

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/15/2014
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE TERRE HAUTE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 315 E SPRINGHILL DR TERRE HAUTE, IN 47802
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V000000	<p>This was a Federal ESRD complaint investigation survey.</p> <p>Complaint #: IN00141892; Substantiated, Federal deficiencies related to the allegations are cited.</p> <p>Survey Date: 01-15-14</p> <p>Facility #: 004389</p> <p>Medicaid Vendor #: 200815900A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 17, 2014</p>	V000000		
V000113	<p>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.</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure staff had followed the facility's policy regarding the initiation of a dialysis treatment on a patient with a central venous catheter in 1 (# 9) of 2 patients observed creating the potential to affect all of the facility's 12 current</p>	V000113	<p>On 1/29/2014, the Governing Body met to review the statement of deficiencies and to make certain that all identified deficiencies are being addressed both immediately and with long term resolution. The Clinical Manager is responsible to ensure that all staff members follow "Hand Hygiene" policies to ensure</p>	02/07/2014

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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	<p>patients with CVCs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Employee K, a patient care technician (PCT), was observed to initiate the dialysis treatment with a CVC on patient number 9 on 1-15-14 at 2:40 PM. The PCT had just completed changing the dressing on the CVC. The employee failed to perform hand hygiene and change her gloves after changing the CVC dressing and prior to initiating the dialysis treatment. 2. The Clinic Manager, employee B, indicated, on 1-15-14 at 3:30 PM, the PCT should have performed hand hygiene and changed her gloves after completing the dressing change and initiating the dialysis treatment. 3. The facility's 1-6-14 "Initiation of Treatment Using a Central Venous Catheter and Optiflux Single Use Ebeam Dialyzer" procedure number FMS-CS-IC-I-105-002 C identifies step 1 of the procedure as performing hand hygiene and donning clean gloves. 		<p>a safe treatment environment that prevents cross contamination of patients and equipment. The Clinical Manager met with the facility Education Coordinator to arrange and schedule staff in-services to re-educate all nursing staff members on the following policies "Hand Hygiene" FMS-CS-IC-II-155-090A with emphasis placed on appropriate hand hygiene after glove removal. Training will be completed on 2/7/2014 and an in-service attendance sheet is available in the facility for review in addition an audit with skills checks will be completed by 1/31/2014. The Clinical Manager will ensure that infection control audits utilizing the QAI Infection Control audit tool are done daily for 2 weeks, weekly for 4 weeks, monthly for 3 months and then as determined by the QAI calendar. Any deficiencies noted during the audits will be referred immediately to the Clinical Manager who is responsible to address the issue with each employee including corrective action as appropriate The Clinical Manager is responsible to report a summary of findings monthly in QAI and compliance will be monitored by the Governing Body.</p>		

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V000147	<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> <p>II. Surveillance 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 B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections]. Based on observation, interview, and review of facility policy, the facility failed to ensure facility staff had provided central venous catheter (CVC) exit site care in accordance with facility policy in 2 (#s 2 & 6) of 2 CVC exit site</p>	V000147	The Clinical Manager is responsible to ensure that all staff members follow "Termination of Treatment using a Central Venous Catheter and Optiflux Single Use Dialyzer and Changing the Catheter Dressing"	02/07/2014	

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	<p>care observations completed, failed to ensure CVC exit site care had been documented in accordance with facility policy in 4 (#s 2, 4, 9, and 10) of 4 patients with CVCs records reviewed, and failed to ensure discontinuation of dialysis with a CVC had been completed in accordance with facility policy in 1 (# 6) of 2 patients observed creating the potential to affect all of the facility's 12 patients with a central venous catheter.</p> <p>The findings include:</p> <p>Regarding CVC exit site care:</p> <p>1. Employee O, a patient care technician (PCT), was observed to provide CVC exit site care to patient number 2 on 1-15-14 at 11:40 AM. The PCT was observed to remove the old dressing and cleanse her hands and change her gloves. The employee cleansed around the exit site with 2 alcohol swabs removing a moderate amount of a dried, dark red substance. Observation noted the catheter was covered in the dried, dark red substance from the exit site down to the point where the catheter divided into two separate limbs. The employee failed to remove the substance from the catheter prior to placing a clean dry dressing over the exit site.</p>		<p>policies to ensure a safe treatment environment that prevents cross contamination of patients and equipment. The Clinical Manager met with the facility Education Coordinator to arrange and schedule staff in-services to re-educate all staff members on the following policies "Termination of Treatment using a Central Venous Catheter and Optiflux Single Use Dialyzer" FMS-CS-IC-I-105-028C and "Changing the Catheter Dressing" FMS-CS-IC-I-105-032C with emphasis placed on placing a clean, "unused" field under the catheter ports prior to beginning discontinuation procedure, changing the catheter dressing and proper hand hygiene and glove changes and documenting the observation of the exit site, catheter integrity and if any abnormal findings were reported. . Training was completed on 2/7/2014 and an in-service attendance sheet is available in the facility for review in addition an audit with skills checks will be completed by 1/31/2014. The Clinical Manager will ensure that infection control audits utilizing the QAI Infection Control audit tool are done daily for 2 weeks, weekly for 4 weeks, monthly for 3 months and then as determined by the QAI calendar. Any deficiencies noted during the audits will be referred immediately to the Clinical Manager who is responsible to</p>		

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	<p>2. Employee K, a PCT, was observed to provided CVC exit site care to patient number 9 on 1-15-14 at 2:30 PM. The PCT was observed to perform hand hygiene and don clean gloves. The PCT removed the old dressing and, without changing her gloves or cleansing her hands, cleansed the exit site with an alcohol swab. The PCT cleansed her hands and changed her gloves and completed the dressing change.</p> <p>3. The above-stated observations were discussed with the Clinic Manager, employee B, on 1-15-14 at 3:30 PM. The manager indicated employees K and O had not provided CVC exit site care in accordance with facility policy.</p> <p>4. The facility's 1-6-14 "Changing the Catheter Dressing" procedure number FMS-CS-IC-I-105-032C states, "Inspect and remove the old dressing . . . Discard dressing and remove gloves. Perform hand hygiene." The procedure identifies the next step as preparing the supplies for the dressing change. After preparing the supplies, the procedure states, "Perform hand hygiene . . . don clean gloves." The procedure then describes how the exit site is to be cleaned.</p> <p>Regarding CVC exit site care</p>		address the issue with each employee including corrective action as appropriate The Clinical Manager is responsible to report a summary of findings monthly in QAI and compliance will be monitored by the Governing Body.				

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	<p>documentation:</p> <ol style="list-style-type: none"> 1. The facility's 1-6-14 "Changing the Catheter Dressing" procedure number FMS-CS-IC-I-105-032C states, "Document the dressing change in the patient's medical record. Include any observations of the exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal findings, instructions, or interventions made during the dressing change." 2. The clinical record number of patient number 2 included a post treatment flow sheet dated 1-13-14 that identified the PCT, employee K, had completed the CVC dressing change. The flow sheet failed to evidence documentation of any observations of the exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal findings, instructions, or interventions made during the dressing change. 3. The clinical record of patient number 4 included a post treatment flow sheet dated 1-15-14 that identified the PCT, employee C, had completed the CVC dressing change. The flow sheet failed to evidence documentation of any observations of the exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal 						

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	<p>findings, instructions, or interventions made during the dressing change.</p> <p>4. The clinical record of patient number 9 included a post treatment flow sheet dated 1-15-14 that identified the PCT, employee K, had completed the CVC dressing change. The flow sheet failed to evidence documentation of any observations of the exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal findings, instructions, or interventions made during the dressing change.</p> <p>5. The clinical record of patient number 10 included a post treatment flow sheet dated 1-14-14 evidenced employee J, a registered nurse, had completed the CVC dressing change. The flow sheet failed to evidence documentation of any observations of the exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal findings, instructions, or interventions made during the dressing change.</p> <p>Regarding discontinuation of dialysis with a CVC:</p> <p>1. Employee C, a PCT, was observed to discontinue the dialysis treatment on patient number 6 on 1-15-14 at 12:30 PM. The PCT failed to place a clean</p>						

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V000550	<p>field under the CVC ports prior to discontinuing the treatment. Observation noted 4 nickel-sized spots of red drainage on the pad under the CVC limbs.</p> <p>2. The Clinic Manager, employee B, indicated, on 1-15-14 at 3:30 PM, the PCT had not completed the discontinuation of the dialysis treatment in compliance with facility policy.</p> <p>3. The facility's 1-6-14 "Termination of Treatment Using a Central Venous Catheter and Optiflux Single Use Ebeam Dialyzer" procedure number FMS-CS-IC-I-105-028C states, "Ensure that a clean under pad is below the catheter limbs to protect the work area and the clothing."</p> <p>494.90(a)(5) POC-VASCULAR ACCESS-MONITOR/REFERRALS The interdisciplinary team must provide vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement. Based on observation, interview, and</p>	V000550	To specifically address	02/07/2014	

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	<p>review of facility policy, the facility failed to ensure staff had provided appropriate access care prior to the initiation of the dialysis treatment in 1 (# 8) of 2 access of arteriovenous fistula (AVF) or graft for initiation of dialysis observations creating the potential to affect all of the facility's 74 current patients with fistulas or grafts.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Employee K, a patient care technician (PCT), was observed to initiate the dialysis treatment on patient number 8 on 1-15-14 at 2:10 PM. The PCT was observed to cleanse both the arterial and venous needle insertions sites with alcohol. Prior to inserting both the arterial and venous needles, the PCT touched the insertion sites and failed to repeat the cleansing of the sites prior to inserting the needles. 2. The Clinic Manager, employee B, indicated, on 1-15-14 at 3:30 PM, the PCT should have repeated the cleansing of the insertion sites after touching the sites and prior to inserting the needles. 3. The facility's 01-16-09 "Cannulation Site Selection and Skin Preparation" procedure number FMS-CS-IS-I-520-005C states, "Clean 		<p>appropriate vascular access care prior to the initiation of the dialysis treatment with a fistula or graft, the following has occurred:</p> <ul style="list-style-type: none"> · Reeducation of the facility staff on cleansing a patient's access prior to initiation of their treatment, "Cannulation Site Selection and Skin Preparation" FMS-CS-IC-I-520-005C by 2/7/2014 · Skills checklist will be completed on each staff member by 1/31/2014 · The Clinical Manager will ensure that infection control audits utilizing the QAI Infection Control audit tool are done daily for 2 weeks, weekly for 4 weeks, monthly for 3 months and then as determined by the QAI calendar · The Clinical Manager is responsible to report a summary of findings monthly to the QAI. The QAI Committee is responsible to analyze the results and determine a root cause analysis and new Plan of Action if resolution is not occurring. · Ongoing compliance will be monitored by the QAI committee. The Director of Operations is responsible to ensure the results of the audits will be reviewed during the monthly QAI meeting and reported to the Governing Body. 				

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	the site for one minute using multiple swab IMMEDIATELY prior to cannulation due to alcohol has a short bacteriostatic time . . . DO NOT TOUCH THE CLEANED SITE AFTER DISINFECTION. Recontamination of site occurs if touched after cleansing with antiseptic solution."			