

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152623	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2014
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NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS-HAMMOND LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7214 CALUMET AVE HAMMOND, IN 46324
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V000000	<p>This was a federal ERSD [CORE] recertification survey.</p> <p>Survey dates were 8/18/2014, 8/19/2014, and 8/20/2014.</p> <p>Facility number: 011530</p> <p>Medicaid number: 200897220</p> <p>Surveyor: Michelle Weiss RN MSN Public Health Nurse Surveyor</p> <p>Census: 76 Inpatient HD: 66 Home PD: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 25, 2014</p>	V000000		
V000226	<p>494.40(a) MIX SYS-DFU/MONITOR/PM/LOG/SANITIZE 5.4.4.1 Mixing systems: follow DFU/monitor/PM/log/sanitization If a concentrate mixing system is used, the preparer should follow the manufacturer's instructions for mixing the powder with the correct amount of water.</p> <p>If a concentrate mixing system is used, the number of bags or the weight of powder added should be determined and recorded.</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 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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	<p>Manufacturer's recommendations should be followed regarding any preventive maintenance and sanitization procedures. Records should be maintained indicating the date, time, person performing the procedure, and results (if applicable).</p> <p>6.4.1 Mixing systems: Systems for preparing either bicarbonate or acid concentrate from powder should be monitored according to the manufacturer's instructions.</p> <p>Based on observation and interview, the facility failed to follow manufacturer's recommendations regarding preventive maintenance and sanitation procedures in 1 of 3 (#1) environmental observations completed creating to potential to affect all of the facilities 66 current patients.</p> <p>Findings Include:</p> <p>1. On 8/18/2014 at 10:30 Central time, environmental observation number 1 included the dialysate mixing area. The exterior surface of The Granuflo Dissolution Unit II was observed with a large buildup of material on top and around the filling area.</p> <p>2. The manufactures reccomendation (8.2 CLEANING P/N 450368 Rev. C) states, "Clean the exterior surface of the Granuflo Dissolution Unit II thoroughly after each batch of concentrate is mixed. If necessary, a mild detergent solution</p>	V000226	<p>The Medical Director of the facility takes seriously his responsibility to ensure all policies and procedures related to patient care are adhered to. Immediately upon receiving the Statement of Deficiencies, the Clinical Manager reviewed the citations with the Medical Director and responsible staff.</p> <p>Immediately, on 08/18/14 the external surface of the Granuflo Dissolution Unit was thoroughly cleaned and material build-up removed.</p> <p>On 08/28/14 the Director of Operations reviewed with the Clinical Manager and the Clinical Manager trained all Technical, Registered Nurse (RN) and Patient Care Technician (PCT) staff on:</p> <ul style="list-style-type: none"> · FMS-CS-IC-II-140-315A: Acid Concentrate Mixing and Handling: Hemodialysis Concentrate Dissolution Policy with special attention to section: <ul style="list-style-type: none"> o Policy Manufacturer's 	09/03/2014

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	<p>may be used to clean the exterior surface ... All spills should be wiped off immediately. Spillage at the control panel should be avoided in order to minimize the possibility of electric malfunction".</p> <p>3. The Biomed technician, employee A, in an interview on 8/18/2014 at 11:04 stated, "It should have been wiped down after each time."</p>		<p>Instructions for Use (IFU) § The hemodialysis Concentrate Dissolution Unit will be operated in accordance with the manufacturers printed instruction for use of IFUs.</p> <p>· Manufacturers recommendation Section 8: Maintenance o Section 8.2 Cleaning: § Clean the exterior surface of the Fresenius Medical Care Dry Acid Dissolution Unit thoroughly after each batch of concentrate is mixed. If necessary a mild detergent solution may be used to clean the exterior surface. All spills should be wiped off immediately. Spillage at the control panel should be avoided in order to minimize the possibility of electric malfunction. The meeting agenda and attendance records are available at the facility for review. The Clinical Manager and or designee will perform infection control and or environmental audits, address identified issues, and report findings and actions taken at monthly QAI meetings. In the event of discrepancies or problematic outcomes, the Committee investigates to determine the root cause of the issue and develops, implements, and tracks a corrective action plan through to resolution of the issue at hand. The Medical Director as Chairperson of the QAI Committee oversees QAI activities. The Clinical Manager</p>		

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V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P The medical director must-</p> <p>(2) Ensure that-</p> <p>(i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p> <p>Based on clinical record and facility policy review, observation, and interview, the medical director failed to ensure all personnel had adhered to the facility's policies and procedures in 1 of 8 record reviews and 1 of 4 (#1) observations with the potential to affect all 76 current patients.</p> <p>The findings include:</p> <p>1. The facility's "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A, dated 04-JUL-2012, states, "A registered nurse must evaluate patients New to dialysis BEFORE initiation of their first treatment to determine immediate needs."</p>	V000715	<p>is responsible and the QAI Committee inclusive of the Medical Director monitors to ensure manufacturer's recommendations re: preventive maintenance and sanitation procedures are followed as required.</p> <p>The Medical Director of the facility takes seriously his responsibility to ensure all policies and procedures related to patient care are adhered to. Immediately upon receiving the Statement of Deficiencies, the Clinical Manager reviewed the citations with the Medical Director and responsible staff.</p> <p>On 08/28/14 the Director of Operations reviewed with the Clinical Manager and the Clinical Manager trained the all direct patient care staff on:</p> <ul style="list-style-type: none"> · #FMS-CS-IC-I-110-125A: Comprehensive Interdisciplinary Assessment and Plan of Care Policy with special attention to: <ul style="list-style-type: none"> o Prior to Initiation of the Patients First Treatment for 	09/03/2014	

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	<p>A. Clinical record number 9 evidenced the patient had their first dialysis treatment on 6/2/14 and the nursing assessment required was not performed until 6/23/14.</p> <p>B. In an interview with a facility administrator, employee O, on 8/20/2014 at 3:00 PM Central Standard Time, Employee O stated, "The required sections of the assessment were not complete. You're not going to have it (the nurse assessment) for the RN, it was late."</p> <p>2. The facility's "Changing the Catheter Dressing" Procedure Number FMS-CS-IC-I-105-032C dated 6-January-2014, states, " using gentle friction, disinfect the access site beginning in the center and continuing outward 2 inches in concentric circle for 30 seconds and allow to dry. Follow the steps below to apply a dressing to the exit site. Using aseptic technique, apply the dressing over the dry exit site, being careful not to touch the patient side of the dressing with gloved hands or any surface."</p> <p>A. During observation #1, patient care technician "F" was changing the</p>		<p>patients new to dialysis a registered nurse must evaluate and assess before initiation of first treatment to determine immediate needs</p> <p>· #FMS-CS-IC-I-105-032C: Changing the Catheter Dressing Procedure with special attention to:</p> <ul style="list-style-type: none"> o Aseptic technique: Using gentle friction disinfect the access site beginning in the center and continuing outward 2 inches in concentric circle for 30 seconds and allow to dry. Follow the steps below to apply a dressing to the exit site. Using aseptic technique apply the dressing over the dry exit site being careful not to touch the patient side of the dressing with gloved hands or any surface <p>· #FMS-CS-IC-II-155-080A: Personal Protective Equipment Policy with special attention to:</p> <ul style="list-style-type: none"> o All protective equipment shall be removed prior to leaving the treatment area. <p>The meeting agenda and attendance records are available for review at the facility. The Clinical Manager and or designee will perform infection control audits and audit patient medical records for compliance according to the QAI Workflow Calendar, address identified issues, and report findings and</p>	

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	<p>Central Catheter dressing. The technician cleansed the area per guidelines, but then the RN, employee "B", while assessing, touched the area within an inch of the exit site. Employee F failed to provide aseptic technique as the technician continued to apply the dressing after the site had been touched.</p> <p>B. In an interview with the patient care technician "F", on 8/18/2014 at 09:45 AM Central Standard Time, it was stated, "I should have cleaned it (the exit site) again before I put on the dressing. I'll do it again."</p> <p>3. The facility's " Personal Protective Equipment" Policy Number FMS-CS-IC-II-155-080A, dated 20-March-2013 states, "All personal protective equipment shall be removed prior to leaving the treatment area."</p> <p>On 8/18/2014, at approximately 4:30 PM Central Standard time, a patient care technician, employee "E", was observed walking through the dialysis facility lobby with a personal protective gown on.</p>		<p>actions taken at monthly QAI meetings. In the event of discrepancies or problematic outcomes, the Committee investigates to determine the root cause of the issue and develops, implements, and tracks a corrective action plan through to resolution of the issue at hand. The Medical Director as Chairperson of the QAI Committee oversees QAI activities. The Clinical Manager is responsible and the QAI Committee inclusive of the Medical Director monitors to ensure personnel adhere to facility policies related to patient assessment, catheter site care, and use of PPE.</p>				