

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152536	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2013
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NAME OF PROVIDER OR SUPPLIER NORTH EVANSVILLE DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1151 W BUENA VISTA RD EVANSVILLE, IN 47710
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V000000	<p>This was a Federal ESRD complaint investigation survey.</p> <p>Complaint #: IN00137538 - Substantiated, Federal deficiencies related to the allegations are cited.</p> <p>Survey Date: 10-30-13</p> <p>Facility #: 009368</p> <p>Medicaid Vendor #: 200071340A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">October 31, 2013</p>	V000000		

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 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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V000401	<p>494.60 PE-SAFE/FUNCTIONAL/COMFORTABLE ENVIRONMENT The dialysis facility must be designed, constructed, equipped, and maintained to provide dialysis patients, staff, and the public a safe, functional, and comfortable treatment environment. Based on observation, interview, and facility policy review, the facility failed to ensure the solution distribution system and the facility floor had been maintained creating the potential to affect all of the facility's 75 current patients.</p> <p>The findings include:</p> <p>1. The following observations were made on 10-30-13 between 9:10 AM and 9:30 AM:</p> <p>A. A white and green dried substance was observed to be caked around the floor pedals that can be used to turn the sink faucets on and off at the clean sink.</p> <p>B. A white dried substance on the floor in an area approximately 1 foot by 2 feet was observed behind the machine at station number 17.</p> <p>C. A gray dried substance was observed under the foot pedal of the sink in the laboratory area. The pedal to turn the cold and hot water off was observed</p>	V000401	<p>Teammates (TMs) immediately cleaned up all spills and residual from floors, wall boxes; sink hardware, and ensured connectors off of floor. Biomed Technician will replace, and repair all connectors so machine can be connected directly to concentrate outlets by 11/30/2013. Facility Administrator (FA) contacted VIP Cleaning; all facility floors to be stripped, buffed, and waxed starting November 9, 2013. FA to in-service all TMs on 11/6/2013 emphasizing all TMs are responsible for providing a sanitary and safe environment in the treatment area, and throughout facility. TMs must immediately clean up spills, clean back dialysis station walls/outlet; and clean cabinets, sinks, and floors as needed if spills occur. TMs must ensure all connectors must remain off floor at all times, and notify biomed technician if any leaks are identified. Charge Nurse will be responsible for daily monitoring. Attendance at in-service will be evidenced by attendance sheets. FA and/or Biomed Technician will conduct monthly observational physical</p>	11/30/2013			

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	<p>to be laying on the floor. The cabinet doors of the sink were observed to be spotted with a white substance that had dripped down the front of the cabinet and had dried.</p> <p>D. A large of amount of a dried white substance was observed on the floor in front of the solution delivery system outlets between stations 19 and 20.</p> <p>E. A moderate amount of a dried white substance was observed in front of the solution delivery system outlets at station number 21. An area of approximately 1 by 2 feet of the floor was wet. The dialysis machine was connected to the central solution delivery system outlet by 2 pieces of tubing that had a red connector on one piece and a blue connector on the other piece. The connectors were located in approximately the middle of the pieces of tubing. The connectors were observed to be on the floor in the middle of the wet area.</p> <p>The facility administrator, employee P, observed the wet area at station number 21. The administrator indicated she did not know where the leaks were coming from but that the biomedical technician was supposed to be getting rid of the red and blue connectors so that the machine could be connected to the central solution</p>		<p>plant audits to ensure equipment is in good condition, along with ensuring facility maintains clean/safe environment for patients and staff. FA will review results of all audits with Medical Director during monthly Facility Health Meetings (FHM), minutes will reflect. FA and Medical Director are responsible for compliance with this plan of correction.</p>		

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	<p>delivery system directly. The administrator stated, "These floors are hideous. I am waiting on approval to get them buffed and waxed."</p> <p>F. The tubing connecting the dialysis machine to the central solution delivery system outlet, including the red and blue connectors, were observed to be on the floor at station number 3. Employee N indicated the tubing was "supposed to be off the floor."</p> <p>G. The tubing connecting the dialysis machine to the central solution delivery system outlet, including the red and blue connectors was observed to be on the floor and a small amount of fluid was observed under the connectors at stations numbered 10, 11, 12, and 15.</p> <p>2. The facility's biomedical technician, employee Q, indicated, on 10-30-13 at 10:15 AM, the outlets needed to be changed at each station so that the machine could be directly connected to the central solution delivery system and the red and blue connectors could be eliminated. The technician indicated he had been trying since June 2013 to get the outlets replaced, but that another employee had retired and he [the facility's biomedical technician] had not had time to get it done. He indicated he had the</p>						

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	<p>parts in stock but that his other duties, including the routine preventative maintenance procedures, had prevented him from completing the repairs. He indicated he is responsible for a total of 4 dialysis facilities.</p> <p>3. The facility administrator, employee P, indicated, on 10-30-13 at 12:30 PM, the tubing on the floor and the leaks were not sanitary and that potential for contamination of the dialysis solutions was present.</p> <p>4. The facility's August 2006 "System For Hazard Assessment, Evaluation and Correction" policy number 4-08-03 states, "Unsafe or unhealthy work conditions, practices or procedures . . . will be corrected in a timely manner based on the severity of the hazards. The FA/Manager or designee has responsibility for correcting any identified hazards."</p>				

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V000765	<p>494.180(e) GOV-INTERNAL GRIEVANCE SYS ID/IMPLEMENTED</p> <p>The facility's internal grievance process must be implemented so that the patient may file an oral or written grievance with the facility without reprisal or denial of services.</p> <p>The grievance process must include-</p> <p>(1) A clearly explained procedure for the submission of grievances. (2) Timeframes for reviewing the grievance. (3) A description of how the patient or the patient's designated representative will be informed of steps taken to resolve the grievance.</p> <p>Based on facility policy and complaint documentation review and interview, the facility failed to ensure its grievance policy had been fully implemented in 2 (patient #s 7,8, and 9) of 20 grievance documents reviewed creating the potential to affect all of the facility's 75 current patients.</p> <p>The findings include:</p> <p>1. The facility's undated "Patient Grievance Procedure" states, "The facility Administrator is to discuss the grievance with the patient and take appropriate action towards a solution, if possible. This discussion should occur within 10 days of receipt of the grievance.</p> <p>2. The facility's grievance documentation dated 8-19-13 evidenced patient number 7</p>	V000765	<p>FA and MSW will verify that each patient grievance documented on Patient Grievance Log is discussed with patient and has complete documentation of grievance, actions taken to date to address the grievance, and when indicated resolution to the grievance. FA will hold in-service for all TMs by 11/10/2013 reviewing Policy & Procedure # 3-01-06 Patient Grievance. TMs will be instructed on the importance of patients knowing the external grievance mechanisms and processes in order to follow-up with the patients who verbalize a grievance, and that all grievances must be reported to charge nurse and/or FA. Each grievance will have complete documentation about the grievance, actions taken to address the grievance and when the grievance has been resolved. TMs will be instructed to</p>	11/30/2013

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	<p>had voiced a complaint regarding former employee T. The complaint alleges the employee was "rude" and "continually changes machine when patient requests for her not too." The grievance document failed to evidence the grievance had been discussed with the patient.</p> <p>3. The facility's grievance documentation dated 8-19-13 evidenced patient number 8 had voiced a complaint regarding the temperature of the facility. The documentation failed to evidence the grievance had been discussed with the patient.</p> <p>4. The facility's grievance documentation dated 10-4-13 evidenced patient number 9 had voiced a complaint regarding former employee T. The complaint alleges the employee was "rude" and "rough when putting needles in". The documentation failed to evidence the complaint had been discussed with the patient, any investigation had taken place, or a resolution had been achieved.</p> <p>5. The facility administrator, employee P, indicated, on 10-20-13 at 10:50 AM, the grievance documentation did not include any discussion with the patients.</p>		<p>log all grievances, and follow up on the grievance log. Attendance at in-service will be evidenced by attendance sheets. FA will conduct weekly homeroom meetings x 4 weeks to discuss grievance procedure and any patient complaints as well as audit grievances in the log book monthly to ensure appropriate documentation and follow-up. MSW will be responsible for maintaining log and bringing for review with the Medical Director during the monthly FHM. Supporting documentation will be included in the meeting minutes with evaluation of complaints, action plans, resolution, and follow up with the patients noted. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance. FA and Medical Director are responsible for compliance with this plan of correction.</p>		

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