



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. 'BUTCH' OTTER - Governor  
RICHARD M. ARMSTRONG - Director

DEBRA RANSOM, R.N., R.H.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Eljer Street  
P.O. Box 83720  
Boise, ID 83720-0000  
PHONE 203-334-6628  
FAX 203-364-1888

April 18, 2014

Valerie Jackson, Administrator  
Twin Falls Dialysis Center  
582 Pole Line Road  
Twin Falls, ID 83301

RECEIVED

APR 29 2014

FACILITY STANDARDS

RE: Twin Falls Dialysis Center, Provider #132505

Dear Ms. Jackson:

This is to advise you of the findings of the Medicare survey of Twin Falls Dialysis Center, which was conducted on April 4, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

An acceptable plan of correction (PoC) contains the following elements:

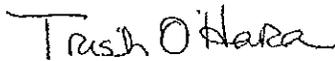
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the ESRD into compliance, and that the ESRD remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Valerie Jackson, Administrator  
April 18, 2014  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **April 30, 2014**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



TRISH O'HARA  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

TO/nw  
Enclosures

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

PRINTED: 04/18/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  132505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/04/2014
NAME OF PROVIDER OR SUPPLIER  TWIN FALLS DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1840 CANYON CREST DRIVE TWIN FALLS, ID 83301	
(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
V 000	INITIAL COMMENTS  [CORE]  The following deficiencies were cited during the recertification, relocation, and expansion of services survey of your ESRD facility from 3/31/14 - 4/4/14. The surveyor conducting the survey was:  Trish O'Hara, RN  Acronyms used in this report include: EDW - Estimated Dry Weight IV - Intravenous kg - kilogram NP - Nurse Practitioner POC - Plan of Care RD - Registered Dietician Rx - Prescription UF - Ultrafiltration	V 000	V000 The Governing Body (GB) of Twin Falls dialysis has reviewed the Statement of Deficiency dated April 4, 2014. The GB has developed and approved the following plan of correction.	
V 463	494.70(a)(12) PR-RECEIVE SERVICES OUTLINED IN POC  The patient has the right to-  (12) Receive the necessary services outlined in the patient plan of care described in §494.90;  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure patients' rights to receive care as outlined in their POC was upheld for 4 of 8 in center hemodialysis patients (Patients #3 - #5 and #8) whose treatment records were reviewed. This resulted in patients being left at risk for complications of	V 463	V463 On 3/31/14 & 4/16/14 Teammates were re-trained by the Clinical Services Specialist (CSS) on Procedure 1-01-09 Early Termination of Treatment - Against Medical Advice (AMA) and 1-01-09 Early Termination of Treatment Form. They were instructed to submit the AMA form whenever treatment time was missed and document: how much time was lost; why the treatment was terminated early; Nephrologist or Nurse Practitioner will be notified when over 30 min (as per notification guidelines determined by the facility Medical Director); what follow up orders were received, if any; makeup time offered and cautions/recommendations made to the patient. Continued on next page	

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APR 29 2014  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Valerie Jackson TITLE: Facility Administrator (X6) DATE: \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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 463	<p>Continued From page 1 inadequate dialysis. Findings include:</p> <p>1. Patient #5 was a 22 year old male who had been dialyzing since 3/1/11. His 3/1/14 dialysis prescription ordered a 240 minute treatment three times a week. Thirteen treatments were reviewed from 3/3/14 - 3/31/14. Patient #5's prescription was not delivered, as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Rx time</th> <th>Actual time</th> </tr> </thead> <tbody> <tr> <td>3/7/14</td> <td>240 min.</td> <td>202 min.</td> </tr> <tr> <td>3/17/14</td> <td>240 min.</td> <td>213 min.</td> </tr> <tr> <td>3/20/14</td> <td>240 min.</td> <td>227 min.</td> </tr> <tr> <td>3/28/14</td> <td>240 min.</td> <td>212 min.</td> </tr> <tr> <td>3/31/14</td> <td>240 min.</td> <td>202 min.</td> </tr> </tbody> </table> <p>This reflected an accumulated 147 minutes of lost dialysis time during a 1 month period. There was no documentation showing Patient #5 was offered extra treatment time to replace the time lost.</p> <p>2. Patient #3 was a 66 year old male who had been dialyzing since 4/24/12. His 3/1/14 dialysis prescription ordered a 195 minute treatment three times a week. Ten treatments were reviewed from 3/3/14 - 3/31/14. Patient #3's prescription was not delivered, as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Rx time</th> <th>Actual time</th> </tr> </thead> <tbody> <tr> <td>3/3/14</td> <td>195 min.</td> <td>181 min.</td> </tr> <tr> <td>3/14/14</td> <td>195 min.</td> <td>181 min.</td> </tr> <tr> <td>3/21/14</td> <td>195 min.</td> <td>152 min.</td> </tr> </tbody> </table> <p>This reflected an accumulated 69 minutes of lost dialysis time during a 3 week period. There was no documentation showing Patient #3 was offered extra treatment time to replace the time lost.</p>	Date	Rx time	Actual time	3/7/14	240 min.	202 min.	3/17/14	240 min.	213 min.	3/20/14	240 min.	227 min.	3/28/14	240 min.	212 min.	3/31/14	240 min.	202 min.	Date	Rx time	Actual time	3/3/14	195 min.	181 min.	3/14/14	195 min.	181 min.	3/21/14	195 min.	152 min.	V 463	<p>On 4/1/14, Teammates were instructed by the Facility Administrator (FA) &amp; Clinical Coordinator (CC) to fill out AMA forms every time a treatment is terminated early regardless of amount of time missed. The AMA forms are be signed by the patient (unless pt refuses) and collected for trending by MSW. Monthly, the AMA forms will be tabulated and the amount of time missed will be reviewed by the IDT and plans will be developed for individual patients as appropriate. The missed treatment amount will be shared with each patient along with education on the consequences of missing treatment time. Make up time will be offered as appropriate to patients based on accumulated time missed to ensure the plan of care is met. On 4/2/14, the CC designated patient education for the month to be on adequacy of dialysis and the consequences of missed treatments. This training was completed on 4/16/14. On 4/14/14, Teammates began moving the patient scheduled after patients that arrive late to another station to ensure the patient has opportunity to complete treatment. The CC will re-educate teammates on Procedure 1-03-13 Recirculation of Blood in Extracorporeal Circuit. When a patient requests off during treatment for restroom or "break" the treatment will be paused so dialysis time stops until treatment resumed. Teammates will document the reason for the interruption, amount of saline rinseback along with the amount of time in the medical record. Teammate training will be completed by May 1<sup>st</sup> 2014. 100% Audit of Post Treatment Reports began 4/2/14 for duration of 2 weeks. Continued on next page</p>		
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V 463	Continued From page 2  3. Patient #4 was a 54 year old female who had been dialyzing since 5/28/08. Her 3/1/14 dialysis prescription ordered a 180 minute treatment three times a week. On 3/22/14 Patient #4's treatment was 160 minutes in duration, a loss of 20 minutes. There was no documentation showing Patient #4 was offered extra treatment time to replace the time lost.  4. Patient #8 was a 49 year old male who had been dialyzing since 8/17/06. His 3/1/14 dialysis prescription ordered a 180 minute treatment three times a week. Eleven treatments were reviewed from 3/7/14 - 3/31/14. Patient #8's prescription was not delivered, as follows:  a. On 3/17/14 the dialysis machine showed a treatment lasting 182 minutes. Nurse's notes stated "Pt [sic] needed a break outside" at 8:32 A.M. and "Pt [sic] back on machine" at 8:39 A.M.  b. On 3/21/14 the dialysis machine showed a treatment lasting 180 minutes. Nurse's notes stated "Pt [sic] taking a break" at 8:05 A.M.  c. On 3/24/14 the dialysis machine showed a treatment lasting 179 minutes. Nurse's notes stated "Pt [sic] needed a break to go outside" at 7:59 A.M.  Patient #8's treatment was not paused during his breaks and the dialysis clock continued to run. Therefore, it was not possible to determine how much dialysis time was lost from this treatment.  There was no documentation showing Patient #8 was offered extra treatment time to replace the time lost.	V 463	10% will be audited daily through the month of April and then 10% monthly after that. Audit result trends will be shared with teammates. Missed treatment trends and audit results will be presented/discussed in QAPI (FHM) monthly. CC is responsible for this POC.	5/15/14	

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V 463	Continued From page 3	V 463			
V 543	<p>The facility's Regional Educator was present during the review of treatment sheets for Patients #3 - #5 and #8 on 4/2/14 from 10:00 a.m. to 4:00 p.m. She confirmed the lost time for these patients. She confirmed there was no documentation extra treatment time had been offered.</p> <p>The facility failed to deliver dialysis prescriptions as ordered to Patients #3 - #5 and #8.</p> <p>494.90(a)(1) POC-MANAGE VOLUME STATUS</p> <p>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;</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to ensure the POC was implemented by addressing volume status for 4 of 8 patients (Patients #3, #4, #7 and #8) whose treatment records were reviewed. This failure resulted in patients not attaining their prescribed dry weight and being put at risk of complications resulting from fluid overload. Findings include:</p> <p>In an interview on 4/2/14 at 10:00 a.m., the facility's Regional Educator stated it was facility policy that a patient's EDW was acceptable if it was 1 kg more or less than the EDW established in the POC.</p> <p>a. Patient #8 was a 49 year old male who had been dialyzing since 8/17/06. His prescribed</p>	V 543	<p>V543</p> <p>By 5/15/14, PCTs and nurses will be retrained by FA or designee on policy # 1-03-12 Post Treatment Patient Assessment. Focus of inservice includes: Nurses will re-assess all patients at the end of each treatment and compare pre &amp; post weights. Patients with symptoms of fluid overload after treatment will be referred to the physician and/or considered for extra treatment. All nurses will be retrained on documentation of dry weight evaluation by 5/15/14. The evaluation will include adherence to treatment, lung sounds, presence of edema, current medications, interdialytic weight gain, and goal size, intradialytic symptoms preventing fluid removal, pre-treatment sodium level, and albumin and witnessed weights. Teammate in-service on identifying and appropriate interventions for patients not meeting fluid removal goals will start April 21, 2014 and will be done on Star Learning per DaVita Fluidwise initiative training.</p> <p>Continued on next page</p>		

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V 543	<p>Continued From page 4</p> <p>EDW was 77 kg on 3/1/14. Eleven dialysis treatments were reviewed from 3/7/14 - 3/31/14. Post treatment documentation showed Patient #8 did not attain EDW within 1 kg of his prescribed EDW during 9 of 11 (81%) of treatments reviewed as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Rx EDW</th> <th>Post EDW</th> </tr> </thead> <tbody> <tr> <td>3/7/14</td> <td>77 kg</td> <td>87 kg</td> </tr> <tr> <td>3/10/14</td> <td>77 kg</td> <td>83.1 kg</td> </tr> <tr> <td>3/14/14</td> <td>77 kg</td> <td>79.9 kg</td> </tr> <tr> <td>3/17/14</td> <td>77 kg</td> <td>82.1 kg</td> </tr> <tr> <td>3/19/14</td> <td>77 kg</td> <td>82 kg</td> </tr> <tr> <td>3/21/14</td> <td>77 kg</td> <td>80.5 kg</td> </tr> <tr> <td>3/24/14</td> <td>77 kg</td> <td>85.8 kg</td> </tr> <tr> <td>3/28/14</td> <td>77 kg</td> <td>81 kg</td> </tr> <tr> <td>3/31/14</td> <td>77 kg</td> <td>86.6 kg</td> </tr> </tbody> </table> <p>On 3/11/14 the facility's RD, in a progress note, stated she had discussed Patient #8's weight variations with the facility's NP. It was noted the patient was in a motorized wheelchair and sometimes wore a torso brace, possibly contributing to inaccurate weights from day to day. The note stated the NP determined the weight variations to be "primarily from fluid changes." No changes were made to Patient #8's POC, and no documentation was present showing Patient #8 had been offered extra treatment time to remove excess fluid.</p> <p>b. Patient #4 was a 54 year old female who had been dialyzing since 5/27/08. Her prescribed EDW was 46 kg on 3/1/14. Eight dialysis treatments were reviewed from 3/1/14 - 3/29/14. Post treatment documentation showed Patient #4 did not attain EDW within 1 kg of her prescribed EDW during 6 of 8 (75%) of treatments reviewed, as follows:</p>	Date	Rx EDW	Post EDW	3/7/14	77 kg	87 kg	3/10/14	77 kg	83.1 kg	3/14/14	77 kg	79.9 kg	3/17/14	77 kg	82.1 kg	3/19/14	77 kg	82 kg	3/21/14	77 kg	80.5 kg	3/24/14	77 kg	85.8 kg	3/28/14	77 kg	81 kg	3/31/14	77 kg	86.6 kg	V 543	<p>PCT's are scheduled to complete education titled Sodium, Fluid and the Dx pt; a fluid mgt overview. Nurses are scheduled to complete education titled The links between dialysis patients, heart disease, sodium, and fluid. As evidence of completion, FA will monitor completion of post exam in Star Learning. Training completion date is May 15<sup>th</sup> 2014. CC &amp; RD have been designated as Fluid Advisors for the facility and will meet to identify and assess the status of patients not within 1 kg of EDW. The patients identified during survey, (#3, #4, #7 and #8) have had re-assessment for EDW completed by the IDT. The Plan of Care will be updated based on re-assessment and physician orders if indicated. Daily audits of post treatment reports were initiated on 4/2/14 for all patients. Audits for all patients done daily for two weeks to identify specific patient trends for those patients leaving treatment more than 1 Kilo over, or under, prescribed dry weight. After 4/12/14, 10% of treatments each day will be audited at random by the nurses working that day to ensure continued focus on fluid management. After 4/30/14, 10% of treatments monthly will be audited by the nurses for their assigned patients in order to continue monitoring adherence to prescribed fluid removal goals. FA is responsible for this POC</p>	5/15/14	
Date	Rx EDW	Post EDW																																	
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V 543	<p>Continued From page 5</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Rx EDW</th> <th>Post EDW</th> </tr> </thead> <tbody> <tr> <td>3/1/14</td> <td>46 kg</td> <td>47.6 kg</td> </tr> <tr> <td>3/4/14</td> <td>46 kg</td> <td>49 kg</td> </tr> <tr> <td>3/13/14</td> <td>46 kg</td> <td>48.9 kg</td> </tr> <tr> <td>3/15/14</td> <td>46 kg</td> <td>47.6 kg</td> </tr> <tr> <td>3/22/14</td> <td>46 kg</td> <td>48 kg</td> </tr> <tr> <td>3/29/14</td> <td>46 kg</td> <td>47.6 kg</td> </tr> </tbody> </table> <p>On 3/23/14 the facility's RD, in a progress note, said "Patient uses an electric wheelchair. It is possible some of her weights are not entirely accurate; due to the wheelchair and it's accompanying gadgetry and she has a hard cast on one of her legs." No change was made to Patient #4's POC, and no documentation was present showing Patient #4 had been offered extra treatment time to remove excess fluid.</p> <p>c. Patient #3 was a 66 year old male who had been dialyzing since 4/24/12. His prescribed EDW was 85 kg on 3/1/14. Ten dialysis treatments were reviewed from 3/3/14 - 3/31/14. Post treatment documentation showed Patient #3 did not attain EDW within 1 kg of his prescribed EDW during 6 of 10 (60%) of treatments reviewed, resulting in hospitalization, as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Rx EDW</th> <th>Post EDW</th> </tr> </thead> <tbody> <tr> <td>3/5/14</td> <td>85 kg</td> <td>86.4 kg</td> </tr> <tr> <td>3/7/14</td> <td>85 kg</td> <td>86.7 kg</td> </tr> <tr> <td>3/10/14</td> <td>85 kg</td> <td>89.2 kg</td> </tr> <tr> <td>3/12/14</td> <td>85 kg</td> <td>89 kg</td> </tr> <tr> <td>3/14/14</td> <td>85 kg</td> <td>88.5 kg</td> </tr> </tbody> </table> <p>No documentation was present showing Patient #3 had been offered extra treatment time to remove excess fluid.</p>	Date	Rx EDW	Post EDW	3/1/14	46 kg	47.6 kg	3/4/14	46 kg	49 kg	3/13/14	46 kg	48.9 kg	3/15/14	46 kg	47.6 kg	3/22/14	46 kg	48 kg	3/29/14	46 kg	47.6 kg	Date	Rx EDW	Post EDW	3/5/14	85 kg	86.4 kg	3/7/14	85 kg	86.7 kg	3/10/14	85 kg	89.2 kg	3/12/14	85 kg	89 kg	3/14/14	85 kg	88.5 kg	V 543		
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V 543	<p>Continued From page 6</p> <p>Patient #3 was hospitalized from 3/16/14 - 3/21/14 for "acute hypoxic respiratory failure believed to be the result of volume overload" as documented in a hospital discharge summary dated 3/21/14.</p> <p>d. Patient #7 was a 73 year old female who had been dialyzing since 10/10/11. She had been hospitalized from 3/8/14 - 3/15/14 for "acute respiratory failure with hypoxemia secondary to volume overload/pulmonary edema and aspiration pneumonitis" as documented by a hospital discharge summary dated 3/15/14.</p> <p>Eight dialysis treatments were reviewed from 3/15/14 - 3/31 14. Post treatment documentation showed Patient #7 did not attain EDW within 1 kg of her 3/19/14 prescribed EDW of 37.5 kg during 4 of 8 (50%) of treatments reviewed post hospitalization, as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Rx EDW</th> <th>Post EDW</th> </tr> </thead> <tbody> <tr> <td>3/24/14</td> <td>37.5 kg</td> <td>38.9 kg</td> </tr> <tr> <td>3/26/14</td> <td>37.5 kg</td> <td>39.3 kg</td> </tr> <tr> <td>3/28/14</td> <td>37.5 kg</td> <td>39.6 kg</td> </tr> <tr> <td>3/31/14</td> <td>37.5 kg</td> <td>41.5 kg</td> </tr> </tbody> </table> <p>No documentation was present showing Patient #7 had been offered extra treatment time to remove excess fluid.</p> <p>The facility's Regional Educator was present during the review of treatment sheets for Patients #3, #4, #7 and #8 on 4/2/14 from 10:00 a.m. to 4:00 p.m. She confirmed the patients' failures to attain their EDWs. She also confirmed the lack of documentation offering extra treatment time for fluid removal.</p>	Date	Rx EDW	Post EDW	3/24/14	37.5 kg	38.9 kg	3/26/14	37.5 kg	39.3 kg	3/28/14	37.5 kg	39.6 kg	3/31/14	37.5 kg	41.5 kg	V 543		
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V 543	Continued From page 7 The facility failed to manage volume status for Patients #3, #4, #7 and #8.	V 543		
V 634	494.110(a)(2)(vi) QAPI-INDICATOR-MEDICAL INJURIES/ERRORS  The program must include, but not be limited to, the following: (vi) Medical injuries and medical errors identification.  This STANDARD is not met as evidenced by: Based on staff interview and QAPI meeting minutes review, it was determined the facility failed to ensure the QAPI program collected and analyzed data, and instituted and monitored a corrective plan for medical errors, including monitoring of volume status for 5 of 8 patients (Patients #3 - #5, #7 and #8) whose dialysis prescriptions, dialysis treatment sheets, and POCs were reviewed. This failure had the potential of patients being adversely affected by the occurrence of avoidable medical errors. Findings include:  Patient medical records were reviewed and documented the patients' prescriptions had not been delivered, as follows:  a. Patient #3 was a 66 year old male who had been dialyzing since 4/24/12. His 2/26/14 dialysis prescription ordered a 195 minute treatment three times a week and his EDW was 85 kg. Ten treatments were reviewed from 3/3 - 3/31/14 and documented his prescription had not been delivered, as follows:  Patient #3 did not receive 195 minutes of	V 634	V634 The QAPI team has reviewed the team's responsibilities to ensure the facility has collected, analyzed data, implemented improvement plans and monitors the plans in regards to medical errors including patient volume status. 10% Post Treatment Report audit on accuracy of weights will be completed weekly x 4 weeks. Individual patients will be reviewed by the IDT to for appropriate actions. An IDT member will document the actions/review in Falcon (medical record online). Beginning 4/22/14, the QAPI team will review the trending and reasons for missed treatment times. The CC & RD will present fluid management trends and post treatment audit results for patients not within 1 kg of EDW. Action plans will be developed, implemented and monitored monthly during continued QAPI reviews each month. FA and QAPI team are responsible for this POC.	5/15/14

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V 634	<p>Continued From page 8</p> <p>treatment during 3 of the 10 (30%) of the treatments reviewed. This reflected an accumulated 69 minutes of lost dialysis time during a 3 week period.</p> <p>Additionally, Patient #3 did not attain EDW within 1 kg of his prescribed EDW during 6 of 10 (60%) of treatments reviewed.</p> <p>b. Patient #4 was a 54 year old female who had been dialyzing since 5/28/08. Her 3/1/14 dialysis prescription ordered a 180 minute treatment three times a week and her EDW was 46 kg. Eight dialysis treatments were reviewed from 3/1/14 - 3/29/14 and documented her prescription had not been delivered, as follows:</p> <p>On 3/22/14 Patient #4's treatment was 160 minutes in duration, a loss of 20 minutes. Additionally, post treatment documentation showed Patient #4 did not attain EDW within 1 kg of her prescribed EDW during 6 of 8 (75%) of treatments.</p> <p>c. Patient #8 was a 49 year old male who had been dialyzing since 8/17/06. His 3/1/14 dialysis prescription ordered a 180 minute treatment three times a week and his EDW was 77 kg. Eleven treatments were reviewed from 3/7/14 - 3/31/14 and documented his prescription had not been delivered, as follows:</p> <p>Patient #8's records documented he took "breaks" during treatments on 3/17/14, 3/21/14 and 3/24/14. Patient #8's treatment was not paused during his breaks and the dialysis clock continued to run. Therefore, it was not possible to determine how much dialysis time was lost from this treatment.</p>	V 634			

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V 634	Continued From page 9  Additionally, Patient #8 did not attain EDW within 1 kg of his prescribed EDW during 9 of 11 (81%) of treatments.  d. Patient #5 was a 22 year old male who had been dialyzing since 3/1/11. His 3/1/14 dialysis prescription ordered a 240 minute treatment three times a week. Thirteen treatments were reviewed from 3/3/14 - 3/31/14 and documented Patient #5 did not receive 240 minutes of treatment during 5 of the 13 (39%) of the treatments reviewed. This reflected an accumulated 147 minutes of lost dialysis time during a 1 month period.  e. Patient #7 was a 73 year old female who had been dialyzing since 10/10/11. Her 3/1/14 prescribed EDW of 40 kg was decreased to 37.5 kg on 3/19/14. Eight dialysis treatments were reviewed from 3/15/14 - 3/31/14. Post treatment documentation showed Patient #7 did not attain EDW within 1 kg of her prescribed EDW during 4 of 8 (50%) of treatments.  In an interview on 4/3/14 at 4:00 p.m., the facility Administrator stated post EDW data was collected for all patients and could be viewed on a BP Monitoring Report for each patient. However, she said this data was not presented or reviewed during QAPI meetings.  The facility failed to identify medical errors for 5 patients.	V 634		
V 726	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE  The dialysis facility must maintain complete,	V 726	V726 By 5/15/14, PCTs and nurses will be retrained by FA or designee on policy # 1-03-12 Post Treatment Patient Assessment. Focus of inservice includes: Continued on next page	

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V 726	<p>Continued From page 10</p> <p>accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to ensure accurate medical records were maintained for 4 of 8 patients (Patients #3, #4, #7, and #8) whose medical records were reviewed. This failure created the potential for patients to experience symptoms of fluid overload or dehydration. Findings include:</p> <p>1. Patient treatment records documented a fluid removal goal that was calculated by subtracting the patient's EDW from his/her pre dialysis weight and adding the amount of any fluid that would be given during the treatment through IV infusion, oral intake, and saline used to prime and rinse back the bloodlines. The record also documented Actual UF, a value calculated by the dialysis machine, showing the amount of fluid actually removed by the machine.</p> <p>Patient medical records documented the following:</p> <p>a. Patient #8 was a 49 year old male who had been dialyzing since 8/17/06. Eleven treatments were reviewed from 3/7/14 - 3/31/14. Pre-treatment weight, minus the actual amount of fluid removed, did not result in the expected post EDW for 6 of 11 treatments reviewed, as follows:</p>	V 726	<p>Nurses will re-assess all patients at the end of each treatment and compare pre &amp; post weights. Patients with symptoms of fluid overload after treatment will be referred to the physician and/or considered for extra treatment. All nurses will be retrained on documentation of dry weight evaluation by 5/15/14. The evaluation will include adherence to treatment, lung sounds, presence of edema, current medications, Intradialytic weight gain, goal size, intradialytic symptoms preventing fluid removal, pre-treatment sodium level, and albumin and witnessed weights. Teammate in-service on identifying and appropriate interventions for patients not meeting fluid removal goals will start April 21, 2014 and will be done on Star Learning per DaVita Fluidwise initiative training. PCT's are scheduled to complete education titled Sodium, Fluid and the Dx pt; a fluid mgt overview. Nurses are scheduled to complete education titled The links between dialysis patients, heart disease, sodium, and fluid. As evidence of completion, FA will monitor completion of post exam in Star Learning. Training completion date is May 15<sup>th</sup> 2014. CC &amp; RD have been designated as Fluid Advisors for the facility and will meet to identify and assess the status of patients not within 1 kg of EDW. The patients identified during survey, (#3, #4, #7 and #8) have had re-assessment for EDW completed by the IDT. The Plan of Care will be updated based on re-assessment and physician orders if indicated. Daily audits of post treatment reports were initiated on 4/2/14 for all patients.</p> <p>continued on next page</p>	

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V 726	<p>Continued From page 12</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Expected Post EDW</th> <th>Actual Post EDW</th> </tr> </thead> <tbody> <tr> <td>3/1/14</td> <td>46.8 kg</td> <td>47.6 kg</td> </tr> <tr> <td>3/13/14</td> <td>47.1 kg</td> <td>48.9 kg</td> </tr> <tr> <td>3/22/14</td> <td>47.2 kg</td> <td>48 kg</td> </tr> <tr> <td>3/29/14</td> <td>45.6 kg</td> <td>47.6 kg</td> </tr> </tbody> </table> <p>d. Patient #7 was a 73 year old female who had dialyzed since 10/10/11. Eight treatments were reviewed from 3/15/14 - 3/31/14. Pre-treatment weight, minus the actual amount of fluid removed, did not result in the expected post EDW for 3 of 8 treatments reviewed, as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Expected Post EDW</th> <th>Actual Post EDW</th> </tr> </thead> <tbody> <tr> <td>3/15/14</td> <td>38.4 kg</td> <td>37.6 kg</td> </tr> <tr> <td>3/17/14</td> <td>38.7 kg</td> <td>37.6 kg</td> </tr> <tr> <td>3/31/14</td> <td>39.6 kg</td> <td>41.5 kg</td> </tr> </tbody> </table> <p>The facility's Regional Educator was present during the review of treatment sheets for Patients #3, #4, #7 and #8 on 4/2/14 from 10:00 a.m. to 4:00 p.m. She confirmed the difference between expected and actual post weights for these patients. She also confirmed the cause of the weight differences was unknown.</p> <p>The facility failed to ensure accurate treatment sheets were maintained for Patients #3, #4, #7, and #8.</p>	Date	Expected Post EDW	Actual Post EDW	3/1/14	46.8 kg	47.6 kg	3/13/14	47.1 kg	48.9 kg	3/22/14	47.2 kg	48 kg	3/29/14	45.6 kg	47.6 kg	Date	Expected Post EDW	Actual Post EDW	3/15/14	38.4 kg	37.6 kg	3/17/14	38.7 kg	37.6 kg	3/31/14	39.6 kg	41.5 kg	V 726		
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