STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	432516	A. BUILDING _____ B. WING _____	06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESENIUS KIDNEY CARE DAKOTA DUNES	357 W TOWER ROAD DAKOTA DUNES, SD 57049

(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
E 000	Initial Comments A Recertification (CORE) Survey was conducted by Healthcare Management Solutions, LLC on behalf of Centers for Medicare & Medicaid Services (CMS). An unannounced on-site Recertification (CORE) survey (ASPEN #NX0111) conducted at the above-named End Stage Renal Disease (ESRD) facility from 06/26/23 to 06/27/23 resulted in a finding of no deficiency respective to the Emergency Preparedness Program Condition for Coverage under 42 CFR 494.62. Survey Dates: 06/26/23 to 06/27/23 Total Facility Census: 60 In-Center Hemodialysis: 0 Home Hemodialysis (HHD): 19 Peritoneal Dialysis (PD): 41 Nocturnal: 0 Pediatrics: 0 Sample Size: 7 Supplemental: 3 Network 11 was contacted after entrance.	E 000		

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

Louise Ehn | RN, C.M | 7/7/2023

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 000	INITIAL COMMENTS A Recertification (CORE) survey was conducted by Healthcare Management Solutions, LLC on behalf of Centers for Medicare & Medicaid Services (CMS). An unannounced on-site Recertification (CORE) survey (ASPEN #NX0111) conducted at the above-named End Stage Renal Disease (ESRD) facility from 06/26/23 to 06/27/23 resulted in a finding of substantial compliance respective to applicable Conditions for Coverage (CfC) under 42 CFR 494, Subpart A through D with the following standard-level deficiencies listed below. Total Facility Census: 60 In-Center Hemodialysis: 0 Home Hemodialysis (HHD): 19 Peritoneal Dialysis (PD): 41 Nocturnal: 0 Pediatrics: 0 Sample Size: 7 Supplemental: 3 Network 11 was contacted after entrance.	V 000		
V 503	PA-APPROPRIATENESS OF DIALYSIS RX CFR(s): 494.80(a)(2) The patient's comprehensive assessment must include, but is not limited to, the following:	V 503		

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

Regina Elkin | RN CM | 7/7/2023

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 503	Continued From page 1 (2) Evaluation of the appropriateness of the dialysis prescription, This STANDARD is not met as evidenced by: Based on record reviews, interview, and policy review the facility failed to follow the individualized dialysis (an artificial means of kidney function that removes the waste and excess fluid from the blood by passing through a filter) treatment and medication prescription as determined by the medical provider for two of three sampled home hemodialysis patients (Patient (P) 5 and P6). Failure to follow the medical providers' dialysis treatment and medication prescription had the potential to negatively impact the effectiveness of the prescribed dialysis treatments and medications for the 19 home hemodialysis patients receiving oversight at this facility. Findings include: 1. Review of P5's "Current Outpatient Dialysis Prescription," found in the electronic medical record (EMR), revealed a prescribed blood flow rate (BFR) of 400 milliliters per min (mL/min). Review of P5's "Outpatient Dialysis Treatment Medication" list, dated 05/31/23, revealed a prescribed heparin (an anticoagulant medication used to prevent clotting of the extracorporeal circuit) bolus (a dose of medication administered all at once) of 6000 units (u) of 1000 u/mL to be administered upon initiation of the dialysis treatment. Review of 18 of 18 treatment flowsheets from 06/01/23 through 06/26/23, in the EMR, indicated the following: a. 06/01/23 - the BFR was documented at 390	V 503		

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V 503	Continued From page 2 mL/min from 8:30 AM until the treatment was terminated at 10:52 AM, and the heparin bolus administration was documented at 5000 u, b. 06/03/23 - the heparin bolus administration was documented at 5000 u, c. 06/05/23 - the BFR was documented at 380 mL/min from 8:45 AM until the treatment was terminated at 11:03 AM, and the heparin bolus administration was documented at 5000 u, d. 06/06/23 - the BFR was documented between 230 mL/min and 380 mL/min from 8:13 AM until the treatment was terminated at 10:42 AM, and the heparin bolus administration was documented at 5000 u, e. 06/07/23 - the BFR was documented between 72 mL/min and 380 mL/min from 9:12 AM until the treatment was terminated at 11:36 AM, and the heparin bolus administration was documented at 5000 u, f. 06/09/23 - the BFR was documented at 380 mL/min from 8:37 AM until the treatment was terminated at 10:38 AM, and the heparin bolus administration was documented at 5000 u, g. 06/11/23 - the BFR was documented at 380 mL/min from 9:34 AM until the treatment was terminated at 11:34 AM, and the heparin bolus administration was documented at 5000 u, h. 06/13/23 - the BFR was documented at 380 mL/min during the entire treatment, and the heparin bolus administration was documented at 5000 u,	V 503		

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V 503	Continued From page 3 i. 06/14/23 - the heparin bolus administration was documented at 5000 u, j. 06/15/23 - the heparin bolus administration was documented at 5000 u, k. 06/17/23 - the BFR was documented at 380 mL/min during the entire treatment, and the heparin bolus administration was documented at 5000 u, l. 06/19/23 - the BFR was documented at 390 mL/min from 8:07 AM until the treatment was terminated at 10:10 AM, and the heparin bolus administration was documented at 5000 u, m. 06/20/23 - the BFR was documented between 380 mL/min and 390 mL/min during the entire treatment, and the heparin bolus administration was documented at 5000 u, n. 06/21/23 - the BFR was documented between 380 mL/min and 390 mL/min during the entire treatment, and the heparin bolus administration was documented at 5000 u, o. 06/22/23 - the BFR was documented between 340 mL/min and 390 mL/min during the entire treatment, and the heparin bolus administration was documented at 5000 u, p. 06/24/23 - the BFR was documented between 380 mL/min and 390 mL/min during the entire treatment, and the heparin bolus administration was documented at 5000 u, q. 06/25/23 - the BFR was documented between 300 mL/min and 390 mL/min during the entire treatment, and the heparin bolus administration	V 503		

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V 503	Continued From page 4 was documented at 5000 u, and r. 06/26/23 - the BFR was documented at 390 mL/min from 8:14 AM until the treatment was terminated at 10:36 AM, and the heparin bolus administration was documented at 5000 u. There was no documented rationale for the change to the prescribed BFR and heparin bolus. 2. Review of P6's "Current Outpatient Dialysis Prescription," found in the EMR, revealed a prescribed BFR of 350 mL/min. Review of P6's "Outpatient Dialysis Treatment Medication" list, dated 08/18/22, revealed a prescribed heparin bolus of 2000 u of 1000 u/mL to be administered upon initiation of the dialysis treatment. Review of nine of 17 treatment flowsheets from 06/01/23 through 06/26/23, in the EMR, indicated the following: a. 06/01/23 - the BFR was documented at 340 mL/min during the entire treatment, and the heparin bolus administration was documented at 3000 u, b. 06/03/23 - the BFR was documented at 340 mL/min during the entire treatment, and the heparin bolus administration was documented at 3000 u, c. 06/04/23 - the BFR was documented at 340 mL/min during the entire treatment, and the heparin bolus administration was documented at 3000 u, d. 06/08/23 - the BFR was documented between 240 mL/min and 340 mL/min during the entire treatment, and the heparin bolus administration	V 503		

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V 503	Continued From page 5 was documented at 3000 u, e. 06/10/23 - the BFR was documented at 340 mL/min during the entire treatment, and the heparin bolus administration was documented at 3000 u, f. 06/15/23 - the BFR was documented at 340 mL/min during the entire treatment, and the heparin bolus administration was documented at 3000 u, g. 06/16/23 - the BFR was documented at 340 mL/min during the entire treatment, and the heparin bolus administration was documented at 3000 u, h. 06/22/23 - the heparin bolus administration was documented at 3000 u, and i. 06/26/23 - the BFR was documented at 340 mL/min during the entire treatment, and the heparin bolus administration was documented at 3000 u. There was no documented rationale for the change to the prescribed BFR and heparin bolus. During an interview on 06/27/23 at 1:20 PM, the Clinic Manager (CM) reviewed the home therapy treatment sheets and confirmed the documented BFR and heparin bolus doses were not as prescribed and no rationales were documented. Review of the facility's policy titled, "Review and Documentation of Home Therapies Patient Health Data," publish date 05/01/23, indicated, "Purpose: The purpose of this policy is to provide guidance to home therapies (sic) staff regarding	V 503		

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V 503	Continued From page 6 review and documentation of patient health data. . .Policy: The patient will create a treatment record for every dialysis treatment according to policy and regulatory requirements. Treatment data will be reviewed by the home therapies (sic) nurse in order to identify trends, determine if patients are following their treatment plans or having problems with their dialysis at home. . ."	V 503		