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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152584 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/11/2015 |
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| NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE LOGANSPOORT | STREET ADDRESS, CITY, STATE, ZIP CODE 1333 SMITH ST LOGANSPOORT, IN 46947 |
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| V 0000 Bldg. 00 | <p>This was a Federal ESRD [CORE] recertification survey.</p> <p>Survey Dates: 9/8/2015 - 9/10/2015</p> <p>Facility #: 003399</p> <p>Provider # 152584</p> <p>Medicaid Vendor #: 200413110</p> <p>Census 47</p> <p>QR: KH, R.N.</p> | V 0000 | | |
| V 0147 Bldg. 00 | <p>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children</p> <p>I. Health care worker education and training A. Educate health-care workers regarding the ... appropriate infection control measures to prevent intravascular catheter-related infections. B. Assess knowledge of and adherence to guidelines periodically for all persons who manage intravascular catheters.</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>II. Surveillance</p> <p>A. Monitor the catheter sites visually of individual patients. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or BSI [blood stream infection], the dressing should be removed to allow thorough examination of the site.</p> <p>Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients.</p> <p>VI. Catheter and catheter-site care</p> <p>B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>Based on observation and record review the facility failed to demonstrate adequate infection prevention while managing central venous catheters for 1 (patient #6) of 4 clinic observations of CVC care provided.</p> <p>Findings Include :</p> <p>1. On 9-8-2015, employee D, a patient care technician (PCT) was observed to discontinue dialysis access for patient #6. The PCT failed to place a clean barrier under the CVC limbs when discontinuing the dialysis lines.</p> <p>2. The facility's January 6, 2014 policy titled Termination of Treatment Using a Central Venous Catherter and Optiflux</p> | V 0147 | <p>On 10/16/2016 the Regional educator will provide re-education to all DPC staff with documentation of training on Initiation/Termination of treatment with CVC access. Emphasis noted on placement of clean barrier under the CVC limbs when discontinuing treatment. All DPC staff are responsible to follow FMC policy and procedure. Policy FMS-CS-IC-I-105-028A. Procedure FMS-CS-IC-I-105-028C, Policy FMS-CS-HT-II-315-035A, Procedure FMS-CS-IC-I-105-002C. Audits will be completed with random observation of DPC staff on initiation/termination of treatment using a CVC access. Audits to be completed 3xweek x1 month, then 2x week until 100%</p> | 10/30/2015 |

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| V 0545 Bldg. 00 | <p>Single Use Ebeam Dialyzer states "Ensure that a clean underpad is below the catheter limbs to protect the work area and the clothing."</p> <p>494.90(a)(2) POC-EFFECTIVE NUTRITIONAL STATUS The interdisciplinary team must provide the necessary care and counseling services to achieve and sustain an effective nutritional status. A patient's albumin level and body weight must be measured at least monthly. Additional evidence-based professionally-accepted clinical nutrition indicators may be monitored, as appropriate. Based on record review, the facility's interdisciplinary team (IDT) failed to provide necessary care and counseling to assure the patient maintained adequate nutritional status for 1 (#5) of 3 records reviewed for nutritional status from a total sample of 5 records reviewed.</p> <p>Findings include:</p> <p>1. The Center for Medicare/Medicaid Services version 2.3 Measures</p> | V 0545 | <p>compliance achieved. Then monthly audits will be completed and reported in QAI to maintain compliance. All observation of non-compliance to FMS policy/procedure will be addressed with re-education at the time of observation. Continued observation of non-compliance after re-education may result in disciplinary action up to and including termination. CM to report audit/observation results in QAI. Monthly infection control audits will continue per QAI calendar to maintain compliance.</p> <p>On 10/05/2015 the Regional Quality Manager provided re-education for the IDT on FMS-CS-IC-110-125A Comprehensive Interdisciplinary Assessment and Plan of Care Policy. Training emphasized importance of MAT Tool as a guide for quality outcome areas. IDT to monitor/review labs for current month, identifying all patients not meeting MAT tool goals. All patients identified with Albumin less than or equal to 4.0</p> | 10/30/2015 |

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| V 0681 | 494.140 Assessment Tool (MAT) establishes a target albumin for dialysis patients of greater than or equal to 4.0. 2. Clinical record #5 evidenced laboratory data collected to evaluate albumin with the following dates/results: 4-20-2015/2.7, 5-5-2015/2.7, 6-2-2015/2.7, 7-7-2015/3.2 and 8-4-2015 2.6. 3. The record contained IDT treatment notes dated 4-20-2015 through 8-13-2015 which failed to evidence the team implemented interventions to address the patient's low albumin. 4. The facility's Comprehensive Interdisciplinary Assessment and Plan of Care policy dated July 4, 2012 states " The Measures Assessment Tool (MAT) will be used as a guideline for quality outcome areas...Nutritional Status: Provide the necessary care and counseling services to acheive and sustain an effective nutritional status." | | will receive monthly direction/support from RD. These patients will also be offered nutritional supplement during dialysis treatment. IDT will document interventions/monitoring in patients POC to reflect these interventions. The clinic manager or designee will perform Monthly audit of patient labs, identifying patients with labs not meeting MAT goals. All patients identified will be provided the necessary care and counseling services to achieve and sustain an effective nutritional status. The Clinic Manager will report audit outcomes in QAI. QAI team will review and adjust current ALB action plan to support patient population towards improving outcomes. The IDT will continue to adjust and work the plan with patients not meeting MAT goals. | | |

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| Bldg. 00 | <p>PQ-STAFF LIC AS REQ/QUAL/DEMO COMPETENCY</p> <p>All dialysis facility staff must meet the applicable scope of practice board and licensure requirements in effect in the State in which they are employed. The dialysis facility's staff (employee or contractor) must meet the personnel qualifications and demonstrated competencies necessary to serve collectively the comprehensive needs of the patients. The dialysis facility's staff must have the ability to demonstrate and sustain the skills needed to perform the specific duties of their positions.</p> <p>Based on record review and interview, the facility failed to ensure that all staff demonstrated competencies necessary to perform the specific duties of their position for 1 (employee B) of 3 personnel records reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The employment record for employee B, a patient care technician, was reviewed on 9-10-2015 at 11:25 AM. The record failed to evidence the employee hired on 12/15/2104, had completed competency check off for start up water testing and acid or bicarbonate admixture. The facility administrator indicated on 9/10/2015 at 1:55 PM that the employee had not completed start up water testing or acid and bicarbonate mixture competency validation. | V 0681 | <p>Employee B received on site waterroom training and competency check off per on-site biomed personnel during this current survey on 09/10/2015. Employee water room skills check was completed and placed in employees personnel file. Policy FMS-Ed-IC-I-000-00IA. On 09/25/2015 the Regional Educator provided all DPC staff annual water room training with documentation of training noted in personnel file. On 09/30/2015 CM performed FMC personnel file audit to confirm all employees have current required training records completed in personnel files. Quarterly audit of employee files utilizing FMC audit tool will be completed by CM. Audits will be monitored in QAI. Action plan will be implemented to correct identified outliers.</p> | 09/30/2015 |

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| | 3. The facility's 4/25/2013 policy titled FMS New Hire Clinical Field Orientation states " The following are the methods of delivery for FMS new direct patient care employee field orientation:...Proctored and non proctored exams and competency skills check." | | | | |