

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/29/2015
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NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE RENAL CARE EAST CHICAGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4320 FIR ST STE 404 EAST CHICAGO, IN 46312
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V 000 Bldg. 00	<p>This was a Federal ESRD complaint investigation survey.</p> <p>Complaint # IN00158791: Substantiated. Federal deficiencies related to the allegation are cited. An unrelated deficiency is also cited.</p> <p>Survey date: 5/26/15, 5/28/15, and 5/29/15</p> <p>Facility #: 010824</p> <p>Medicaid Vendor: 200315330</p> <p>QR: JE 6/2/15</p>	V 000		
V 122 Bldg. 00	<p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing-</p> <p>(4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures,</p>			

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>for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>Based on observations, staff interview, and policy and procedure review, the facility failed to ensure surfaces were not contaminated with blood for 1 of 1 treatment floor observations on 5/26/15.</p> <p>Findings</p> <p>1. On 5/26/15 at 10:30 AM, a small amount of blood about the size of a nickel was noted on a chux under the left arm of patient #7 at station #5.</p> <p>On 5/26/15 at 10:30 AM, Employee A indicated the blood was there and had not been cleaned up immediately.</p> <p>2. On 5/26/15 at 11:25 AM - 11:40 AM, a small amount of blood about the size of a nickel was noted on the chux under the right arm of patient #1 at station #10.</p> <p>On 5/26/15 at 11:40 AM, Employee B indicated the blood was there and had not been cleaned up immediately.</p> <p>3. The agency policy titled "Infection Control for Dialysis Facilities" with a revision date of September 2014 stated, "Cleaning and / or disinfection of</p>	V 122	<p>Facility Administrator (FA) conducted an in-service for all clinical teammates on <i>Policy & Procedure 1-05-01, Infection Control for Dialysis Facilities</i> on May 27, 28, and May 29, 2015. The in-service focused on appropriate cleaning and/or disinfection of work surfaces, chairs, and equipment with particular emphasis on small blood spills and blood splatters. Teammates were educated to immediately clean any blood spills and blood splatters with appropriate disinfectant. Teammates were instructed to remove chux with blood spills or splatters as soon as possible and dispose them properly. Moreover, teammates were educated on proper use of Personal Protective Equipment (PPE) and appropriate hand-washing after possible exposure to blood. Charge Nurse is responsible for daily monitoring. The evidence of verification of attendance during in-service was documented with teammates signature on the in-service sheet.</p> <p>FA or designee will conduct an infection control audit with specific focus on proper and immediate cleaning and disinfection of blood spills and blood splatters on a daily basis x 2 weeks starting June 5, 2015. The infection control audit will continue on a weekly basis as the</p>	06/29/2015

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V 147 Bldg. 00	<p>equipment or work surfaces will be performed as soon as possible following exposure to blood."</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</p>		<p>current practice in the facility and incorporating the audit on immediate clean-up and disinfection of blood spills on work surfaces, chux, chairs, and equipment. FA will review results of all audits and update progress with teammates in homeroom meetings with attendance recorded. FA will review results with Medical Director on a regular basis and present it in the monthly Facility Health Meeting (FHM). Minutes of meeting will be recorded.</p> <p>FA is responsible for compliance with this plan of correction.</p> <p>Completion date: 06/29/2015</p>	

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	<p>infection], the dressing should be removed to allow thorough examination of the site.</p> <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 policy review, observation, and interview, the facility failed to ensure care was provided for a patient with a central venous catheter (CVC) as required by facility policy for 3 of 3 observations of initiation of dialysis for a patient (#4 and # 8) with a CVC with Employees D and I, patient care technicians.</p> <p>The findings include:</p> <p>1. The procedure titled "Central Venous Catheter [CVC] procedure" with a revision date of March 2015 stated, "Use dialysis precautions and aseptic technique throughout procedure 2. Reduces risk of infection to patient, teammate, and others. 3. Set up clean field with supplies ... Scrub CVC tego connectors or caps with large alcohol prep pad, one per limb for 60 seconds... 21. Place sterile 4 X 4 gauze pad under catheter</p>	V 147	<p>FA conducted a mandatory in-service for all clinical teammates on May 27, 28, and May 29, 2015. The main focus of the in-service was to review <i>Policy & Procedure 1-04-02A: Central Venous Catheter (CVC) Care Procedure</i>. The in-service of teammates included: (1) General review of CVC care process and the importance of infection control. (2) Review of the step by step process of CVC care with all teammates. (3) Review on setting up of clean field with all the supplies and use of aseptic technique. (4) Teammates were re-educated that a contaminated clean field has to be replaced with new one at all times. (5) Teammates were re-educated on the length of scrub time and dry time during CVC care. (6) Each teammate was given CVC Care Quick Reminder card. Verification of attendance at in-service was evidenced by teammates signature on in-service sheet.</p> <p>FA or designee will require a daily CVC care return demonstration for</p>	06/29/2015

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	<p>limbs while removing the alcohol prep pad ... verify clean CVC limbs and Tego connectors or end caps are not in contact with or placed on a nonsterile surface."</p> <p>2. On 5/26/15 at 11:30 AM, Employee I, patient care technician, was observed to initiate dialysis on patient #4 at station #6. This patient had a CVC. Employee I scrubbed the arterial limb for 5 seconds and the venous limb for 5 seconds before attaching the 10 mL (milliliters) syringes to each. The patient dropped the cell phone on the clean field under the patient's CVC and retrieved it with his / her hands. The clean field was not replaced.</p> <p>3. On 5/28/15 at 10:50 AM, Employee D, patient care technician, was observed to initiate dialysis on patient #4 at station #7. This patient had a CVC. Employee D failed to scrub the arterial limb and the venous limb before attaching the 10 mL syringes to each. There was no clean field placed under the patient's supplies placed on the right arm table.</p> <p>4. On 5/28/15 at 11:30 AM, Employee I, patient care technician, was observed to initiate dialysis on patient #8 at station #8. This patient had a CVC. There was no clean field placed under the patient's supplies placed on the right arm table.</p>		<p>each PCT teammate for the next two weeks starting June 5, 2015. Thereafter, PCT and RN teammates will do CVC care return demonstration weekly for the next four weeks and then ongoing compliance will be monitored during monthly infection control audits. The results of audits and CVC care return demonstration will be reviewed in homeroom meetings and with Medical Director during monthly FHM, minutes will reflect.</p> <p>FA is responsible for compliance with this plan of correction.</p> <p>Completion date: 06/29/2015</p>	

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V 543 Bldg. 00	<p>5. On 5/28/15 at 2:29 PM, Employee A, the facility administrator, indicated the staff needed an inservice on the CVC procedure for the facility.</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 and facility policy review and interview, the facility failed to ensure the patient's treatment record was updated when the patient had observable cramping for 1 of 1 observation on 5/28/15 of a patient complaint of cramping (#4).</p> <p>The findings include:</p> <p>1. On 5/28/15 at 2:25 PM, Patient #4 complained of cramping in the left hand and leg and requested the ultrafiltration (UF) be reduced. Employee D, patient care technician (PCT), was observed to reduce the UF. Patient #4 continued to</p>	V 543	<p>FA conducted a mandatory in-service for all clinical teammates on May 27, 28, and May 29, 2015. The in-service meetings included the review of <i>Policy & Procedure # 1-03-08 on Treatment Initiation Patient Assessment, Policy & Procedure # 1-03-08A on Treatment Initiation, Policy & Procedure # 1-03-09 on Intradialytic Treatment Monitoring, and Policy & Procedure # 1-04-05 on Blood Flow Problems.</i> The main focus of the in-service was on proper documentation. (1) Nurses must complete patient assessment within 60 minutes of treatment initiation and are responsible for ensuring that patients receive the prescribed dose of dialysis and physician orders are followed. (2) PCTs must review and follow</p>	06/29/2015

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	<p>complain of cramping and requested the UF be turned off. Employee D turned off the UF per patient request.</p> <p>2. On 5/29/15 at 10:15 AM, Employee A, the facility administrator, indicated the cramping had occurred and had not been documented on the treatment run by Employee J, RN, or Employee D, PCT.</p> <p>3. On 5/29/15 at 12:30 PM, Employee D indicated Employee J, RN, was aware of the cramping episode and the reduction of the UF. He indicated the cramping episode was not documented on the 5/28/15 treatment run for patient #4.</p> <p>4. The procedure titled "Medical Record Preparation and Charting Guidance" with a review date of September 2014 stated, "Chart accurately and concisely but completely. Chart exactly what you observe, hear and do. Chart baseline information and changes in patient condition ... chart all treatment administered and the patient's response to treatment."</p>		<p>physician's order and prescription prior to starting any dialysis treatment. (3) RNs and PCTs are to properly document vital signs, patients' treatment prescriptions, arterial and venous pressures and fluid removal goals. (4) PCTs are to inform RNs at all times of any significant changes in patient's status and condition, indicators outside of ordered parameters and properly document them. RNs must take appropriate action and contact physician if warranted and follow physician orders. (5) RNs and PCTs are to document findings, interventions provided, and patient response on the specific patient's medical record. Verification of attendance at the in-service is evidenced by teammates' signature on the in-service sheet.</p> <p>FA or designee will conduct daily audits on 20% of patient treatment flows sheets x2 weeks, then weekly x4 weeks and then biweekly on 10% of treatment sheets to ensure compliance. Post-treatment chart audit starts on June 5, 2015. The facility had a focused electronic visit (FEV) with evaluation on proper documentation. The action plan from the FEV will be reviewed on June 25, 2015; FA will also review results of audits with Medical Director during monthly FHM, minutes will reflect.</p> <p>FA is responsible for compliance with this plan of correction.</p>				

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

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FORM APPROVED

OMB NO. 0938-0391

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