

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152593	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2014
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE CIRCLE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 N SENATE STE 100 INDIANAPOLIS, IN 46202
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V000000	<p>This was a (CORE) federal ESRD recertification survey.</p> <p>Survey Dates: August 27, 28, and 29, 2014</p> <p>Facility #: 004927</p> <p>Medicaid Vendor #: 200470050B</p> <p>Surveyor: Bridget Boston, RN, Public Health Nurse Surveyor</p> <p>Census: In-center Hemodialysis - 110</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 5, 2014</p>	V000000		
V000146	<p>494.30(c)(2) IC-CATHETERS:GENERAL (2) The "Guidelines for the Prevention of Intravascular Catheter-Related Infections" entitled "Recommendations for Placement of Intravascular Catheters in Adults and Children" parts I - IV; and "Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients," Morbidity and Mortality Weekly Report, volume 51 number RR-10, pages 16 through 18, August 9, 2002. The Director of the Federal Register approves this incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. This publication is available for</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>inspection as the CMS Information Resource Center, 7500 Security Boulevard, Central Building, Baltimore, MD or at the National Archives and Records Administration (NARA). Copies may be obtained at the CMS Information Resource Center. For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_regulations/ibr_locations.html</p> <p>Based on observations, staff interview, and review of policies and procedures, the facility failed to ensure all patients with a central venous catheter (CVC) received care in compliance with facility policy in 2 of 2 observations of initiation of hemodialysis for patients with a CVC. (Patients 12 and 13)</p> <p>Findings</p> <p>1. On 8/27/14 at 10:55 AM, employee I, a patient care technician (PCT), was observed in station 7 with patient 13, a patient with a central venous catheter (CVC). Employee I was observed wearing a face shield and mask prior to the patient entering the station. The employee was observed to provide catheter care and initiate dialysis via the CVC. The employee failed to don a clean mask prior to providing any care to the patient.</p> <p>2. On 8/27/14 at 11:30 AM, employee I</p>	V000146	<p>On 8/27/14 and 8/28/14, the Clinical Manager re-educated all Clinical Staff on the "Initiation of Treatment Using a Central Venous Catheter Procedure", FMS-CS-IC-I-105-002C with emphasis on the requirement for the staff member to don a new face mask prior to proceeding to change the catheter dressing.</p> <p>The Clinical Manager or designee will monitor compliance through weekly infection control audits for one month, through September 29, 2014, with emphasis on ensuring a new face mask in donned between patients. The Clinical Manager is responsible to report a summary of findings to the QAI Committee. At the end of one month, the QAI Committee, along with the Governing Body, will determine if the facility can return to monitoring monthly through the routine infection control and Flash audits.</p> <p>The Director of Operations is responsible to ensure all</p>	09/29/2014

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V000147	<p>was observed in station 18 with patient 12, a patient with a CVC. Employee I wore the same mask as worn in the previous observation. The employee was observed to provide catheter care and initiate dialysis. The employee failed to don a clean mask prior to providing any care to the patient.</p> <p>3. On 8/27/14 at 12:30 PM, employee A, the clinic manager indicated the facility policy was that staff could wear the same disposable face mask all day as long as the mask was not pulled below their nose.</p> <p>4. The facility policy titled "Initiation of Treatment Using a Central Venous Catheter" number FMS-CS-IC-I-105-002C, IS-I-520-021C effective date April 4, 2012 stated, "The following supplies are needed for this procedure ... Personal Protective Equipment ... Mask must always be worn. ... Before proceeding to change the catheter dressing, put on full face shield with a mask, or protective eyewear with full side shield and mask. Put mask on patient. ... Complete catheter exit site care and dressing replacement before initiation of treatment."</p> <p>494.30(a)(2) IC-STAFF</p>		documentation required as part of the QAI process is presented, current, analyzed, trended, and a root cause analysis completed as appropriate, with the subsequent development of action plans. The QAI Committee is responsible to analyze the results and determine a root causes analysis and new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI Committee and Governing Body. The Clinical Manager is responsible and the QAI Committee and the Governing Body monitor for ongoing compliance.		

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	<p>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 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]. Based on observations, staff interview, and review of policies and procedures, the facility failed to ensure all patients with a central venous catheter (CVC) received care in compliance with facility policy in 2 of 2 observations of initiation of hemodialysis for patients with a CVC.</p>	V000147	On 8/27/14 and 8/28/14, the Clinical Manager re-educated all Clinical Staff on the "Initiation of Treatment Using a Central Venous Catheter Procedure", FMS-CS-IC-I-105-002C with emphasis on the requirement for the staff member to don a new face mask prior to proceeding to	09/29/2014

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	<p>(Patients 12 and 13)</p> <p>Findings</p> <p>1. On 8/27/14 at 10:55 AM, employee I, a patient care technician (PCT), was observed in station 7 with patient 13, a patient with a central venous catheter (CVC). Employee I was observed wearing a face shield and mask prior to the patient entering the station. The employee was observed to provide catheter care and initiate dialysis via the CVC. The employee failed to don a clean mask prior to providing any care to the patient.</p> <p>2. On 8/27/14 at 11:30 AM, employee I was observed in station 18 with patient 12, a patient with a CVC. Employee I wore the same mask as worn in the previous observation. The employee was observed to provide catheter care and initiate dialysis. The employee failed to don a clean mask prior to providing any care to the patient.</p> <p>3. On 8/27/14 at 12:30 PM, employee A, the clinic manager indicated the facility policy was that staff could wear the same disposable face mask all day as long as the mask was not pulled below their nose.</p>		<p>change the catheter dressing.</p> <p>The Clinical Manager or designee will monitor compliance through weekly infection control audits for one month, through September 29, 2014, with emphasis on ensuring a new face mask in donned between patients. The Clinical Manager is responsible to report a summary of findings to the QAI Committee. At the end of one month, the QAI Committee, along with the Governing Body, will determine if the facility can return to monitoring monthly through the routine infection control and Flash audits.</p> <p>The Director of Operations is responsible to ensure all documentation required as part of the QAI process is presented, current, analyzed, trended, and a root cause analysis completed as appropriate, with the subsequent development of action plans. The QAI Committee is responsible to analyze the results and determine a root causes analysis and new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI Committee and Governing Body. The Clinical Manager is responsible and the QAI Committee and the Governing Body monitor for ongoing compliance.</p>	

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V000556	<p>4. The facility policy titled "Initiation of Treatment Using a Central Venous Catheter" number FMS-CS-IC-I-105-002C, IS-I-520-021C effective date April 4, 2012 stated, "The following supplies are needed for this procedure ... Personal Protective Equipment ... Mask must always be worn. ... Before proceeding to change the catheter dressing, put on full face shield with a mask, or protective eyewear with full side shield and mask. Put mask on patient. ... Complete catheter exit site care and dressing replacement before initiation of treatment."</p> <p>494.90(b)(1) POC-COMPLETED/SIGNED BY IDT & PT The patient's plan of care must-</p> <ul style="list-style-type: none"> (i) Be completed by the interdisciplinary team, including the patient if the patient desires; and (ii) Be signed by the team members, including the patient or the patient's designee; or, if the patient chooses not to sign the plan of care, this choice must be documented on the plan of care, along with the reason the signature was not provided. <p>Based on clinical record and policy review and interview, the facility failed to ensure the patient reviewed and signed the plan of care for 1 of 10 records reviewed. (# 5)</p>	V000556	On 9/9/14, the Clinical Manager met with the facility's Interdisciplinary Team to emphasize the requirements defined in the Conditions for Coverage and Fresenius policy "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125 which	09/29/2014

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	<p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record 5, start of care 12/26/11, evidenced an annual plan of care dated 7/22/14. The record failed to evidence why the patient or patient designee was not involved in the plan of care until 8/4/14. 2. On 8/29/14 at 6:10 PM, when asked, employee A indicated there was no further documentation available as to why the plan of care was not reviewed with the patient until 8/4/14. 3. The facility's July 4, 2012, "Comprehensive Interdisciplinary Assessment and Plan of Care" policy number FMS-CS-IC-I-110-125A states, "The Plan of Care must be signed by the team members including the patient or patient designee. If the patient is unavailable or chooses not to sign the plan of care, this must be documented on the plan of care along with the reason the signature was not provided." 		<p>states that an invitation will be provided to the patient including the date and time of the care plan discussion and that the Plan of Care must be signed by the team members including the patient or patient designee. If the patient is unavailable or chooses not to sign the plan of care, this must be documented on the plan of care along with the reason the signature was not provided. The Clinical Manager will audit 100% of all 2014 patient records to identify any patient whose care plan which did not have an invitation or was not signed within seven (7) calendar days of the care plan meeting and does not have documentation stating the reason for the delay or lack of signature. Any patient's Plan of Care found to be out of compliance will be presented to the Interdisciplinary Team for completion by 9/29/2014.</p> <p>To ensure compliance, the Clinical Manager or designee will review all Plans of Care completed during the current month for the next three months, for the presence of the care plan invitation and patient's signature within seven (7) calendar days of the care plan meeting. Any Plan of Care found out of compliance will be scheduled for completion within the next thirty (30) days, and corrective action will be taken as appropriate. The Clinical Manager is responsible to report</p>		

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			<p>a summary of findings monthly to the QAI Committee. At the end of three months, the QAI Committee, along with the Governing Body, will determine if the facility can return to monitoring monthly through the routine chart auditing procedure.</p> <p>The Director of Operations is responsible to ensure all documentation required as part of the QAI process is presented, current, analyzed, trended, and a root cause analysis completed as appropriate, with the subsequent development of action plans. The QAI Committee is responsible to analyze the results and determine a root causes analysis and new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI Committee and Governing Body. The Clinical Manager is responsible and the QAI Committee and the Governing Body monitor for ongoing compliance.</p>	