

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152607	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2015
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NAME OF PROVIDER OR SUPPLIER DSI MUNCIE NORTH STREET DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2705 W NORTH ST MUNCIE, IN 47303
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V 0000 Bldg. 00	<p>This was a federal ESRD [CORE] recertification survey.</p> <p>Survey dates: 9/28/15 - 9/30/15</p> <p>Facility number: 005138</p> <p>Medicaid number: 200880860A</p> <p>In-Center HD: 85 Home PD: 14 Home HD: 6</p>	V 0000		
V 0113 Bldg. 00	<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, record review, and interview the facility failed to ensure hand hygiene and glove changes had been performed in accordance with federal guidelines in 1 of 12 hand hygiene observations completed.</p> <p>Findings include:</p> <p>1. Employee K, Registered Nurse (RN),</p>	V 0113	Clinic Manager or designee will in-service all staff including employee K (RN) regarding DSI Policy & Procedure (P&P) 300-15: Decannulation with a Safety Needle Device; 800-01: Dialysis Precautions; 800-28: Hand Hygiene; 800-13: PPE by 10/30/15. In-service will include but not limited to: glove removal, hand hygiene and donning clean gloves will be completed after decannulation of access and	10/30/2015

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>was observed to discontinue the dialysis treatment on patient #13 on 9/30/15 at 11:30 AM using an arteriovenous fistula. The RN was observed to remove the needles aseptically and apply gauze for the patient to hold with a gloved hand. The RN was not observed to remove gloves and cleanse her hands after discarding the needles into the sharps container.</p> <p>2. On 9/30/15 at 12:40 PM, employee D, Director of Operations, indicated the facility policy does not state staff has to remove gloves and perform hand hygiene after discarding the needles into a sharps container.</p> <p>3. The facility policy with a revision date of 5/1/15 titled "300-15: Policy/Procedure: Decannulation with safety needle device" states, "Procedure: 1. Don full PPE [personal protective equipment] 2. Terminate dialysis. 3. Remove tape from first needle to be removed. 4. Apply folded gauze pads to hub area and press lightly. 5. Remove needle following the manufacturer's instructions to engage the safety feature. 6. Stabilize gauze and withdraw needle from patient using the fistula needle tubing to remove needle. 7. ... Discard needle into sharps container. 8. Apply pressure to site immediately after the</p>		<p>placing needles in the sharps container to reduce the risk of possible cross contamination; glove removal, hand hygiene and donning clean gloves will be completed when moving from patient dirty tasks to machine tasks to prevent the risk of blood or other potentially infectious material cross contamination. Clinic Manager or designee will monitor infection control practices daily x 2 weeks or until 100% compliance has been established, weekly x 2, monthly x 2, then bimonthly per the Quality Management (QM) Workbook audit schedule. Any staff found not to be in compliance will be subject to progressive disciplinary action. Clinic Manager or designee will review all education, audit results and disciplinary action in the monthly QAPI & LGB meetings.</p>	

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V 0115 Bldg. 00	<p>fistula needle is removed. ... a.) Patient holding pressure: 1.) apply glove to patient's hand 2.) pressure held to obtain hemostasis. ... 9. Repeat steps 3-8 for second needle to be removed. 10. Dispose fistula needles into sharps container. 11. Document the condition of the access before and after treatment and note any changes or complications" The policy failed to include steps for glove removal and hand hygiene.</p> <p>494.30(a)(1)(i) IC-GOWNS, SHIELDS/MASKS-NO STAFF EAT/DRINK Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory. Based on observation, interview, and record review, the facility failed to ensure personal protective equipment (PPE) was utilized appropriately in 1 (employee F) of 2 patient care technicians (PCT) observed while performing patient care to 1 of 3 (patient #15) patients observed with a central venous catheter (CVC) for infection control procedures creating the potential to affect all of the facility's patients with a CVC.</p>	V 0115	<p>Clinic Manager or designee will in-service all staff including employee F (PCT) regarding DSI P&P 800-01: Dialysis Precautions; 800-13: PPE; 300-78: Initiation & Termination of the External Access using TEGO Connector; 800-10: Blood Borne Pathogens Control Plan by 10/30/15. In-service will include but not limited to: faceshield will be worn properly covering face and eyes during discontinuation of each dialysis</p>	10/30/2015

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	<p>Findings include:</p> <p>1. On 9/30/15 at 11 AM, employee F (PCT) was observed to perform discontinuation of dialysis with a CVC in station 7 with patient number 15. The employee was wearing a face shield that was not covering the eyes and was pushed up onto his/her forehead. The employee failed to wear the face shield appropriately, to cover the eyes throughout the discontinuation of dialysis treatment.</p> <p>At 11:05 AM, employee F indicated he/she had not worn the face shield appropriately and the face shield should have been down "when engaged" in the discontinuation of treatment.</p> <p>2. On 9/30/15 at 1:20 PM, employee A (clinical manager) indicated face shield's are to be worn appropriately, to cover the eyes, during access of a CVC.</p> <p>3. The facility policy with a revision date of 5/1/15 titled "300-78 Policy/Procedure: Treatment Initiation & Termination: Utilizing a Catheter with TEGO Connector Caps" states (page 6), "Treatment Termination Supplies: Full PPE Clean Barrier ... Procedure: ... Don full PPE including face mask. PPE</p>		<p>treatment including patients with CVCs. Clinic Manager or designee will monitor infection control practices with emphasis on wearing face-shields appropriately daily x 2 weeks or until 100% compliance is established, weekly x 2, monthly x 2 then bimonthly per the QM Workbook audit schedule. Any staff found not to be in compliance will be subject to progressive disciplinary action. Clinic Manager or designee will review all education, audit results and disciplinary action in the monthly QAPI & LGB meetings.</p>	

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V 0543 Bldg. 00	<p>protects staff from exposure to pathogens. ... "</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; Based on record review and interview, the facility failed to ensure the patient's blood pressure had been monitored at least every 30 minutes in 3 of 5 in-center hemodialysis patient's records reviewed creating the potential to affect all patient's receiving dialysis treatments at the facility. (#1, 2, and 3)</p> <p>Findings include:</p> <p>1. Clinical record #1 included hemodialysis treatment flow sheets dated 8/17, 8/19, 8/31, and 9/28/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment.</p> <p>A. A hemodialysis treatment flow sheet dated 8/17/15 evidenced vital signs and a safety check had been completed at 9:06 AM and not again until 9:51 AM, a period of 45 minutes between checks.</p>	V 0543	<p>Clinic Manager or designee will in-service all staff regarding DSI P&P 300-24: Monitoring During Treatment by 10/30/15. In-service will include but not limited to: safety checks of the machine and patient and vital signs including the patient's blood pressure will be monitored and documented at least every 30 minutes or more often per the patients needs during the treatment. Clinic Manager or designee will audit a random 25% of all patient flowsheets including clinical records #1, #2 & #3 for at least every 30 minute safety checks & vital signs including BP daily x 2 weeks or until 100% compliance is established, weekly x 2, monthly x 2 then quarterly per the QM Workbook audit schedule. Any staff found not to be in compliance will be subject to progressive disciplinary action. Clinic Manager or designee will review all education, audit results and disciplinary action in the</p>	10/30/2015

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	<p>B. A hemodialysis treatment flow sheet dated 8/19/15 evidenced vital signs and a safety check had been completed at 7:42 AM and not again until 8:32 AM, a period of 50 minutes between checks.</p> <p>C. A hemodialysis treatment flow sheet dated 8/31/15 evidenced vital signs and a safety check had been completed at 7:12 AM and not again until 8:06 AM, a period of 54 minutes between checks.</p> <p>D. A hemodialysis treatment flow sheet dated 9/28/15 evidenced vital signs and a safety check had been completed at 8:01 AM and not again until 8:50 AM, a period of 49 minutes between checks.</p> <p>2. Clinical record #2 included hemodialysis treatment flow sheets dated 9/15 and 9/17/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment.</p> <p>A. A hemodialysis treatment flow sheet dated 9/15/15 evidenced vital signs and a safety check had been completed at 7:15 AM and not again until 8:03 AM, a period of 48 minutes between checks. The vital signs and a safety check were then completed at 9:02 AM and not checked again until 9:49 AM, a period of 47 minutes between checks.</p>		monthly QAPI & LGB meetings.		

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	<p>B. A hemodialysis treatment flow sheet dated 9/17/15 evidenced vital signs and a safety check had been completed at 9:03 AM and not again until 10:00 AM, a period of 57 minutes between checks.</p> <p>3. Clinical record #3 included hemodialysis treatment flow sheets dated 9/3, 9/8, and 9/22/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment.</p> <p>A. A hemodialysis treatment flow sheet dated 9/3/15 evidenced vital signs and a safety check had been completed at 10:37 AM and not again until 11:54 AM, a period of 77 minutes between checks.</p> <p>B. A hemodialysis treatment flow sheet dated 9/8/15 evidenced vital signs and a safety check had been completed at 8:32 AM and not again until 9:32 AM, a period of 60 minutes between checks.</p> <p>C. A hemodialysis treatment flow sheet dated 9/22/15 evidenced vital signs and a safety check had been completed at 7:30 AM and not again until 8:45 AM, a period of 75 minutes between checks.</p> <p>4. On 9/30/15 at 12:35 PM employee D (director of operations) indicated vital</p>			

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	<p>signs and access checks should be monitored every 30 minutes during treatment.</p> <p>5. The facility policy with a revision date of 6/1/14 titled "300-24 Policy/Procedure: Monitoring During Treatment" states, "Policy: 1. Patient will be observed at least every 30 minutes. ... Procedure: 1. Patients Checks: a. Monitor blood pressure every 30 minutes or more frequently depending on patient's needs. ... Monitor pulse every 30 minutes or more frequently depending on patient's needs. ... g. Monitor patient's access with each check to ensure that there is no unusual bleeding or infiltration and connections are secure. ..."</p>			