

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2014
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NAME OF PROVIDER OR SUPPLIER PLAINFIELD RENAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8110 NETWORK DR PLAINFIELD, IN 46168
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V000000	<p>This was a federal ESRD (CORE) recertification survey.</p> <p>Survey Dates: September 15, 16, and 17, 2014</p> <p>Facility #: 011918</p> <p>Medicaid #: Not Available</p> <p>Surveyors: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 18, 2014</p>	V000000		
V000121	<p>494.30(a)(4)(i) IC-HANDLING INFECTIOUS WASTE [The facility must demonstrate that it follows standard infection control precautions by implementing-] (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the- (i) Handling, storage and disposal of potentially infectious waste; Based on policy review, observation, and interview, the facility failed to ensure staff disposed of biohazardous waste properly for 1 of 17 observations with the</p>	V000121	V 121 Facility Administrator (FA) held mandatory in-service for all clinic teammates (TMs) on 9/18/2014, and 9/19/2014. In-service included but was not	10/17/2014

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 86 patients. (Employee K)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. During an observation on 9/15/14 at 12:00 PM, employee K, a patient care technician, was observed providing Central Venous Catheter Initiation care to patient #7 at station 6. Employee K placed two 10 milliliter syringes of blood on the drape with used supplies and then carried the entire drape of used supplies to the regular trash receptacle. Employee K failed to dispose of the 2 blood filled syringes into the biohazard receptacle. 2. During interview on 9/15/14 at 3:55 PM, employee U indicated syringes of blood are to be disposed of in biohazard containers. 3. The facility's policy titled "Infection Control for Dialysis Facilities," # 1-05-01, revised March, 2014 states, "Facility Hygiene ... 57. All potentially infectious waste will be placed in sealable, leak proof biohazard waste bags that are clearly marked or colored. All extracorporeal disposable supplies such as blood lines will be placed in the red biohazard waste bags immediately after use." 		<p>limited to: review of <i>Policy and Procedure 1-05-01: Infection Control for Dialysis Facilities</i> emphasizing the proper handling, storage and disposal of bio hazard waste. 1) All potentially infectious waste must be placed in sealable, leak proof biohazard waste bags that are clearly marked or colored. All extracorporeal disposable supplies such as bloodlines must be placed in the red biohazard waste bags immediately after use. Upon completion of treatment, dialyzer will be capped, bagged, and taken to the appropriate area. 2) Each TM is required to complete <i>Star Learning Course Man2002 Exposure Control and Blood Borne Pathogens</i>. Verification of attendance at in-service will be evidenced by TMs signature on the in-service sheet. Infection Control Manager or Charge nurse will conduct infection control audits for every shift daily x 2 weeks then, then weekly x 2 weeks, and then monthly. FA/Charge nurse will review results of all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meetings (FHM), minutes will reflect. Facility Administrator is responsible for compliance with this Plan of Correction.</p>	

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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 clinical record review, employee file review, policy review, and interview, the facility failed to failed to initiate the Hepatitis B Vaccination series for 1 of 1 patient (#5) who chose to receive the series and failed to have documentation of employee's immunization history for 4 of 21 employee files reviewed (C, K, O, and Q) creating the potential to affect all the facility's patients and employees who are hepatitis B susceptible.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #5, admission date 6/8/14, evidenced the patient chose to receive the Hepatitis B vaccination series. The document titled "Hepatitis B Vaccine Patient Consent" failed to evidence the series had been initiated as of 9/16/14. 2. Employee file C, date of hire 5/19/14, failed to evidence the employee was offered and refused the Hepatitis B vaccination and failed to evidence dates a vaccination series was given. The file failed to evidence a record of the 	V000126	<p>V126 All TMs offered Hepatitis B vaccine and given a Hepatitis B Vaccination Consent/Declination Form to sign per Policy & Procedure # 4-06-03 Hepatitis B Monitoring and Follow-Up Guidelines. FA held a mandatory in-service for all clinic teammates on 9/17/20, 9/18/2014. In-service included but was not limited to: review of Policy and Procedure 4-06-03: Hepatitis B monitoring and Follow-Up Guideline, Policy and Procedure 1-05-02: Hepatitis Surveillance, Vaccination and Infection Control Measures. 1) New teammates who are not able to provide documentation of history of Hepatitis B surface antibodies of 10 mIU/ml or greater, regardless of documentation indicating completion of the Hepatitis B vaccine series, will be screened for Hepatitis B Surface Antigen (HBsAg) and Hepatitis B Surface Antibody (anti-HBs) within 10 working days. 2) Teammates providing evidence of Hepatitis B Surface Antibodies of 10mIU/ml or greater upon hire will be considered immune and will not require initial or ongoing testing. 3) Teammates who do not have</p>	10/17/2014

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	<p>employee's Hepatitis B immunization history.</p> <p>3. Employee file K, date of hire 11/25/13, failed to evidence the employee was offered and refused the Hepatitis B vaccination, failed to evidence dates a vaccination series was given, and failed to evidence blood was drawn to determine Hepatitis B immunity or susceptibility upon or within 10 days of hire. The file failed to evidence a record of the employee's Hepatitis B immunization history.</p> <p>4. Employee file O, date of hire 7/10/13, failed to evidence the employee was offered and refused the Hepatitis B vaccination and failed to evidence dates a vaccination series was given. The file failed to evidence a record of the employee's Hepatitis B immunization history.</p> <p>5. Employee file Q, date of hire 7/9/14, failed to evidence the employee was offered and refused the Hepatitis B vaccination and failed to evidence dates a vaccination series was given. The file failed to evidence a record of the employee's Hepatitis B immunization history</p> <p>6. During interview on 9/16/14 at 3:30</p>		<p>acceptable documentation of Hepatitis B Surface Antibodies of 10 or greater on file must have Hepatitis B Surface Antigen testing completed every six (6) months. 4) Teammates that decline the Hepatitis B vaccine series will be informed about the value of the vaccine and encouraged to take the series and sign <i>Hepatitis B Vaccination Consent/Declination Form</i>. 5) Hepatitis B vaccination is recommended for all susceptible chronic dialysis patients and must be offered upon admission with physician order. Verification of attendance at in-service will be evidenced by TMs signature on the in-service sheet. FA or designee will perform 100% chart audits to verify that each patient has consent for or declination of Hepatitis B vaccine. All patients that request vaccine; series will be initiated immediately. Administrative Assistant will audit all new patient charts one week following admission for Hepatitis B consents and initiation of series. FA has developed and initiated tickler system that will be reviewed monthly to ensure ongoing compliance with TMs annual health screening requirements including Hepatitis B monitoring is complete and documentation is verified in personnel record. Infection control Manager will monitor vaccinations monthly; status of TM and patient hepatitis vaccines</p>	

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	<p>PM, employee U indicated the facility should have started the vaccination series on patient #5 shortly after the consent was signed, and the facility does not have acceptance or refusal paperwork for patients 4 and 6.</p> <p>7. During interview on 9/17/14 at 1:40 PM, employee A indicated the employees do not sign Hepatitis B Vaccination declination forms if their lab work shows they have antibodies to the virus.</p> <p>8. The facility's policy titled "Hepatitis Surveillance, Vaccination and Infection Control Measures," # 1-05-02, revised March 2011 states, "Vaccination ... 14. Hepatitis B vaccination is recommended for all susceptible chronic dialysis patients and should be offered upon admission with physician order. ... 17. An order will be obtained. The patient will sign a consent form (included in Patient Registration Packet found in Reggie) and receive the Vaccination Information Sheet (VIS)."</p> <p>9. The facility's policy titled "Hepatitis B Monitoring and Follow-Up Guidelines," # 4-06-03, revised September 2010 states, "1. New teammates who are not able to provide documentation of hepatitis B surface antibodies of 10 mIU/ml or greater from any time in the</p>		will be reviewed with Medical Director during monthly at FHM, minutes will reflect. Facility Administrator is responsible for compliance with this Plan of Correction.				

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	<p>past, regardless of documentation indicating completion of the hepatitis B vaccine series, will be screened for hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) within 10 working days. ... 4. Teammates will be offered the hepatitis B vaccine series after bloodborne pathogen training has occurred and in accordance with Health and Safety policy; Specified Control Methods. 5. Teammates that decline the hepatitis B vaccine series will be informed about the value of the vaccine and encourage to take the series. They will sign Hepatitis B Vaccination Consent / Declination Form."</p>				