

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152526	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 2350 S DIXON RD STE 450 KOKOMO, IN 46902
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V 0000 Bldg. 00	<p>This was a federal ESRD Core recertification survey.</p> <p>Core Survey Dates: September 14, 15, 16, and 17, 2015</p> <p>Facility #: 005168</p> <p>Medicaid #: 100137770A</p> <p>Census: In-Center: 99 Home Hemo: 1 Peritoneal: 18 Total: 118</p> <p>Sample: In Center RR: 6 Home Hemo RR: 1 Peritoneal RR: 2 Total: 9</p>	V 0000		
V 0126 Bldg. 00	<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 record review and interview,</p>	V 0126		10/16/2015

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>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 3 of 5 employee files reviewed. (Employees E, J, and L)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Employee file E, a Certified Clinical Hemodialysis Technician, date of hire (DOH) 5/30/12, was reviewed and failed to evidence the employee had been offered and declined a Hepatitis B vaccine. 2. Employee file J, a Registered Nurse, DOH 10/13/14, was reviewed and failed to evidence the employee had been offered and declined a Hepatitis B vaccine. 3. Employee file L, a Social Worker, DOH 10/8/10, was reviewed and failed to evidence the employee had been offered and declined a Hepatitis B vaccine. 4. During interview on 9/17/15 at 12:50 PM, employee A, Clinic Manager, indicated she does not have the Hepatitis B declinations for these employees because their initial labs results showed they were immune, so she did not have them sign the declination forms. 		<p>V 126</p> <p>On Thursday October 8, 2015 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</p> <p>The Clinical Manager is responsible to ensure that</p> <p>documentation of Hepatitis B vaccination and or serologic immune status of all staff of the FMC Kokomo Facility including Employees E,J and L.</p> <p>Documentation of Hepatitis B Vaccination and or serologic immune status of all FMC Kokomo facility staff will be obtained by Friday October 16th 2015</p> <p>The Clinical Manager is responsible to update the personnel tracking tool in the QAI Calendar by October 16th 2015.</p>	

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	5. The facility's policy titled "Requirements for Employee Testing and Vaccination for Hepatitis B," # FMS-CS-IC-II-155-143A, dated 28-JAN-15 states, "Vaccine Declination- A vaccine declination needs to be signed when: pre-assignment blood work reveals that the employee has antibodies \geq 10mIU/mL or Employees indicate they have already received the complete vaccination series but have not converted to immune status and the records are not obtainable, or Employee has received the vaccination series and has antibodies or Employee declines vaccination."		<p>The Clinic Manager is responsible to ensure that all New Hire Employees Paperwork is completed upon hire of every new employee with emphasis on obtaining documentation of Hepatitis B Vaccination Consent and or serologic immune status with vaccination dates.</p> <p>As part of the monthly QAI process, the Clinical Manager will present the following to the QAI Committee:</p> <ul style="list-style-type: none"> ·A summary of patients susceptible to Hepatitis B ·A summary of patients currently receiving Hepatitis B vaccination series ·A summary of any patients who have missed a dose or the vaccination has not been initiated as ordered ·Any patients that have specific, documented reasons for not receiving scheduled doses of Hepatitis B vaccine. · In addition, An Annual summary of all facility staff and the evidence of Hepatitis B Vaccination and or serologic immune status <p>The QAI Committee will assess for an opportunity for improvement. If an opportunity for improvement is identified, the</p>	

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V 0408 Bldg. 00	494.60(d) PE-EMERGENCY PREPAREDNESS-PROCEDURES The dialysis facility must implement processes and procedures to manage medical and non medical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area. Based on record review and interview, the facility failed to ensure all supplies in the emergency evacuation box and crash cart were not expired, and failed to ensure the emergency evacuation box contained the correct amount of supplies for 1 of 1 crash cart and 1 of 1 emergency evacuation box observed.	V 0408	QAI Committee will initiate a formal action plan to be followed through to a resolution. The Clinical Manager is responsible for documenting and reporting data to the QAI Committee and the QAI Committee monitors for compliance On Thursday October 8, 2015 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	10/16/2015

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. During observation on 9/14/15 at 8:48 AM, the crash cart evidenced the following expired supplies: One bag of 0.9% Sodium Chloride 150 milliliters (mL) expired 07/01/2015, One Intravenous (IV) set expired 04/2015, and One red top lab tube expired 08/2015. 2. During interview on 9/14/15 at 8:50 AM, employee I, Registered Nurse, indicated the crash cart is checked daily and should also be checked for expired supplies. 3. During observation on 9/14/15 at 8:52 AM, the emergency evacuation box evidenced the following expired supplies: 10 IV Administration sets expired 04/2014. 4. The Emergency Box Inventory check list evidenced the box should contain 12 IV administration lines. The box failed to evidence 12 IV administration lines. Ten (10) IV administration lines were observed. 5. During interview on 9/14/15 at 9:00 AM, employee I indicated this box and the crash cart are both taken out of the clinic if they need to evacuate in an 		<p>The Clinical Manager is responsible to ensure that staff complete correctly the Emergency Cart Daily Checklist and verify all expiration dates of the supplies contained within the Emergency Cart.</p> <p>. The Clinical Manager met with the facility Education Coordinator to arrange and schedule staff in-services to re-educate all staff members on the Policy and Procedure titled "Emergency Medications, Equipment and Supplies" # FMS-CS-IC-130-007A with emphasis on proper documentation and verifying expiration dates of the supplies contained within the Emergency Cart when completing the Emergency Cart Daily Checklist.</p> <p>Training will be completed by Friday October 16th 2015 and an in-service attendance sheet is available in the facility for review</p> <p>The Clinical Manager will ensure the accuracy of all records by utilizing the QAI Technical audit tools that are done via the QAI calendar which is monthly or as determined by the QAI calendar. Any deficiencies noted during the audits will be</p>	

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	<p>emergency.</p> <p>6. The facility's policy titled "Emergency Medications, Equipment and Supplies," # FMS-CS-IC-II-130-007A, dated 28-JAN-2015 states, "Emergency Box/Cart- ... Items approaching expiration are reordered and replaced prior to the actual expiration date."</p>		<p>referred immediately to the Clinical Manager who is responsible to address the issue with each employee including corrective action as appropriate</p> <p>The Clinical Manager is responsible to review, analyze and trend all reports and present them monthly to the QAI Committee for review.</p> <p>The QAI Committee is responsible to provide oversight until ongoing resolution has been determined.</p>	