

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152549		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/23/2013	
NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE RENAL CARE MUNSTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9100 CALUMET AVE MUNSTER, IN 46321			
(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	<p>This visit was an ESRD federal complaint investigation survey.</p> <p>Complaint # IN00133928 - Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency is cited.</p> <p>Survey date: August 22 and 23, 2013</p> <p>Facility #: 010128</p> <p>Medicaid Vendor: #200315330E</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 27, 2013</p>	V000000					

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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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 review of policy, the facility failed to ensure staff performed hand hygiene after removing gloves during the provision of care in 1 of 9 patient care observations (employee A) creating the potential to affect all of the patients current patients and staff.</p> <p>Findings</p> <p>1. The facility policy titled "Infection Control for Dialysis Facilities" with a revision date of March 2013 stated, "Hand hygiene is to be performed ... after removal of gloves."</p> <p>2. On 8/22/13 at 11:35 AM, Employee A was observed to care for patient #1 by flushing with 10 cubic centimeter of normal saline for the rinse back at termination of dialysis and then removing gloves. Employee A donned new gloves and did not wash hands.</p> <p>3. On 8/22/13 at 10:30 AM, Employee G, the facility administrator, indicated</p>	V000113	<p>Plan of Correction Facility: CRC – Munster 00495 V113 Facility Administrator (FA) held mandatory in-service for all Clinical Teammates (TMs) on Tuesday September 3, 2013 and Wednesday September 4, 2013. In-service included but was not limited to: review of Policy & Procedure # 1-05-01: Infection Control for Dialysis Facilities, emphasizing 1) TMs must wear disposable gloves appropriately when caring for the patient or touching the patient's equipment at the dialysis station; 2) TMs must remove gloves and perform hand hygiene between each patient and station; 3) TMs must remove gloves and perform hand hygiene before entering clean supply cart; 4) TMs must perform hand hygiene every time gloves are removed. Attendance of in-service is evidenced by TMs signature on the Clinical In-Service Form. Infection Control Manager will conduct infection control audits daily x1 week, weekly x4 weeks, then monthly. FA will review audit results monthly with Medical Director during Quality Improvement Facility Management Meetings (QIFMM), continued frequency of</p>	09/23/2013	

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	handwashing should occur after gloves were removed.		audits will be determined by the team. QIFMM Minutes will reflect. The FA is responsible for compliance with this Plan of Correction		