STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152642	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER HILLS DIALYSIS	143 S KINGSTON DR BLOOMINGTON, IN 47408

(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
V0000	This visit was for an ESRD recertification survey. Survey Date: 09/17-21/12 Facility #: 012211 Medicaid Vendor #: NA Surveyor: Marty Coons, RN, PHNS, Team Leader Dawn Snider, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN September 26, 2012	V0000	POC completed for Hoosier Hills.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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V0111	494.30 IC-SANITARY ENVIRONMENT The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas. Based on policy review, observation, and patient interview, the facility failed to maintain general cleanliness of the treatment area in 1 of 1 afternoon in-center observations thus creating a potential for transmission of infectious agents for all patients and for 2 of 2 patients still dialyzing. The findings include: 1. The facility's March 2012 "Infection Control for Dialysis Facilities" policy number 1-05-01 states, "The Centers for Disease Control (CDC) 'Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients' (Dialysis Precautions) will be followed when caring for all patients . . . After each treatment the floor area around chair/bed and dialysis delivery system will be evaluated and cleaned if necessary" 2. On 9/17/2012 at 4:15 PM, observation on the dialysis in-center floor evidenced scattered and cluttered debris throughout	V0111	V111 Clinical Services Director held a mandatory in service on 09/18/2012 for all teammates regarding infection control practices. In service included review of *Policy & Procedure # 1-05-01 Infection Control for Dialysis Facilities,* emphasizing during and after each treatment, area around patient's chair and dialysis delivery system must be evaluated and cleaned as necessary. Treatment room floors, including the isolation room, will be clear of any debris including but not limited to tape, paper, alcohol swabs, gloves gauze, etc. Attendance of in service is evidenced by teammate's signature on clinical in service form. Infection Control Manager will be trained on Clean Sweep protocols through Star Learning modules. FA will ensure Infection Control Manager attends monthly Infection control calls with Divisional Lead Clinical Service Specialist. Infection Control Manager will conduct audits on every shift daily x 1 week, weekly x 4 weeks, then monthly, pending acceptable outcomes. FA will review all audits with teammates during home room meetings and with	10/21/2012

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	the 12 station in-center area. Between stations 11 and 12 several small pieces of white paper were observed. At the east/south clean sink area soiled blue gloves were on the floor between the sink and the trash container. At the medication preparation area there were several alcohol covers and clear syringe needle caps on the floor, along with sticky white pieces of tape. Between stations 8 and 9 were a 4x4 white gauze and an opened 2x2 alcohol covering. At station 3 (with a patient dialyzing at this time), a soiled blue glove was lying on the floor between the window and the dialysis chair with several pieces of white various size papers. 3. The isolation room floor, station 10, (no patient dialyzing at this time), was observed with scattered pieces of white paper throughout room. 4. On 09/17/2012 at 5: 00 PM, the patient dialyzing at station 11 indicated the floor often had scattered debris on it, but the patient had not observed the staff attempt to clean up the floor like they were doing now.		Group Facility Administrator monthly and Medical Director monthly during Quality Improvement Facility Management Meetings, minutes will reflect. Facility Administrator is responsible for compliance with this Plan of Correction	

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