STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152547	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIALYSIS CLINIC INC	1719 W 10TH ST INDIANAPOLIS, IN 46222

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V000000	This was the second revisit for the recertification survey conducted on 9-17-14, 9-18-14, 9-19-14, 9-22-14, 9-23-14, and 9-24-14. The first revisit was completed on 10-14-14 for the removal of an Immediate Jeopardy identified on 9-17-14. Survey Date: 12-4-14 Facility #: 010129 Medicaid Vendor #: 200144930A Surveyor: Vicki Harmon, RN, PHNS Two (2) conditions and 13 standards were found to be corrected during this survey. One (1) standard remains uncorrected and was re-cited. Quality Review:Joyce Elder, MSN, BSN, RN December 8, 2014	V000000		
V000115	494.30(a)(1)(i) IC-GOWNS, SHIELDS/MASKS-NO STAFF			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	EAT/DRINK Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory. Based on observation, interview, and review of facility policy, the facility failed to ensure appropriate personal protective equipment (PPE) was worn in 2 (#s 1 and 2) of 7 infection control observations completed creating the potential to affect all of the facility's 155 current incenter hemodialysis patients. The findings include: 1. On 12-4-14 at 10:00 AM, employee EE, a patient care technician (PCT), was observed to initiate the dialysis treatment on patient number 21 using a central venous catheter (CVC). The employee was observed to be wearing a mask over his mouth and under the nares of his nose. 2. On 12-4-14 at 11:10 AM, employee HH, a PCT, was observed to enter the isolation room where patient number 12, a hepatitis B positive patient, was	V000115	An infection control policy has been written and approved by Governing Body, stating PPE requirements for the isolation room. There is now a sign located on the isolation room door requiring complete PPE (gown, mask, gloves and face shield) to be worn at all times when entering the isolation room. All clinical staff will be re-educated by Clinical Educator by 12/17/2014 on PPE policy with emphasis on mask and face shields. The Clinical Manager will audit isolation staff daily for one week, weekly for one month, then monthly for adherence to isolation room PPE policy.All clinical staff will be re-educated on the use of masks during CVC care. The clinical staff will be audited daily for one week, then weekly for one month, then monthly for adherence to CVC care policy with emphasis on proper masking of staff and patients. The Clinical Educator is responsible for the education and the Clinical Manager is responsible for the audits.	12/17/2014

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	dialyzing. The PCT touched the machine, readjusted the patient's blood pressure cuff, and charted. The PCT was not observed to be wearing a face shield. On 12-4-14 at 11:50 AM, employee HH, a PCT, was again observed to enter the isolation room without donning a face shield. 3. On 12-4-14 at 11:45 AM, observation noted 2 registered nurses and 4 PCTs providing care to the other patients on the treatment floor outside of the isolation room. All caregivers were observed to be wearing face shields when providing care to the patients including taking vital signs. 4. Employee BB, the clinical educator, stated, on 12-4-14 at 11:55 AM, "I did not think they needed to wear a shield in the isolation room if they are just taking vital signs." 5. The facility's March 2014 "Central Venous Catheter (CVC) Procedure" states, "Materials required . . . PPE-personal protective equipment (face protection, including face mask, gloves, fluid resistant/fluid impervious barrier garment) . . . Procedure . . . 5. Patient and teammate will wear face masks covering the nose and mouth during			

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	catheter procedure . . . Rationale . . . 5. These measures are vital to preventing the exposure of the catheter and exit site to nasal droplets and infectious bacteria such as methicillin resistant Staph aureus (MRSA)."			