

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152517	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/15/2016
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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE CANAL DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1308 MINNICH RD NEW HAVEN, IN 46774
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V 0000  Bldg. 00	This was a federal ESRD [CORE] recertification survey.  Survey Dates: January 12-15, 2016  Facility #: 005162  Medicaid Vendor #: 100081860D	V 0000		
V 0113  Bldg. 00	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.  Based on observation, document review, the facility failed to ensure all staff followed the policies and procedures for infection control practices for 1 of 11 observations of staff providing patient care. (patient # 8)  Findings include  1. During observation on 1/12/16 at 10:05 AM, employee B, a Registered Nurse (RN) was observed discontinuing dialysis for Arterial Venous Graft/Fistula	V 0113	On Thursday, February 11, 2016 the Director of Operations and Clinical Manager provided an initial inservice to the patient care staff to review the findings of the recertification survey specific to wearing gloves and hand hygiene. On Wednesday, February 24, 2016 the Education Coordinator will conduct a staff inservice, educating the direct patient care staff specifically on FMS policy FMS-CS-IC-II-155-080A "Personal Protective Equipment", with emphasis on hand hygiene, changing gloves, and touching potentially contaminated surfaces.	03/14/2016

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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V 0543  Bldg. 00	<p>for patient # 8. Employee B pushed in the foot rest of the chair with un-gloved hands, proceeded to put on clean gloves, moved the television and blood pressure cuff. Employee B failed to don clean gloves or use hand sanitizer prior to donning clean gloves. Employee B proceeded to pick up gauze and a glove for the patient, disconnected the blood lines, removed the dressing from the site, folded the gauze and placed over the site. Employee B failed to change gloves and use hand sanitizer in between tasks and after touching potentially contaminated surfaces prior to removing the lines.</p> <p>2. The facility's policy titled "Personal Protective Equipment," # FMS-CS-IC-II-155-080A, dated 3/20/13, stated "Personal Protective Equipment ... Disposable gloves must be used: ... When touching patients during activities with potential exposure to bloodborne pathogens and other potentially infectious material. ... When touching any part of the dialysis machine or equipment at the dialysis station. ... Avoid touching surfaces with gloved hands that will be touched with ungloved hands (for ex. patient charts and computers)."</p> <p>494.90(a)(1) POC-MANAGE VOLUME STATUS The plan of care must address, but not be limited to, the following:</p>		<p>The Clinical Manager will ensure that all staff voice understanding of the policies. The Clinical Manager or designee will conduct audits commencing on Thursday, February 25, 2016, which will include observation of proper use of hand hygiene and glove use. The audits will be performed daily x 2 weeks, then weekly x 2 weeks, with completion by March 14, 2016. If continued compliance is achieved, the audit frequency will be decreased at the recommendation of the QAI committee. Any evidence of non-compliance will be addressed immediately including corrective action as appropriate. 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>(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 document review, and interview, the facility failed to ensure patients' intradialytic blood pressures (BP) had been monitored every 30 minutes in accordance with facility policy in 4 of 13 records reviewed, and failed to ensure the Registered Nurse (RN) made rounds within 1 hour of dialysis treatment initiation in accordance with facility policy for 4 of 13 records reviewed. (# 1, 4, 5, and 6)</p> <p>Findings include</p> <p>1. The clinical record for patient # 1 was reviewed on 1/13/16. The record included treatment flowsheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment, and failed to evidence the patient's intradialytic BP had been monitored every 30 minutes.</p> <p>A. The flowsheet dated 1/11/16 evidenced the treatment started at 4:26 PM. A BP was not recorded until 5:36 PM.</p> <p>B. The flowsheet dated 1/6/16 evidenced the dialysis treatment started at 4:07 PM but failed to evidence the RN</p>	V 0543	<p>The Director of Operations and Clinical Manager provided an initial inservice to the patient care staff on Thursday, February 11, 2016 to review the findings of therecertification survey specific to RN assessment and patient vital signs monitoring. On Wednesday, February 24 2016, the Education Coordinator will conduct a staff inservice to all patient care staff, specifically reviewing therequirements of FMS policies FMS-CS-IC-I-110-149A "Nursing Supervision and Delegation" and FMS-CS-IC-I-110-133A "Patient Monitoring During Patient Treatment" and FMS-CS-IC-I-110-134A "Determination of Blood Pressure". Emphasis will be placed on the portion of the policies stating that patient evaluation by a nurse must be completed during the patient's treatment, <u>preferably within the first hour</u>, and with appropriate documentation, and that vital signs are to be monitored every thirty minutes or more frequently, as needed. The Clinical Manager will ensure that all staff voice understanding of the policies. The Clinical Manager or designee will audit 100% of all patient dialysis flow sheets daily x 2 weeks to ensure compliance with the policies,</p>	03/14/2016			

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	<p>evaluated the patient. The flowsheet evidenced a BP was not recorded until 5:32 PM.</p> <p>C. The flowsheet dated 12/30/15 evidenced the treatment started at 4:18 PM but failed to evidence the RN evaluated the patient's until 5:45 PM.</p> <p>D. The flowsheet dated 12/26/15 evidenced a BP was taken at 5:04 PM, and not again until 6:03 PM.</p> <p>E. The flowsheet dated 12/23/15 evidenced a BP was taken at 4:09 PM, and not again until 5:01 PM.</p> <p>F. The flowsheet dated 12/21/15 evidenced treatment started at 4:09 PM, and a BP was not taken until 5:08 PM.</p> <p>2. During interview on 1/13/16 at 10:35 AM, employee A (Clinic Manager) stated the intradialytic blood pressure checks are to be done every 30 minutes, and the RN is to verify settings and assess patients within 1 hour of treatment initiation. Employee A stated in regards to patient's #1, they do not see the RN did the verification on 1/6/16.</p> <p>3. The clinical record for patient # 4 was reviewed on 1/13/16. The record included treatment flowsheets that</p>		<p>beginning February 25, 2016. At the conclusion of the 2 week period, the Clinical Manager or designee will audit 50% of all patient dialysis flowsheets weekly x 2 weeks, to be completed by March 14, 2016. 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>evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment, and failed to evidence the patient's intradialytic BP had been monitored every 30 minutes.</p> <p>A. The flowsheet dated 1/9/16 evidenced a BP was taken at 1:08 PM, and not again until 2:09 PM.</p> <p>B. The flowsheet dated 1/7/16 evidenced the dialysis treatment started at 11:37 AM but failed to evidence the RN evaluated the patient. The Clinical Notes Report dated 1/7/16 at 1:20 PM stated "Note: late entry; assessment findings lungs clear. hr [heart rate] reg [regular]. pt [patient] has not complaints. machine settings verified." This note failed to evidence what time this assessment originally took place.</p> <p>C. The flowsheet dated 12/24/15 evidenced the dialysis treatment started at 9:14 AM but failed to evidence the RN evaluated the patient. The Clinical Notes failed to evidence any RN evaluations for 12/24/15.</p> <p>D. The flowsheet dated 12/19/15 evidenced the dialysis treatment started at 11:33 AM but failed to evidence the RN evaluated the patient. The Clinical Notes failed to evidence any RN evaluations for</p>			

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	<p>12/19/15.</p> <p>4. During interview on 1/14/16 at 10:12 AM, in regards to patient's # 4, employee A stated maybe the nurses are missing pushing the buttons in the computer. Employee A stated they did not see the RN assessments either, and in reference to the 1/7/16 late entry the nurses should be putting the time they evaluated the patients, not just the time they entered the late note.</p> <p>5. The clinical record for patient # 5 was reviewed on 1/14/16. The record included treatment flowsheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment, and failed to evidence the patient's intradialytic BP had been monitored every 30 minutes.</p> <p>A. The flowsheet dated 1/6/16 evidenced a BP was taken at 3:02 PM, and not again until 4:35 PM, and not again until 6:06 PM.</p> <p>B. The flowsheet dated 12/23/15 evidenced the dialysis treatment started at 3:01 PM but failed to evidence the RN evaluated the patient until 4:43 PM. The Clinical Notes dated 1/6/16 and 12/23/15 failed to evidence any late entry notes for RN evaluations and machine verification.</p>			

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	<p>6. The clinical record for patient # 6 was reviewed on 1/14/16. The record included treatment flowsheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment, and failed to evidence the patient's intradialytic BP had been monitored every 30 minutes.</p> <p>A. The flowsheet dated 1/3/16 evidenced the dialysis treatment started at 10:46 AM but failed to evidence the RN evaluated the patient until 12:02 PM. The Clinical Notes dated 1/3/16 failed to evidence any late entry notes for RN evaluations and machine verification.</p> <p>B. The flowsheet dated 12/31/15 evidenced the dialysis treatment started at 9:57 AM but failed to evidence the RN evaluated the patient until 10:07 AM. The Clinical Notes dated 12/31/15 failed to evidence any late entry notes for RN evaluations and machine verification.</p> <p>C. The flowsheet dated 12/31/15 evidenced the dialysis treatment started at 9:57 AM but failed to evidence the next BP was taken until 10:38 AM.</p> <p>7. The facility's policy titled "Nursing Supervision and Delegation," # FMS-CS-IC-I-110-149A, revised 9/25/13</p>			

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	<p>stated, "Patient evaluation by the nurse must be completed during the patient's treatment, preferably within the first hour or as specified by stricter state regulations. The registered nurse must evaluate each patient's to: Review the patient's condition, Review accuracy and completeness of treatment and patient's data, Review patient treatment prescription and equipment parameters to verify correct settings, and if prescription is met, Observe condition of the patient including visibility of vascular access and response to treatment, Verify machine safety checks have been completed."</p> <p>8. The facility's policy titled "Determination of Blood Pressure," # FMS-CS-IC-I-110-134A, revised 7/4/12 stated, "Policy: Obtain blood pressure reading pre-treatment, every 30 minutes or more during hemodialysis, post treatment, and as needed."</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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