

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 09/02/2021
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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
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E 0000 Bldg. 00	<p>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62, for a Medicare participating End Stage Renal Disease Supplier.</p> <p>Date of survey: 9/1/2021-9/2/2021</p> <p>Facility #: 013971</p> <p>CCN: 152679</p> <p>Total Census: 3</p> <p>At this Emergency Preparedness survey, Home Dialysis Services-Merrillville, was found not to be in compliance with 42 CFC 494.62 Emergency Preparedness Requirements.</p>	E 0000		
E 0028 Bldg. 00	<p>494.62(b)(9) Dialysis Emergency Equipment</p> <p>§494.62(b)(9) Condition for Coverage: [(b) Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:]</p> <p>(9) A process by which the staff can confirm that emergency equipment, including, but not</p>			

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.

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	<p>limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, are on the premises at all times and immediately available.</p> <p>Based on observation, record review and interview the facility failed to ensure emergency medications were available and kept on premises at all times.</p> <p>The findings include:</p> <p>An agency policy revised 2/5/2020 and obtained on 9/3/2021, titled "Emergency Equipment &amp;Supplies" stated " ... Emergency equipment, including but not limited to, oxygen, airways, suction, defibrillator, or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premise at all times and immediately available ... A. The DCC [Dialysis Care Center] facility will have the necessary equipment and supplied easily accessible for emergencies such as respiratory and cardiac arrest, severe allergic reactions, or other life-threatening conditions ...."</p> <p>During an observation on 9/1/2021 at 2:14 PM, of the home hemodialysis training room, there failed to be any emergency medications in the room.</p> <p>During an observation on 9/2/2021 at 11:21 AM, the emergency cart was checked for supplies and expiration dates, no emergency medications were observed in the cart.</p> <p>During an interview on 9/3/2021 at 2:35 PM, RN [registered nurse] E indicated they do not have emergency medications, and if an emergency arises the facility would call 911.</p>	E 0028	<p>A Governing Body (GB) meeting to be held on 9/27/2021 to review and discuss the Statement of Deficiencies (SOD) for survey completed on 9/02/2021 and finalize the Plan of Correction (POC).</p> <p>The missing medication (Nitroglycerin) was ordered upon discovery of no medication in the emergency crash cart and is expected to arrive at the facility 9/17/21. During 9/16/2021-9/17/2021, the Clinical Area Manager (CAM) and Clinical Manager (CM) met with the facility's clinical staff and conducted an in-service to review the surveyor's observations, which include: DCC-EP-120-012 Emergency Equipment &amp; Supplies as well as ensuring emergency medications are available and kept on premises at all times. The CM will ensure that (a) emergency medications are available and kept on premises at all times. The signature sheets of this in-service are attached.</p> <p>Beginning 9/20/2021, the CM or Clinical Manager will perform an audit to ensure that (a) emergency medications are available and kept on premises at all times. This audit will be completed once until</p>	09/17/2021	

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V 0000  Bldg. 00	<p>During an interview on 9/3/2021 at 3:12 PM, Dietician A indicated the facility used to have epinephrine (medication to treat severe allergic reactions), but they no longer have it.</p> <p>This visit was a abbreviated survey for the addition of home hemodialysis services at an End Stage Renal Dialysis Facility.</p> <p>Date of survey: 9/1/2021-9/2/2021</p> <p>Facility #: 013971</p>	V 0000	<p>10/11/21. This audit will be available once performed. 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-EP-120-012 Emergency Equipment &amp; Supplies, will be addressed immediately with corrective action as appropriate. 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. The CM is responsible for implementing and monitoring the POC. Completion Date: 9/17/2021.</p>	

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

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	<p>CCN: 152679</p> <p>Home Peritoneal Dialysis patients: 2 Home Hemodialysis patients: 1</p> <p>Total Census: 3</p> <p>Quality Review Completed 09/09/2021</p>				