

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

PRINTED: 09/13/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	---

(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	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62. Survey Dates: 7/5/2022 to 7/8/2022 Census: 5 At this Emergency Preparedness survey, Home Dialysis Services of Merrillville, was found to have been in compliance with the Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, at 42 CFR 494.62.	E 0000		
V 0000 Bldg. 00	This visit was for a CORE Federal recertification survey of an ESRD provider. Survey dates: 7/5/2022 to 7/8/2022 Census by Service Type: Home Hemodialysis Patients: 1 Peritoneal Dialysis Patients: 4 Total Census: 5 Isolation Room/Waiver: yes Quality Review Completed 07/20/2022	V 0000		
V 0504 Bldg. 00	494.80(a)(2) PA-ASSESS B/P, FLUID MANAGEMENT NEEDS The patient's comprehensive assessment			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	---

(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
	<p>must include, but is not limited to, the following:</p> <p>Blood pressure, and fluid management needs.</p> <p>Based on record review, and interview the facility failed to ensure home dialysis patients were documenting their blood pressure during treatment for 3 of 5 peritoneal dialysis patients. (Patient #2, #3, #5)</p> <p>The findings include:</p> <p>1. A facility policy titled "Home Dialysis Treatment Record Documentation" revised October 28, 2020, stated " ... 3. Document weight, temperature, and BP [blood pressure] o the Peritoneal Dialysis Treatment Record before starting the dialysis treatment ... Patient Medical Records Keeping Non-Compliance. Patients are responsible for maintaining accurate treatment records, equipment logs and bringing them to clinic visits for review...."</p> <p>2. Clinical record review on 7/6/2022, for patient #2, start of care 6/3/2021, evidenced facility documents titled "CCPD [Continuous Cyclic Peritoneal Dialysis] Daily Flowsheet." These flowsheets were dated for May and June 2022, and failed to evidence the patient recorded her blood pressure daily before her treatments.</p> <p>3. Clinical record review on 7/6/2022, for patient #3, start of care 5/17/2022, evidenced a facility document titled "Home Dialysis Services Merrillville Patient Clinical Data Report". This report evidenced patient #3's home peritoneal dialysis treatments from 6/10/22 through 7/5/2022. This document failed to evidence patient #3</p>	V 0504	<p>A Governing Body (GB) meeting was held on 7/25/2022 to review and discuss the Statement of Deficiencies (SOD) for survey completed on 7/8/2022 and finalize the Plan of Correction (POC).</p> <p>Between 7/25/2022 and 7/29/2022, the Clinical Manager (CM), Clinical Area Manager (CAM) or designee met with the facility's clinical staff and conducted an in-service to review the surveyor's observations, which include: DCC-MR-900-008 Home Peritoneal Dialysis Treatment Record Documentation as well as ensuring that home dialysis patients are documenting their blood pressure during treatment. The CM, CAM or Registered Nurse (RN) will educate all patients on census on the importance of documenting their blood pressure during treatment between 7/25/2022 and 7/29/2022. The CM or CAM will ensure that home dialysis patients are documenting their blood pressure during treatment. The signature sheet(s) of this in-service for staff available upon request. Patient education was documented in Electronic</p>	08/13/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	---

(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
	<p>obtained her blood pressure on 6/15/2022, 6/16/2022, 6/24/2022, 6/25/2022, and 7/5/2022.</p> <p>4. Clinical record review on 7/6/2022, for patient #5, start of care 2/10/2020, evidenced facility documents titled "CCPD Daily Flowsheet." These flowsheets were dated for April, May, and June 2022. These flowsheets failed to evidence patient #5 recorded his blood pressure before his treatments.</p> <p>5. During an interview on 7/7/2022 at 3:30 PM, the clinical manager indicated the patients should be recording their blood pressure every treatment. She indicated when they do not fill out the flowsheets, they are re-educated to ensure they understand what they should fill out.</p>		<p>Medical Record (EMR).</p> <p>Beginning 8/1/2022, the CAM, CM, RN or designee will perform an audit to ensure that home dialysis patients are documenting their blood pressure during treatment. This audit will be at least once weekly (Monday-Saturday). This audit will be for two weeks (ending 8/13/2022). This audit will be performed for patients that have a scheduled clinic visit during the time period of 8/1/2022-8/13/2022. This audit will be available once performed. The goal for compliance concerning this audit is 100%. After this audit period, the CM or CAM will be responsible for ensuring home dialysis patients are documenting their blood pressure during treatment. This is a part of previously established monthly audits associated to the facility's current Quality Assurance and Performance Improvement (QAPI) process.</p> <p>The QAPI Committee is responsible for providing oversight, review findings, and take action as appropriate. Any ongoing non-compliance by clinical staff, per the Conditions for Coverage and DCC-MR-900-008 Home Peritoneal Dialysis Treatment Record Documentation, will be addressed immediately with</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	---

(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
V 0543 Bldg. 00	<p>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 dialysis facility failed to ensure home patients were documenting their weights during treatment for 3 of 5 peritoneal dialysis patients. (#2, #3, #4)</p> <p>The findings include:</p> <p>1. A facility policy titled "Home Dialysis Treatment Record Documentation" revised October 28, 2020, stated " ... 3. Document weight, temperature, and BP [blood pressure] on the Peritoneal Dialysis Treatment Record before</p>	V 0543	<p>corrective action as appropriate.</p> <p>The GB is responsible for providing oversight to ensure the POC, as written to address the issues identified by the SOD, is effective and is providing resolution to the issues. The GB will determine the on-going frequency of the audits based on compliance. Once compliance is sustained, the POC will be monitored during the GB meeting at a minimum of quarterly.</p> <p>The CM/CAM is responsible for implementing and monitoring the POC. Completion Date: 8/13/2022.</p> <p>A Governing Body (GB) meeting was held on 7/25/2022 to review and discuss the Statement of Deficiencies (SOD) for survey completed on 7/8/2022 and finalize the Plan of Correction (POC).</p> <p>Between 7/25/2022 and 7/29/2022, the Clinical Manager (CM), Clinical Area Manager (CAM) or designee met with the</p>	08/13/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	---

(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
	<p>starting the dialysis treatment ... Patient Medical Records Keeping Non-Compliance. Patients are responsible for maintaining accurate treatment records, equipment logs and bringing them to clinic visits for review...."</p> <p>2. An undated facility policy titled "High Interdialytic Weight Gain Dashboard Guideline," received 7/7/2022, stated "Dietician or Administrative Assistant (AA) to generate High Interdialytic Weight Gain Report from Gaia [electronic medical record] on each Monday form the previous week. How to calculate ... Difference between Pre-weight from today and post weight from the previous patient...."</p> <p>3. Clinical record review for patient #2, start of care 6/3/2021, evidenced agency documents titled "Patient Profile," which had a subsection titled "PD [Peritoneal Dialysis] Prescription," effective of 8/25/2022. This document evidenced patient #2's dry weight was 97 kg [kilograms].</p> <p>Clinical record review for patient #2, agency documents titled "CCPD [Continuous Cycling Peritoneal Dialysis] Daily Flowsheet." These flowsheets were dated for May and June 2022 and failed to evidence the patient recorded her weight daily before her treatments.</p> <p>4. Clinical record review for patient #3, start of care 5/17/2022, evidenced a facility document titled "Home Dialysis Services Merrillville Patient Clinical Data Report". This report evidenced patient #3's home peritoneal dialysis treatments from 6/10/22 through 7/5/2022. This document failed to evidence patient #3 obtained her weight on 6/24/2022 and 7/5/2022.</p> <p>5. Clinical record review for patient #4, start of</p>		<p>facility's clinical staff conducted an in-service to review the surveyor's observations, which include: DCC-MR-900-008 Home Peritoneal Dialysis Treatment Record Documentation and High Interdialytic Weight Gain Dashboard Guideline as well as ensuring that home dialysis patients are documenting their weights. The CM, CAM or Registered Nurse (RN) will educate all patients on census on the importance of documenting their weights between 7/25/2022 and 7/29/2022. The CM or CAM will ensure that home dialysis patients are documenting their weights. The signature sheet(s) of this in-service for staff available upon request. Patient education was documented in Electronic Medical Record (EMR).</p> <p>Beginning 8/1/2022, the CAM, CM, Registered Nurse (RN) or designee will perform an audit to ensure that home dialysis patients are documenting their weights. This audit will be at least once weekly (Monday-Saturday). This audit will be for two weeks (ending 8/13/2022). This audit will be performed for patients that have a scheduled clinic visit during the time period of 8/1/2022-8/13/2022. This audit will be available once performed. The goal for compliance concerning this audit is 100%. After this audit period,</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>care 10/26/2021, evidenced untitled facility documents dated January and February 2022. These documents evidenced patient #4's home peritoneal dialysis treatments from 1/1/22 through 2/28/2022. These documents failed to evidence patient #4 obtained his weights prior to his treatment.</p> <p>6. During an interview on 7/6/2022 at 3:33 PM, the clinical manager indicated the patients are supposed to weigh themselves every treatment, but they do not rely on weight as an indicator for the dialysis treatments. She indicated patients can lose 10 pounds when they start treatment, and the agency does not change the dry weight on the patient's dialysis prescription.</p>		<p>the CM or CAM will be responsible for ensuring home dialysis patients are documenting their weights. This is a part of previously established monthly audits associated to the facility's current Quality Assurance and Performance Improvement (QAPI) process.</p> <p>The QAPI Committee is responsible for providing oversight, review findings, and take action as appropriate. Any ongoing non-compliance by clinical staff, per the Conditions for Coverage and DCC-MR-900-008 Home Peritoneal Dialysis Treatment Record Documentation and High Interdialytic Weight Gain Dashboard Guideline, will be addressed immediately with corrective action as appropriate.</p> <p>The GB is responsible for providing oversight to ensure the POC, as written to address the issues identified by the SOD, is effective and is providing resolution to the issues. The GB will determine the on-going frequency of the audits based on compliance. Once compliance is sustained, the POC will be monitored during the GB meeting at a minimum of quarterly.</p> <p>The CM/CAM is responsible for implementing and monitoring the POC. Completion Date:</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/08/2022	
NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC				STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410			
(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			
V 0587 Bldg. 00	<p>494.100(b)(2),(3) H-FAC RECEIVE/REVIEW PT RECORDS Q 2 MONTHS</p> <p>The dialysis facility must - (2) Retrieve and review complete self-monitoring data and other information from self-care patients or their designated caregiver(s) at least every 2 months; and (3) Maintain this information in the patient ' s medical record.</p> <p>Based on clinical record review and interview, the facility failed to ensure patients were maintaining accurate, complete records, and the failure to ensure the records were being reviewed at least every two months by the nurse in 3 of 5 home peritoneal dialysis records reviewed. (patient #2, #4, #5)</p> <p>The findings include:</p> <p>1. A facility policy titled "Home Peritoneal Dialysis Treatment Record Documentation" revised October 28, 2020, stated " ... The home peritoneal dialysis treatment record will be used to document the peritoneal dialysis treatment,, The Home Program Manager or Nurse will review the patient treatment records of the patient's dialyzing at home to ensure appropriate documentation and review treatment tolerance at a minimum of every two months ... Patient Medical Records Keeping Non-Compliance. Patients are responsible for maintaining accurate treatment records, equipment logs and bringing them to clinic visits for review ... In the event, a patient refuses to bring in the treatment records (flowsheets, logs, etc.) the Registered Nurse will re-educate the patient or caregiver/care partner on the importance of maintaining accurate treatment records and</p>	V 0587	<p>8/13/2022.</p> <p>A Governing Body (GB) meeting was held on 7/25/2022 to review and discuss the Statement of Deficiencies (SOD) for survey completed on 7/8/2022 and finalize the Plan of Correction (POC).</p> <p>Between 7/25/2022 and 7/29/2022, the Clinical Manager (CM), Clinical Area Manager (CAM) or designee met with the facility's clinical staff conducted an in-service to review the surveyor's observations, which include: DCC-MR-900-008 Home Peritoneal Dialysis Treatment Record Documentation as well as ensuring that the patients are maintaining accurate, complete records, and the records are being reviewed at least every two months by the nurse, and if the patient fails to bring in their treatment records, that there is documented education from the nurse in the EMR on the</p>	08/13/2022			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	---

(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
	<p>bringing them to the clinic for review ... Failure to comply with the patient's responsibilities may result in the re-evaluation of the patient's ability to perform home dialysis. Failure to comply with these responsibilities could put the patient at serious risk, therefore, the physician and Home Therapies staff may decide that another type of dialysis treatment is better for ensuring the patient's safety and well-being...."</p> <p>2. Clinical record review on 7/6/2022, for patient #4, start of care 5/17/2022, evidenced untitled facility home treatment records dated January and February 2022, for patient #4. These clinical records failed to evidence any home treatment records after February 2022. The facility failed to ensure home treatment documents were obtained and reviewed at least every two months.</p> <p>During an interview on 7/6/2022, at 2:06 PM, the clinical manager indicated patient #4 has not brought in treatment records since February 2022. She indicated he said he would bring them in on his next visit, as he has forgotten to bring them with him, or he had come right from work and did not have the treatment records with him.</p> <p>3. Clinical record review on 7/6/2022, for patient #5, start of care 2/10/2020, evidenced a facility document titled "CCPD [Continuous Cyclic Peritoneal Dialysis] Daily Flowsheet" dated April, May, and June 2022. This clinical record review failed to evidence the home treatment records were reviewed every two months.</p> <p>4. Clinical record review on 7/6/2022, for patient #2, start of care 6/4/2021, evidenced a facility document titled "CCPD Daily Flowsheet" dated for May 2022. This document failed to evidence the home peritoneal dialysis records were</p>		<p>importance of bringing them to the facility for review. The CM, CAM or Registered Nurse (RN) will educate all patients on census on the importance of bringing in their treatment records when coming to the facility between 7/25/2022 and 7/29/2022. The CM or CAM will ensure that patients are maintaining accurate, complete records, and the records are being reviewed at least every two months by the nurse, and if the patient fails to bring in their treatment records, that there is documented education from the nurse in the EMR on the importance of bringing them to the facility for review. The signature sheet(s) of this in-service for staff available upon request. Patient education was documented in Electronic Medical Record (EMR).</p> <p>Beginning 8/1/2022, the CAM, CM, Registered Nurse (RN) or designee will perform an audit to ensure that patients are maintaining accurate, complete records, and the records are being reviewed at least every two months by the nurse, and if the patient fails to bring in their treatment records, that there is documented education from the nurse in the EMR on the importance of bringing them to</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>reviewed by staff.</p> <p>5. During an interview on 7/6/2022 at 3:22 PM, the clinical manager indicated all records should be received from the patients during their monthly appointment and they are reviewed at that time with the patient. She indicated the company policy stated they need to review them at least every two months.</p>		<p>the facility for review. This audit will be at least once weekly (Monday-Saturday). This audit will be for two weeks (ending 8/13/2022). This audit will be performed for patients that have a scheduled clinic visit during the time period of 8/1/2022-8/13/2022. This audit will be available once performed. The goal for compliance concerning this audit is 100%. After this audit period, the CM or CAM will be responsible for ensuring patients are maintaining accurate, complete records, and the records are being reviewed at least every two months by the nurse, and if the patient fails to bring in their treatment records, that there is documented education from the nurse in the EMR on the importance of bringing them to the facility for review. This is a part of previously established monthly audits associated to the facility's current Quality Assurance and Performance Improvement (QAPI) process.</p> <p>The QAPI Committee is responsible for providing oversight, review findings, and take action as appropriate. Any ongoing non-compliance by clinical staff, per the Conditions for Coverage and DCC-MR-900-008 Home Peritoneal Dialysis Treatment Record Documentation, will be</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/08/2022
NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS SERVICES MERRILLVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP COD 200 E 80TH PLACE, SUITE 2 MERRILLVILLE, IN 46410		
(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	
			<p>addressed immediately with corrective action as appropriate.</p> <p>The GB is responsible for providing oversight to ensure the POC, as written to address the issues identified by the SOD, is effective and is providing resolution to the issues. The GB will determine the on-going frequency of the audits based on compliance. Once compliance is sustained, the POC will be monitored during the GB meeting at a minimum of quarterly.</p> <p>The CM/CAM is responsible for implementing and monitoring the POC. Completion Date: 8/13/2022.</p>		