

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/27/2014
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NAME OF PROVIDER OR SUPPLIER  LAWRENCEBURG DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 721 RUDOLPH WAY GREENDALE, IN 47025
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V000000	This visit was an ESRD recertification survey.  Survey dates: March 24, 25, 26, and 27, 2014  Facility #: 005156  Medicaid Vendor #: 200471780  Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor  Facility Dialysis  Hemodialysis 40 Peritoneal 9  Quality Review: Joyce Elder, MSN, BSN, RN April 2, 2014	V000000		
V000113	494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.  Based on observation, interview, and review of facility policy, the facility failed to ensure staff members followed their own policy with regards to hand hygiene in 1 of 2 observations of treatment creating the potential for the transmission of disease causing organisms among all of the facility's 40 dialysis patients and staff. (Employees D and H)	V000113	1.  <b>V 113</b> <b>Facility Administrator (FA) held a mandatory in-service for all Clinical Teammates (TMs) on Friday March 28, 2014. Verification of attendance is evidenced by the Clinical Inservice Form. Teammates were instructed using surveyor observations as examples with</b>	04/25/2014

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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V000119	<p>The findings include:</p> <p>1. On 3/24/14 at 2 PM, Employee D was observed initiating dialysis with a central venous catheter on patient # 4. Employee D put the mask on the patient and herself, changed her gloves, and did not sanitize her hands.</p> <p>On 3/24/14 at 2:05 PM, Employee D, was observed performing Central Venous Catheter Exit Site Care on patient # 4. Employee D did not sanitize her hands before putting on her gloves.</p> <p>2. On 3/24/14 at 2:10 PM, Employee H was observed picking up bloody gauze from the floor, wiping up blood, discarding it, changing her gloves, and not sanitizing her hands with patient # 6.</p> <p>3. A policy titled "Infection Control for Dialysis Center", Policy: 1-05-01, Revision Date September 2013, states, "1. Hand hygiene is to be performed upon entering the facility, prior to gloving, after removal of gloves, after containerization with blood or other infectious material, after patient and dialysis delivery system contact, between patients even if the contact is casual, before touching clean areas such as supplies and before leaving the patient care area."</p> <p>4. On 3/24/14 at 4:15 PM, the observations were discussed with Employee A, Facility Administrator. She indicated the employees did not follow agency policy.</p> <p>494.30(a)(1)(i) IC-SUPPLY CART DISTANT/NO SUPPLIES IN POCKETS If a common supply cart is used to store</p>		<p><b>emphasis on, but not limited to the following: 1) Hand hygiene is to be performed upon entering the patient treatment area, prior to gloving, after removal of gloves, after contamination with blood or other infectious material, after patient and dialysis delivery system contact, between patients even if the contact is casual, before touching clean areas such as supplies and on exiting patient treatment area.</b></p> <p><b>The FA/designee will conduct infection control audits weekly x 4 weeks, then monthly. Ongoing compliance will be monitored with the facility's monthly infection control audit. FA/Charge nurse will review results of all audits with TMs during homeroom meetings. FA will report findings in the monthly QAPI meeting, known as the Facility Health Meeting (FHM) and to the Governing Body (GB). The FA is responsible for ongoing compliance with this POC.</b></p> <p><b>Completion date: 4/25/14</b></p>	

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	<p>clean supplies in the patient treatment area, this cart should remain in a designated area at a sufficient distance from patient stations to avoid contamination with blood. Such carts should not be moved between stations to distribute supplies.</p> <p>Do not carry medication vials, syringes, alcohol swabs or supplies in pockets.</p> <p>Based on observation, interview and review of policy, the facility failed to ensure their staff did not carry supplies in pockets in 1 of 2 observations with the potential to affect all 40 patients. (Employees D and H)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On 3/24/14 at 2 PM, Employee H was observed doing a Discontinuation of Dialysis with a Central Venous Catheter on patient #12 on station # 1. Employee H pulled her face mask from her uniform pocket under her personal protective equipment (PPE) jacket.</li> <li>On 3/24/14 at 2:25 PM, Employee H was observed documenting at station # 12, Patient # 10. Employee H removed the pen, used it, and replaced it in the pocket of her uniform.</li> <li>On 3/24/14 at 2:10 PM, Employee D was observed documenting at station # 1, Patient # 12. Employee D pulled the pen from her pocket, used it, and replaced it in the pocket of her uniform.</li> <li>A policy titled "Infection Control for Dialysis Center", Policy: 1-05-01, Revision Date September 2013, states, "26.</li> </ol>	V000119	<p><b>V 119</b></p> <p><b>Facility Administrator (FA) held a mandatory in-service for all Clinical Teammates (TMs) on Friday March 28, 2014. Verification of attendance is evidenced by the Clinical Inservice Form. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) Medication vials, syringes, tape, alcohol swabs, gloves or other supplies will not be carried in pockets.</b></p> <p><b>The FA/designee will conduct infection control audits weekly x 4 weeks, then monthly. Ongoing compliance will be monitored with the facility's monthly infection control audit. FA/Charge nurse will review results of all audits with TMs during homeroom meetings. FA will report findings in the monthly QAPI meeting, known as the Facility Health Meeting (FHM) and to the Governing Body (GB). The FA is responsible for ongoing compliance with this POC.</b></p> <p><b>Completion date: 4/25/14</b></p>	04/25/2014

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V000516	<p>Medication vials, syringes, tape, alcohol swabs, gloves or other supplies will not be carried in pockets."</p> <p>4. On 3/24/14 at 4:15 PM, the observations were discussed with Employee A, Facility Administrator. She indicated the employees did not follow facility policy. 494.80(b)(1) PA-FREQUENCY-INITIAL-30 DAYS/13 TX An initial comprehensive assessment must be conducted on all new patients (that is, all admissions to a dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session.</p> <p>Based on clinical record review and interview, the facility failed to ensure the patient was assessed within 30 calendar days or 13 Hemodialysis sessions in 2 of 5 patients reviewed with the potential to effect all new patients of the facility. (1 and 10)</p> <p>Findings:</p> <p>1. Clinical record 1, with a date of first dialysis (DOF) 11/6/13, evidenced a document titled "Assessment/POC (Plan of Care) Reason: New Patient" signed by the physician 2/3/14, registered nurse 12/30/13, registered dietitian 12/30/13, social worker 12/30/13, and the patient 1/10/13.</p> <p>2. Clinical record 10, DOF 2/8/13, evidenced a document titled "Assessment/POC (Plan of Care) Reason: New Patient" signed by the physician 4/19/13, registered nurse 3/28/13, registered dietitian 3/28/13, social worker 3/28/13, and the patient 4/8/13.</p>	V000516	<p>V516 IDT was in-serviced on Policy 1-14-02 "Patient Assessment and Plan of Care Utilizing Falcon Dialysis" on 3/31/2014. Verification of attendance is evidenced by a signature sheet. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) a comprehensive assessment will be conducted on all new patients within 30 calendar days (or 13 outpatient dialysis sessions for hemodialysis) beginning with the first outpatient dialysis treatment. The FA/designee will verify that the FALCON generated due date is correct based on patient start date/13 treatments in facility. The FA/designee will print 'future assessment report' from FALCON biweekly and review with IDT</p>	04/25/2014

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V000520	<p>3. On 3/27/14 at 11:00 AM. Employee A, Facility Administrator, indicated the assessments were not done timely.</p> <p>494.80(d)(2) PA-FREQUENCY REASSESSMENT-UNSTABLE Q MO In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section, a comprehensive reassessment of each patient and a revision of the plan of care must be conducted-</p> <p>At least monthly for unstable patients including, but not limited to, patients with the following: (i) Extended or frequent hospitalizations; (ii) Marked deterioration in health status; (iii) Significant change in psychosocial needs; or (iv) Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis.</p> <p>Based on staff interview and review of clinical record, facility documents, and policy, the facility failed to ensure patients were recognized as unstable for a monthly comprehensive reassessment in 2 of 5 clinical records reviewed with the potential to affect all unstable patients. (8 and 9)</p> <p>Findings: 1. Clinical record 8, date of first dialysis (DOF) 7/6/12, evidenced the patient</p>	V000520	<p>during homeroom meetings to communicate assessment due dates and to ensure assessments are completed timely. The FA/designee will conduct monthly audits of assessments and plans of care. The FA is responsible for ongoing compliance with this POC. Completion date: 4/25/14</p> <p>V520 IDT was in-serviced on Policy 1-14-02 "Patient Assessment and Plan of Care Utilizing Falcon Dialysis" on 3/31/2014. Verification of attendance is evidenced by a signature sheet. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: A comprehensive re-assessment of each patient and a revision in the plan of care will be conducted at least monthly for</p>	04/25/2014	

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V000557	<p>transferred from peritoneal dialysis to in-center dialysis 11/25/13; was on the infection log 11/29/13, 1/2/14, and 2/10/14; and was hospitalized 10/2/13, 12/1/13, 12/13/13, 12/23/13, 12/24/12, and 1/29/14. The clinical record failed to evidence the patient had been declared unstable and followed monthly.</p> <p>2. Clinical record 9, DOF 12/9/11, evidenced the patient was identified as unstable in June 2013. A plan of care was completed 6/19/13, was not completed in July 2013, completed again 8/28/13, and not completed again in September. The August 2013 plan of care evidenced a simple "stable" written at the bottom of the page without a date or signature as to who wrote it. The patient was on the infection log 1/8/14 for staphylococcus epidemics and 2/10/14 for parabacteroides distasonis.</p> <p>3. A policy titled "Guideline for Unstable Criteria for Interdisciplinary Assessment and Plan of Care", Rev 2/6/12, states, "Unstable Criteria: 1. Extended or Frequent hospitalizations ... d. Recurrent infections (not requiring hospitalizations)"</p> <p>4. On 3/27/14 at 11:00 AM. Employee A, Facility Administrator, indicated the patients should be classified as unstable and have monthly assessments.</p> <p>494.90(b)(2) POC-INITIAL IMPLEMENTED-30 DAYS/13 TX Implementation of the initial plan of care must begin within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session.</p>		<p><b>unstable patients including, but not limited to, patients with the following: 1) Extended or Frequent hospitalizations 2) Marked deterioration in health status would be specifically identified and documented by the IDT including recurrent infections not requiring hospitalization.</b></p> <p><b>If after 30 days the IDT determines the patient remain unstable, the FA/designee will manually generate an Unstable re-assessment in FALCON. If after 30 days the IDT determines the patient stable, documentation will be made on the signature page stating the patient is stable. FA / designee will conduct monthly audits of assessments and plans of care. The FA is responsible for ongoing compliance with this POC.</b></p> <p><b>Completion date: 4/25/14</b></p>	

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	<p>Based on clinical record review and interview, the facility failed to ensure the patient had an initial plan of care within 30 calendar days or 13 Hemodialysis sessions in 2 of 5 records reviewed with the potential to effect all new patients. (1 and 10)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Clinical record 1, with a date of first dialysis (DOF) 11/6/13, evidenced a document titled "Assessment/POC (Plan of Care) Reason: New Patient" signed by the physician 2/3/14, registered nurse 12/30/13, registered dietitian 12/30/13, social worker 12/30/13, and the patient 1/10/13.</li> <li>Clinical record 10, DOF 2/8/13, evidenced a document titled "Assessment/POC Reason: New Patient" signed by the physician 4/19/13, registered nurse 3/28/13, registered dietitian 3/28/13, social worker 3/28/13, and the patient 4/8/13.</li> <li>On 3/27/14 at 11:00 AM. Employee A, Facility Administrator, indicated the plans of care were not done timely.</li> </ol>	V000557	<p><b>V556</b></p> <p><b>IDT was in-serviced on Policy 1-14-02 "Patient Assessment and Plan of Care Utilizing Falcon Dialysis" on 1-21-2014. Verification of attendance is evidenced by a signature sheet. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) An initial Plan of Care, based on the findings from the comprehensive assessment, will be completed on all patients new to dialysis within 30 calendar days (or 13 outpatient dialysis sessions for hemodialysis) beginning with the first outpatient dialysis treatment or per state guidelines. FA/designee will notify IDT of patients requiring POC during the month by utilizing Falcon work list. FA/designee will check Falcon work list weekly to ensure POCs are completed timely. The FA/designee will conduct monthly audits to ensure that POC/assessments are included in charts. Results of audits will be reviewed with the IDT, as well as Medical Director during the monthly FHM. The FA is responsible for ongoing compliance with this POC</b></p> <p><b>Completion date: 4/25/14</b></p>	04/25/2014			