

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152640	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/14/2014
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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE WELLS COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S MAIN ST BLUFFTON, IN 46714
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V000000	<p>This visit was an ESRD federal recertification survey.</p> <p>Survey dates: August 8, 11, 12, and 13, 2014</p> <p>Facility #: 011994</p> <p>Medicaid Vendor #: 200927040</p> <p>Surveyors: Miriam Bennett, RN, PHNS and Tonya Tucker, RN, PHNS</p> <p>In-center Hemodialysis Census: 23 Peritoneal Dialysis Census: 8</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 15, 2014</p>	V000000		
V000126	<p>494.30(a)(1)(i) IC-HBV-VACCINATE PTS/STAFF Hepatitis B Vaccination</p> <p>Vaccinate all susceptible patients and staff members against hepatitis B. Based on employee file review, policy review, and interview, the facility failed to ensure the appropriate documents were in employee files to evidence the employee was offered a Hepatitis B vaccine upon hire for 1 of 3 employee files reviewed (employee C), creating the</p>	V000126	<p><b>v126</b> The Clinical Manager provided an inservice to the patient care staff on August 13, 2014 reviewing FMS policy FMS-CS-IC-II-155-143A "Requirement for Employee Testing and Vaccination for Hepatitis B". Staff voiced understanding of this</p>	09/05/2014

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>potential to affect all the facility's 7 employees.</p> <p>Findings include</p> <ol style="list-style-type: none"> <li>1. Employee file C, date of hire 7/20/11, failed to evidence the employee was offered and refused the Hepatitis B vaccination and failed to evidence dates a vaccination series was given.</li> <li>2. During interview on 8/13/14 at 1:40 PM, employee A indicated the facility does not have a Hepatitis B declination for employee C but the policy at the time of hire did not say they needed one.</li> <li>3. The facility's policy titled "Requirement for Employee Testing and Vaccination for Hepatitis B," # FMS-CS-IC-II-155-143A, revised 3/20/13 states, "Documentation of hepatitis B vaccination or refusals must be present in each employee file. ... A vaccine declination needs to be signed when: pre-assignment blood work reveals that the employee has antibodies <math>\geq</math> [greater than or equal to] 10 mIU/mL or Employees indicate they have already received the complete vaccination series ... Employee has received the vaccination series and has antibodies or Employee declines vaccination. ... Documentation - A vaccination record</li> </ol>		<p>policy.</p> <p>On August 25, 2014, the Clinical Manager completed an audit of 100% of employee records to determine the presence of consent or declination for Hepatitis B vaccination in each record. The Clinical Manager is responsible for ensuring that each employee identified as lacking documentation of consent or declination is offered the vaccine and completes the appropriate form. Completed forms will be filed in the appropriate employee files. The Clinical Manager or RN designee will ensure that all employees will be offered the Hepatitis B vaccination and a consent or declination will be obtained. The Clinical Manager or designee will implement use of the QAI employee tracking tool to ensure screenings are completed at the required frequencies and consent or declination is obtained. The Clinical Manager will bring the employee tracking tool to QAI meetings on a quarterly basis. The QAI committee will monitor compliance and develop an action plan when warranted.</p>	

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V000147	<p>shall be maintained on employees that includes a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and documentation of having received the vaccination information statement and any medical records relative to the employee's availability to receive vaccination."</p> <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>			

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	<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].</p> <p>Based on observation and policy review, the facility failed to ensure discontinuation of dialysis on a patient with a central venous catheter (CVC) was performed per the facility's policy for 2 of 2 CVC discontinuation from dialysis observations completed creating the potential to affect all patients with a CVC. (#11 and 12)</p> <p>The findings include</p> <ol style="list-style-type: none"> <li>1. During observation on 8/12/14 at 11:15 AM, employee D was observed discontinuing dialysis with a CVC patient (#11) at station 5. A field pad was already in place under the CVC ports upon arrival to the station and surveyor observed three spots of dark pink substance approximately the size of the end of a pen beneath the ports on the field. Employee D failed to place a clean field under the CVC ports.</li> <li>2. During observation on 8/12/14 at</li> </ol>	V000147	<p><b>V147</b></p> <p>The Clinical Manager provided an inservice to the patient care staff on August 13, 2014 reviewing FMS policy FMS-CS-IC-I-105-028C "Termination of treatment using a central venous catheter and optiflux single use E beam dialyzer ", with emphasis on ensuring a clean field beneath the CVC ports. Staff members voiced understanding of this policy.</p> <p>The Clinical Manager or designee will audit compliance with this policy on each CVC patient daily for 2 weeks, then weekly on each CVC patient for 2 weeks, then monthly, until 100% compliance is achieved. The Clinical Manager is responsible for follow up of audit findings and reporting monthly and further as needed, to the QAI team. The Director of Operations is responsible to ensure the Clinical Manager presents all data as defined within the plan of correction to the QAI committee. The QAI committee is responsible to provide oversight and ensure resolution is occurring.</p>	09/05/2014

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V000543	<p>12:10 PM, employee D was observed discontinuing dialysis with a CVC patient (#12) at station 4. A field pad was already in place under the CVC ports upon arrival to the station. Employee D failed to place a clean field under the CVC ports.</p> <p>3. The facility's policy titled "Termination of Treatment Using a Central Venous Catheter and Optiflux Single Use Ebeam Dialyzer," # FMS-CS-IC-I-105-028C, revised 1/6/14, states, "Follow the steps below to prepare for termination of dialysis: ... 5. Ensure that a clean under pad is below the catheter limbs to protect the work area and the clothing."</p> <p>494.90(a)(1) POC-MANAGE VOLUME STATUS The plan of care must address, but not be limited to, the following: (1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status;</p> <p>Based on clinical record review, policy review, and interview, the facility failed to ensure patients' blood pressure (BP) was monitored every 30 minutes while dialyzing for 2 of 3 in-center clinical records reviewed creating the potential to</p>	V000543	<p><b>V543</b> The Clinical Manager provided an inservice to the patient care staff on August 13, 2014 to review the requirements of FMS policy FMS-CS-IC-I-110-133A "Patient Monitoring During Patient Treatment", with emphasis on</p>	09/05/2014			

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	<p>affect all 23 of the facility's in-center patients. (#3 and #4)</p> <p>Findings include:</p> <p>1. Clinical record #3 contained treatment flow-sheets that failed to evidence the patient's BP had been taken at least every 30 minutes.</p> <p>A. The record evidenced a flow-sheet dated 7/18/14 with patient's BP recorded at 11:05 AM and not again until 12:34 PM.</p> <p>B. The record evidenced a flow-sheet dated 7/21/14 with patient's BP recorded at 9:39 AM and not again until 10:36 AM.</p> <p>C. The record evidenced a flow-sheet dated 7/30/14 with patient's BP recorded at 11:33 AM and not again until 12:31 PM.</p> <p>2. Clinical record #4 contained treatment flow-sheets that failed to evidence the patient's BP had been taken at least every 30 minutes.</p> <p>A. The record evidenced a flow-sheet dated 6/25/14 with patient's BP recorded at 4:08 PM and not again until 5:08 PM.</p>		<p>ensuring vital signs are monitored at the initiation of dialysis and every 30 minutes, or more frequently as needed. The staff members acknowledged understanding of the policy.</p> <p>The Clinical Manager or designee will audit 100% of all patient dialysis flow sheets daily x 2 weeks to ensure compliance with the policy. At the conclusion of the 2 week period, the Clinical Manager or designee will audit 50% of all patient dialysis flow sheets weekly x 2 weeks, then 25% of all patient dialysis flow sheets monthly x 1 month. Any evidence of non-compliance will be addressed immediately including corrective action as appropriate. Frequency of ongoing audits will further be determined by the QAI committee upon review of the audit results and resolution of the issue. The Clinical Manager is responsible for reviewing and analyzing all data prior to the QAI meeting and presenting it monthly to the QAI team. The Director of Operations is responsible to ensure the Clinical Manager presents all data as defined within the plan of correction to the QAI committee. The QAI committee is responsible to provide oversight and ensure resolution is occurring.</p>	

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	<p>B. The record evidenced a flow-sheet dated 7/11/14 with patient's BP recorded at 10:35 AM and not again until 11:35 AM.</p> <p>3. On 8/12/14 at 1:05 PM, employee F indicated the patients' blood pressure needs to be checked and recorded at least every 30 minutes.</p> <p>4. The facility policy with an effective date as 7/4/12 titled "Patient Monitoring During Patient Treatment" states, "Policy Monitor the patient at the initiation of treatment and every 30 minutes, or more frequently as necessary. ... Vital Signs/Mental Status Vital signs will be monitored at the initiation of dialysis and every 30 minutes, or more frequently as needed."</p>				