

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152618	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/20/2013
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE GREENCASTLE			STREET ADDRESS, CITY, STATE, ZIP CODE 316 MEDIC WAY GREENCASTLE, IN 46135		
(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 for an ESRD recertification survey.</p> <p>Survey Date: 03/14-20/13</p> <p>Facility #: 006660</p> <p>Medicaid Vendor #:</p> <p>Surveyor: Marty Coons, RN, PHNS</p> <p>Census-29</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 22, 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 and review of policy, the facility failed to ensure staff changed gloves when contaminated and performed hand hygiene appropriately during the provision of care in 1 (patient #8) of 5 patient care observations creating the potential to affect all of the facility's staff and 27 current patients.</p> <p>The findings include:</p> <p>1. The facility's 1-4-12 "Hand Hygiene" policy number FMS-CS-IC-II-155-090A policy states, "Hands will be . . . Decontaminated using alcohol based hand rub or by washing hands with antimicrobial soap and water before and after direct patient contact . . . Immediately after removing gloves, After contact with body fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled, After contact with inanimate objects near the patient, When moving from a contaminated body site to a clean body site of the same patient."</p>	V000113	<p>On 4/5/2013 the Governing Body will meet to review the Statement of Deficiencies and to make certain that all identified deficiencies are being addressed both immediately and with long term resolution. The Clinical Manager is responsible to ensure that all staff members follow "Hand Hygiene", "Cleaning and Disinfection" and "Infection Control Overview" policies to ensure a safe treatment environment that prevents cross contamination of patients and equipment. The Clinical Manager met with the facility Education Coordinator to arrange and schedule staff inservices to re-educate all staff members on the following policies: "Hand Hygiene", FMS-CS-IC-II-155-090A and "Cleaning and Disinfection", FMS-CS-IC-II-155-110A with emphasis placed on appropriate glove usage, glove changes and hand hygiene using hand sanitizer. Training will be completed on 4/15/13, and an inservice attendance sheet will be available in the facility for review. In addition, an audit with skills check will be completed by 4/19/13. The Clinical Manager will</p>	04/19/2013			

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	<p>2. The facility's 1-4-12 "Cleaning and Disinfection" policy number FMS-CS-IC-II-155-110A policy states, "Hand hygiene is imperative after contact with the Chairside computer devices and before contact with patient."</p> <p>3. On 3/15/13 at 8:05 AM, Employee J, a patient care technician (PCT), was observed initiating dialysis at station # 12 (patient number 8). After the PCT donned gloves, she placed both of her hands on the patient, touching the access site (right arm fistula). The employee removed gloves, sanitized hands, left the station, donned clean clear gloves, and returned to station. The employee removed the glove from her right hand and began to touch both the dialysis machine screen and the computer screen. Her left hand, still gloved, remained at her side holding a glove. She then donned the glove and returned to the patient's access continuing with the initiation of dialysis without completing hand hygiene and changing her gloves.</p>		<p>hold a counseling session on 4/2/13 with Employee J to discuss policy violations on March 15, 2013 as noted in the Statement of Deficiencies. Expectations for improvement will be discussed and documented. Emphasis and focus in this counseling session will be on glove usage and proper hand hygiene. The Clinical Manager will ensure that infection control audits utilizing the QAI Infection Control Audit Tool are done monthly for six months, and then as determined by the QAI Calendar. Any deficiencies noted during the audit will be referred immediately to the Clinical Manager who is responsible to address the issue with each staff member, including corrective action as appropriate. The Clinical Manager is responsible to report a summary of findings monthly in QAI, and compliance will be monitored by the Governing Body.</p>		