PCT 3 stated, "No, nothing is to be on top of the dialysis machines."</p> <p>5. On 03/17/2025 at 3:46 PM, observed a patient's pink jacket behind Station #29.</p> <p>During an interview on 03/17/2025 at 3:50 PM, when queried regarding the jacket on the wall unit shelf, PCT 2 stated, "No, it should not be on the wall unit box shelf."</p>				<p>With a focus on ensuring the facility provides and maintains a clean, safe, aesthetically pleasant environment for patients, staff, and visitors. All areas will be kept clean and organized. Once compliance is sustained at 100%, the Governing Body will decrease frequency to monthly then resume regularly scheduled audits based on the QAPI calendar. Monitoring will be done through the specific plan of correction audit tool.</p> <p>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> <p>The QAPI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The root cause analysis process is utilized to</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 RN completed pre-dialysis assessments for 3 (Patients: #1, 2, and 3) of 5 records reviewed and failed to ensure direct patient care staff monitored the patients during their dialysis treatment within the timelines to ensure patient safety in 5 of 5 records reviewed. (Patients: #1, 2, 3, 4, and 5)</p> <p>Findings Include:</p> <p>1. A review of a Fresenius Kidney Care policy dated 05/01/2023, titled "Patient Assessment and Monitoring" indicated but was not limited to "The purpose of this policy is to provide guidance ... direct care staff on assessment and monitoring patients before, during and after treatment ...</p>	V 0543	<p>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: 04/17/2025.</p> <p>V543 POC-MANAGE VOLUME STATUS CFR(s): 494.90(a)(1) On 3.20.25, 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 ·Nursing Supervision and Delegation <p>Emphasis will be placed on:</p> <ul style="list-style-type: none"> ·Obtain blood pressure and pulse rate every 30 minutes or more as needed but not to exceed 45 minutes or per state 	04/17/2025	

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	<p>During Treatment: Obtain blood pressure and pulse rate every 30 minutes or more as needed but not to exceed 45 minutes or per state regulations ... "</p> <p>2. A review of a Fresenius Kidney Care policy dated 11/06/2023, titled "Nursing Supervision and Delegation" indicated but was not limited to " ... The registered nurse must evaluate each patient preferably within an hour or according to state requirements ... "</p> <p>3. A review of the medical record for Patient #1 contained treatment sheets from 02/21/2025 through 03/14/2025 evidenced the following:</p> <p>Treatment sheet dated 03/03/2025, a blood pressure and pulse check at 6:42 PM by PCT 10. RN 2 completed the next blood pressure and pulse check at 7:37 PM.</p> <p>Treatment sheet dated 03/07/2025, a blood pressure and pulse check at 5:00 PM by PCT 10. RN 2 completed the next blood pressure and pulse check at 6:36 PM.</p> <p>Treatment sheet dated 03/10/2025, evidenced Patient #1's dialysis treatment started at 3:16 PM, RN 2 conducted their nursing assessment at 4:56 PM.</p> <p>Treatment sheet dated 03/14/2025, a blood pressure and pulse check at 4:40 PM by PCT 4. PCT 9 completed the next blood pressure and pulse check at 5:32 PM.</p> <p>During an interview on 03/18/2025 at 11:45 AM, PCT 4 confirmed patients were to have blood pressure, pulse, and safety checks every 30 minutes or every 15 minutes for low or high blood</p>				<p>regulations.</p> <ul style="list-style-type: none"> ·Document machine parameters and safety checks every 30 or more often as needed but not to exceed 45 minutes or per state regulations. ·The registered nurse must evaluate each patient preferably within an hour or according to state requirement to: <ul style="list-style-type: none"> ·Confirm identify ·Review the patient's condition. ·Review accuracy and completeness of treatment and patient data ·Review patient treatment prescription and equipment parameters to verify correct settings, and if dialysis prescription is being followed. ·Confirm that the correct vascular access is being used, and that the access is visible. ·Observe patient's response to treatment ·Verify machine safety checks have been completed. ·Talk to the patient to elicit information such as changes in condition, response to treatment, new injuries, information/education needs or complaints, satisfaction with care. <p>Effective 3.20.25, the Director of Operations will conduct 3 days per week audits for 2 weeks utilizing the facility specific audit tool, with focus on ensuring blood pressure</p>		

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	<p>pressures noted during dialysis treatment.</p> <p>4. A review of the medical record for Patient #2 contained treatment sheets from 02/21/2025 through 03/14/2025 evidenced the following:</p> <p>Treatment sheet dated 02/28/2025, evidenced Patient #2's dialysis treatment started at 6:02 AM, RN 4 conducted their nursing assessment at 10:36 AM.</p> <p>Treatment sheet dated 03/03/2025, a blood pressure and pulse check at 9:02 AM by PCT 11. PCT 12 completed the next blood pressure and pulse check at 10:14 AM.</p> <p>Treatment sheet dated 03/03/2025, evidenced Patient #2's dialysis treatment started at 6:17 AM, RN 5 conducted their nursing assessment at 9:38 AM.</p> <p>During an interview on 03/18/2025 at 11:50 AM, when queried regarding the timeline of the RN's initial patient assessment completion, RN 2 indicated the patient initial assessment should had been completed within an hour of the patient starting dialysis treatment.</p> <p>5. On 03/18/2025, the clinical record for Patient #3 was reviewed. 10 treatment records dated 02/24/2025 through 03/14/2025 evidenced the following:</p> <p>Treatment sheet dated 02/26/2025, a blood pressure and pulse check at 9:32 AM by RN 6. The RN completed the next blood pressure and pulse check at 11:08 AM.</p> <p>Treatment sheet dated 02/28/2025, a blood pressure and pulse check at 9:32 AM by PCT 13.</p>				<p>checks and machine parameter checks are completed every 30 minutes but not to exceed 45 minutes, and that the nursing assessment is completed and documented within the first hour of a patient starting treatment, 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> <p>The QAPI Committee is responsible to provide oversight, review findings, and take actions</p>		

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	<p>PCT 11 completed the next blood pressure and pulse check at 9:32 AM. PCT 11 completed the next blood pressure and pulse check at 11:06 PM.</p> <p>Treatment sheet dated 03/03/2025, evidenced Patient #3's dialysis treatment started at 7:03 AM, RN 1 conducted their nursing assessment at 3:40 PM.</p> <p>Treatment sheet dated 03/03/2025, a blood pressure and pulse check at 10:04 AM by RN 1. PCT 12 completed the next blood pressure and pulse check at 11:06 AM.</p> <p>Treatment sheet dated 03/05/2025, a blood pressure and pulse check at 9:01 AM by PCT 12. PCT 12 completed the next blood pressure and pulse check at 10:00 AM.</p> <p>Treatment sheet dated 03/12/2025, a blood pressure and pulse check at 10:02 AM by PCT 14. PCT 13 completed the next blood pressure and pulse check at 10:51 AM.</p> <p>Treatment sheet dated 03/14/2025, evidenced Patient #3's dialysis treatment started at 6:54 AM, RN 1 conducted their nursing assessment at 8:21 AM.</p> <p>During an interview on 02/18/2025 at 11:35 AM, RN 1 confirmed initial assessments were to had been completed by the RN within one hour of the patient's start of dialysis treatment.</p> <p>6. On 03/18/2025 the clinical record for Patient #4 was reviewed. 10 treatment records dated 0/21/2025 through 03/14/2025 evidenced the following:</p> <p>Treatment sheet dated 02/28/2025, a blood</p>				<p>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: 04/17/2025.</p>		

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OMB NO. 0938-039

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V 0715 Bldg. 00	<p>pressure and pulse check at 8:37 AM by PCT 13. PCT 11 completed the next blood pressure and pulse check at 9:47 AM.</p> <p>During an interview on 03/17/2025 at 12:45 PM, PCT 2 confirmed patient safety checks are to be completed, including blood pressures every 30 minutes during the patient's dialysis treatment.</p> <p>7. On 03/18/2025, the clinical record for Patient #5 was reviewed. 10 treatment records dated 02/21/2025 through 03/14/2025 evidenced the following:</p> <p>Treatment sheet dated 03/05/2025, a blood pressure and pulse check at 9:03 AM by PCT 3. PCT 3 completed the next blood pressure and pulse check at 10:05 AM.</p> <p>Treatment sheet dated 03/10/2025, a blood pressure and pulse check at 8:32 AM by PCT 2. PCT 1 completed the next blood pressure and pulse check at 10:03 AM. PCT 1 completed the next blood pressure and pulse check at 10:47 AM.</p> <p>Treatment sheet dated 03/14/2025, a blood pressure and pulse check at 9:01 AM by PCT 4. PCT 4 completed the next blood pressure and pulse check at 10:03 AM.</p> <p>During an interview on 03/18/2025 at 12:30 PM, PCT 3 indicated the staff were to monitor and document safety checks, including blood pressures every 30 minutes during the patient's dialysis treatment, and report any issues to the RN.</p> <p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P</p>						

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	<p>Based on record review and interview, the facility failed to ensure initial nursing assessments were completed prior to the initiation of the first dialysis treatment for 1 of 1 newly admitted clinical records reviewed. (Patient: #5)</p> <p>Findings Include:</p> <p>1. A review of a Fresenius Kidney Care policy dated 07/03/2025, titled "Comprehensive Interdisciplinary Assessment and Plan of Care" indicated but was not limited to, "A registered nurse must perform an assessment on patients NEW to dialysis BEFORE initiation of their first treatment to determine immediate needs . . . "</p> <p>2. A review of the clinical record for Patient #5, admission date 02/07/2025, contained an initial treatment sheet dated 02/07/2025. The treatment sheet indicated Patient #5's treatment had been initiated at 6:53 AM, and RN 4 completed their nursing assessment at 7:39 AM. The clinical record failed to evidence the initial RN assessment had been performed prior to the initiation of dialysis treatment.</p> <p>During an interview on 03/18/2025 at 11:35 AM, when queried regarding the process for the first nursing assessment of a new dialysis patient, RN 1 indicated the RN should have completed the nursing assessment prior to the patient's initiation of dialysis treatment.</p>		V 0715	<p>V715 IC: MD RESP-ENSURE ALL ADHERE TO P&P CFR: 494.150</p> <p>On 3.20.25, the Director of Operations held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on the Policy. Comprehensive Interdisciplinary Assessment and Plan of Care</p> <p>Emphasis will be placed on:</p> <p>A registered nurse must perform an assessment on patients NEW to dialysis BEFORE initiation of their first treatment to determine immediate needs.</p> <p>The RN must document the assessment.</p> <p>The assessment may be documented on the CIA in eCC, evaluation cascade in Chairside or multidisciplinary notes and should include at a minimum:</p> <p>Neurologic: level of alertness/mental status, orientation, identification of sensory deficits</p> <p>Subjective Complaints</p> <p>Rest and comfort: pain status</p> <p>Activity: ambulation status, support needs, fall risk</p> <p>Access: assessment</p> <p>Respiratory: respirations description, lung sounds</p> <p>Cardiovascular: heart rate and rhythm; presence and location of edema Fluid gains, blood pressure and temperature pre-treatment</p> <p>Integumentary: skin color,</p>		04/17/2025	

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			<p>temperature and as needed, type/location of wounds</p> <p>Effective 3.20.25, the Director of Operations will conduct 3 days per week audits, for 2 weeks, utilizing the facility specific audit tool with focus on ensuring the nursing assessment is completed on all NEW patients prior to the start of their FIRST treatment, the Registered Nurse will document the assessment and must include the above listed items at minimum, 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.</p> <p>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</p>		

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V 0726 Bldg. 00	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE Based on record review and interview, the facility failed to ensure they maintained complete and accurate clinical records by obtaining a patient signed AMA (against medical advice) forms for 3 of 5 patient records reviewed. (Patients: #1, 2 and 3) Findings Include:	V 0726	each Governing Body meeting through to the sustained resolution of all identified issues. 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. 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 QAPI and Governing Body minutes, education and monitoring documentation, are available for review at the clinic. Completion Date: 4/17/2025. V726 MR-COMPLETE, ACCURATE, ACCESSIBLE CFR(s): 494.170 On 3.20.25, the Director of Operations held a staff meeting, elicited input, and reinforced the expectations and responsibilities of the facility staff on the Policy.	04/17/2025	

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	<p>1. A review of a Fresenius Kidney Care policy dated 11/07/2022, titled "Early Termination or Arriving Late for Treatment" indicated but was not limited to, "The purpose of this policy is to provide guidelines for staff when patients ... request early termination of treatment ... The RN who evaluates the patient must document the rationale for early termination ... The RN is responsible to notify the physician, and document on the "AMA", or Against Medical Advice form ... Against Medical Advice forms are signed by the patient and witnessed by the supervising nurse ... Signed with each early termination event and filed in the patient's medical record ... "</p> <p>2. On 03/18/2025 the clinical record for Patient #1 was reviewed. 7 treatment records dated 02/21/2025 through 03/14/2025 evidenced the following:</p> <p>A review of the post-treatment prescription information dated 02/21/2025 indicated a prescribed duration time of 4 hours. The treatment duration time was 2 hours and 57 minutes. Patient #1 was taken off treatment 1 hour and 3 minutes early. The record indicated Patient #1 requested early termination of treatment. The record failed to provide evidence of RN documentation of the rationale for early termination of dialysis treatment and an obtained patient-signed AMA form.</p> <p>A review of the post-treatment prescription information dated 03/07/2025 indicated a prescribed duration time of 4 hours. The treatment duration time was 2 hours and 56 minutes. Patient #1 was taken off treatment 1 hour and 4 minutes early. The record indicated Patient #1 requested early termination of treatment. The record failed to provide evidence of RN documentation of the</p>				<p>Early Termination or Arriving Late for Treatment</p> <p>Emphasis will be placed on:</p> <p>If a patient insists on terminating treatment early and this has not been previously approved by the patient's physician, the patient must take full responsibility for consequences of the missed or shortened treatment.</p> <p>If a patient requests to leave treatment early:</p> <p>Patients requesting early termination of a treatment in an outpatient facility early will be referred to the supervising registered nurse.</p> <p>The registered nurse (RN) will evaluate the patient and discuss with the patient their reasons for requesting to terminate their treatment earlier than prescribed.</p> <p>If the patient's reasons for terminating the treatment early are due to complications of the treatment such as cramping, discomfort, or anxiety, the RN will discuss these issues with the patient and physician and implement any prescribed measure to alleviate the patient's symptoms.</p> <p>The RN who evaluates the patient must document the rationale for early termination and reinforce the consequences of not receiving the entire prescribed treatment.</p> <p>The RN is responsible to notify</p>		

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	<p>rationale for early termination of dialysis treatment and an obtained patient-signed AMA form.</p> <p>3. On 03/18/2025 the clinical record for Patient #2 was reviewed. 10 treatment records dated 02/24/2025 through 03/14/2025 evidenced the following:</p> <p>A review of the post-treatment prescription information dated 03/10/2025 indicated a prescribed duration time of 4 hours. The treatment duration time was 2 hours and 45 minutes. Patient #2 was taken off treatment 1 hour and 15 minutes early. The record indicated Patient #2 requested early termination of treatment. The record failed to provide evidence of RN documentation of the rationale for early termination of dialysis treatment and an obtained patient-signed AMA form.</p> <p>4. On 03/18/2025 the clinical record for Patient #3 was reviewed. 10 treatment records dated 02/24/2025 through 03/14/2025 evidenced the following:</p> <p>A review of the post-treatment prescription information dated 02/21/2025 indicated a prescribed duration time of 4 hours. The treatment duration time was 2 hours and 44 minutes. Patient #3 was taken off treatment 1 hour and 16 minutes early. The record failed to provide evidence of RN documentation of the rationale for early termination of dialysis treatment and an obtained patient-signed AMA form.</p> <p>A review of the post-treatment prescription information dated 03/05/2025 indicated a prescribed duration time of 4 hours. The treatment duration time was 3 hours and 26 minutes. Patient #3 was taken off treatment 34 minutes early. The record failed to provide evidence of RN</p>				<p>the physician, and document on the "AMA", or Against Medical Advice form.</p> <p>If the patient frequently requests to end their treatment before the prescribed time, the RN should discuss the patient's reasons for frequently terminating early.</p> <p>Against Medical Advice forms are</p> <p>Signed by the patient and witnessed by the supervising nurse upon completion of the above steps.</p> <p>Signed with each early termination event and filed in the patient's medical record.</p> <p>Tracked, trended and reported to the QAI committee monthly.</p> <p>Effective 3.20.25, the Director of Operations will conduct 3 days per week audits, for 2 weeks, utilizing the facility specific audit tool with focus on ensuring The registered nurse will have any patient who is ended treatment early sign the AMA form and witness it, notify the patients physician and file in the medical record after the above steps have been taken when a patient requests to end treatment early against medical advice, the AMA's will then be reviewed in the monthly QAI meeting, 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</p>		

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	<p>documentation of the rationale for early termination of dialysis treatment and an obtained patient-signed AMA form.</p> <p>A review of the post-treatment prescription information dated 03/07/2025 indicated a prescribed duration time of 4 hours. The treatment duration time was 2 hours and 43 minutes. Patient #3 was taken off treatment 1 hour and 17 minutes early. The record failed to provide evidence of RN documentation of the rationale for early termination of dialysis treatment and an obtained patient-signed AMA form.</p> <p>A review of the post-treatment prescription information dated 03/10/2025 indicated a prescribed duration time of 4 hours. The treatment duration time was 3 hours and 24 minutes. Patient #3 was taken off treatment 36 minutes early. The record failed to provide evidence of RN documentation of the rationale for early termination of dialysis treatment and an obtained patient-signed AMA form.</p> <p>During an interview on 03/18/2025 at 11:40 AM, RN 1 explained the process for patients requesting early termination of their dialysis treatment. RN 1 confirmed staff must complete AMA forms, have the patient sign them, document the education provided, and note the patient's reasons for requesting early termination. This applies even if the patient wants to end their dialysis treatment just five minutes earlier than the scheduled duration.</p> <p>6. During an interview on 03/18/2025 at 12:35 PM, when requested the AMA forms for Patient #1, 2, and 3, the Director of Operations stated, "I have no AMAs for those patients."</p>				<p>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> <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</p>		

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				of the issues. The QAPI and Governing Body minutes, education and monitoring documentation, are available for review at the clinic. Completion Date: 4/17/2025.	