

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/31/2014
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NAME OF PROVIDER OR SUPPLIER  TRI COUNTIES DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 817 S 13TH ST DECATUR, IN 46733
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V000000	This was a federal ESRD recertification survey.  Survey Dates: 1/28-1/31/14  Facility #: 009712  Medicaid Vendor #: 200122440A  Surveyors: Miriam Bennett, RN, PHNS  Quality Review: Joyce Elder, MSN, BSN, RN February 4, 2014	V000000		
V000119	494.30(a)(1)(i) IC-SUPPLY CART DISTANT/NO SUPPLIES IN POCKETS If a common supply cart is used to store clean supplies in the patient treatment area, this cart should remain in a designated area at a sufficient distance from patient stations to avoid contamination with blood. Such carts should not be moved between stations to distribute supplies.  Do not carry medication vials, syringes, alcohol swabs or supplies in pockets. Based on observation, policy review, and interview, the facility failed to ensure staff refrained from reaching under gowns and into pants pockets for writing utensils for 1 of 3 observations with the potential to affect all the facility's 27 patients. (employee H)	V000119	The Area Manager and Clinical Manager met with the Medical Director on February 11, 2014 to review the survey statement of deficiencies and plan of correction.V119The Clinical Manager provided an in-service to the patient care staff on January 31, 2014 to review the	02/27/2014

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>Findings include</p> <ol style="list-style-type: none"> <li>1. During observation on 1/28/14 at 11:15 AM, employee H reached under gown and into scrub pants pocket for a pen, then placed back in same pocket under gown.</li> <li>2. On 1/29/14 at 2:25 PM, employee A indicated the staff should not be reaching into pockets, but their policy does not say this is not allowed.</li> <li>3. The facility's policy titled "Personal Protective Equipment," revised March 20, 2013 states, "Personal protective equipment such as ... fluid-resistant gowns and gloves will be worn to protect and prevent employees from blood or other potentially infectious materials to pass through or reach the employee's ... work clothes when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation of dialysis, cleaning of dialyzers, and centrifuge of blood)."</li> </ol>		<p>requirements of the following policies: FMC-CS-IC-II-155-110A "Cleaning and Disinfection Policy" and FMC-CS-IC-II-155-080A "Personal Protective Equipment Policy", emphasizing that a pen is a "disposable supply" that is considered contaminated when taken into a patient area, and should not be placed in pockets. If a pen is taken into a patient area it must either be discarded or disinfected. The staff members acknowledged understanding of this policy. The Clinical Manager or designee will conduct an infection control audit which will include observation of the treatment area and use of disposable supplies and proper use of personal protective equipment. The audits will be performed daily x 2 weeks, then weekly x 2 weeks. Any evidence of non-compliance will be addressed immediately including corrective action as appropriate. Frequency of ongoing audits will further be determined by the QAI committee upon review of the audit results and resolution of the issue. The Clinical Manager is responsible for reviewing and analyzing all data prior to the QAI meeting and presenting it monthly to the QAI team. The Area Manager is responsible to ensure the Clinical Manager presents all data as defined within the plan of correction to the QAI committee. The QAI committee is responsible to provide oversight and ensure</p>		

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V000543	<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 clinical record review, policy review, and interview, the facility failed to ensure patients' blood pressures had been monitored at least every 30 minutes in accordance with facility policy in 5 of 5 records reviewed and the Registered Nurse (RN) made rounds within 1 hour of dialysis treatment initiation in accordance with facility policy for 5 of 5 records reviewed creating the potential to affect all of the facility's 27 current patients. (#1, 2, 3, 4, and 5)</p> <p>Findings include</p> <p>Regarding blood pressure monitoring</p> <p>1. The facility's policy titled "Patient Monitoring During Patient Treatment," #FMS-CS-IC-I-110-133A, revised 7/4/12 states, "Monitor the patient at the initiation of treatment and every 30 minutes, or more frequently as necessary."</p> <p>2. Clinical record #1 included treatment</p>	V000543	<p>resolution is occurring.</p> <p>The Area Manager and Clinical Manager met with the Medical Director on February 11, 2014 to review the survey statement of deficiencies and plan of correction.V543The Clinical Manager provided an in-service to the patient care staff on January 31, 2014 to review the requirements of the following policies: #FMS-CS-IC-I-110-149A "Nursing Supervision and Delegation Policy" and FMS-CS-IC-I-110-133A "Monitoring During Patient Treatment Policy", emphasizing that patient evaluation by a nurse must be completed during the patient's treatment, preferably within the first hour, and that vital signs will be monitored at the initiation of dialysis and every 30 minutes, or more frequently, as needed. The staff members acknowledged understanding of the policies. The Clinical Manager or designee will audit 100% of all patient dialysis flow sheets daily x 2 weeks to ensure compliance with the policies. At the conclusion of the 2 week period, the Clinical Manager or designee will audit 50% of all patient</p>	02/27/2014			

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	<p>sheets that evidenced the patient's blood pressure had not been checked at least every 30 minutes.</p> <p>A. A treatment sheet dated 12/28/13 evidenced the blood pressure had been checked at 1:06 PM and not again until 1:45 PM.</p> <p>B. A treatment sheet dated 12/31/13 evidenced the blood pressure had been checked at 11:33 AM and not again until 12:08 PM.</p> <p>C. A treatment sheet dated 1/3/14 evidenced the blood pressure had been checked at 9:53 AM and not again until 10:42 AM.</p> <p>D. A treatment sheet dated 1/8/14 evidenced the blood pressure had been checked at 8:07 AM and not again until 10:01 AM then at 12:08 PM and not again until 1:03 PM</p> <p>E. A treatment sheet dated 1/13/14 evidenced the blood pressure had been checked at 10:59 AM and not again until 11:35 AM and then at 12:34 PM.</p> <p>F. A treatment sheet dated 1/15/14 evidenced the blood pressure had been checked at 10:28 AM and not again until 11:11 AM and then at 11:35 AM and not</p>		<p>dialysis flow sheets weekly x 2 weeks, then 25% of all patient dialysis flow sheets monthly x 1 month. Any evidence of non-compliance will be addressed immediately including corrective action as appropriate. Frequency of ongoing audits will further be determined by the QAI committee upon review of the audit results and resolution of the issue. The Clinical Manager is responsible for reviewing and analyzing all data prior to the QAI meeting and presenting it monthly to the QAI team. The Area Manager is responsible to ensure the Clinical Manager presents all data as defined within the plan of correction to the QAI committee. The QAI committee is responsible to provide oversight and ensure resolution is occurring.</p>		

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	<p>again until 12:09 PM.</p> <p>G. A treatment sheet dated 1/20/14 failed to evidence the blood pressure had been checked at initiation of dialysis treatment at 10:49 AM and was not checked until 11:33 AM, and not again until 12:07 PM, then 13:12 PM.</p> <p>H. A treatment sheet dated 1/27/14 evidenced the blood pressure had been checked at 7:32 AM and not again until 8:32 AM.</p> <p>3. Clinical record #2 included treatment sheets that evidenced the patient's blood pressure had not been checked at least every 30 minutes.</p> <p>A. A treatment sheet dated 12/29/13 evidenced the blood pressure had been checked at 10:37 AM and not again until 12:03 PM.</p> <p>B. A treatment sheet dated 1/3/14 evidenced the blood pressure had been checked at 11:30 AM and not again until 12:17 PM; then at 1:36 PM and not again until 2:36 PM.</p> <p>C. A treatment sheet dated 1/13/14 evidenced the blood pressure had been checked at 1:05 PM and not again until 2:01 PM.</p>				

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	<p>D. A treatment sheet dated 1/20/14 evidenced the blood pressure had been checked at 11:38 AM and not again until 1:05 PM.</p> <p>4. Clinical record #3 included treatment sheets that evidenced the patient's blood pressure had not been checked at least every 30 minutes.</p> <p>A. A treatment sheet dated 1/2/14 evidenced the blood pressure had been checked at 11:38 AM and not again until 1:05 PM.</p> <p>B. A treatment sheet dated 1/27/14 evidenced the blood pressure had been checked at 11:35 AM and not again until 1:36 PM.</p> <p>5. Clinical record #4 included treatment sheets that evidenced the patient's blood pressure had not been checked at least every 30 minutes.</p> <p>A. A treatment sheet dated 1/13/14 evidenced the blood pressure had been checked at 9:02 AM and not again until 10:01 AM.</p> <p>B. A treatment sheet dated 1/15/14 evidenced the blood pressure had been checked at 6:33 AM and not again until</p>			

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	<p>7:34 AM; then at 8:04 AM and not again until 9:02 AM, and then not again until 10:29 AM.</p> <p>C. A treatment sheet dated 1/24/14 evidenced the blood pressure had been checked at 6:09 AM and not again until 7:06 AM; then at 8:08 AM, then at 9:04 AM and not again until 10:06 AM.</p> <p>6. Clinical record #5 included treatment sheets that evidenced the patient's blood pressure had not been checked at least every 30 minutes. A treatment sheet dated 12/31/13 evidenced the blood pressure had been checked at 9:03 AM and not again until 9:43 AM.</p> <p>Regarding RN checks:</p> <p>1. The facility's policy titled "Nursing Supervision and Delegation," #FMS-CS-IC-I-110-149A, revised 9/25/13 states, "Patient evaluation by the nurse must be completed during the patient's treatment, preferably within the first hour or as specified by stricter state regulations."</p> <p>2. Clinical record #1 included treatment sheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment.</p>				

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	<p>A. A treatment sheet dated 12/28/13 evidenced the dialysis treatment started at 11:10 AM, but the RN failed to round until 12:33 PM.</p> <p>B. A treatment sheet dated 1/15/14 evidenced the dialysis treatment started at 10:25 AM, but the RN failed to round until 12:04 PM.</p> <p>C. A treatment sheet dated 1/27/14 evidenced the dialysis treatment began at 10:47 AM, but the RN failed to round until 12:31 PM.</p> <p>3. Clinical record #2 included treatment sheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment. A treatment sheet dated 1/13/14 evidenced the dialysis treatment started at 11:13 AM, but the RN failed to round until 12:38 PM.</p> <p>4. Clinical record #3 included treatment sheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment.</p> <p>A. A treatment sheet dated 1/2/14 evidenced the dialysis treatment started at 8:05 AM, but the RN failed to round until 10:01 AM.</p>			

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	<p>B. A treatment sheet dated 1/9/14 evidenced the dialysis treatment started at 7:48 AM, but the RN failed to round until 9:50 AM.</p> <p>C. A treatment sheet dated 1/18/14 evidenced the dialysis treatment started at 7:45 AM, but failed to evidence the RN rounded for evaluation except for medications at 10:10 AM.</p> <p>5. Clinical record #4 included treatment sheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment. A treatment sheet dated 1/22/14 evidenced the dialysis treatment started at 5:59 AM, but the RN failed to round until 7:13 AM.</p> <p>6. Clinical record #5 included treatment sheets that evidenced the RN failed to round within 1 hour of the initiation of dialysis treatment.</p> <p>A. A treatment sheet dated 12/24/13 evidenced the dialysis treatment started at 6:06 AM, but the RN failed to round until 8:35 AM.</p> <p>B. A treatment sheet dated 1/8/14 evidenced the dialysis treatment started at 2:44 PM, but the RN failed to round until 4:44 PM.</p>			
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V000684	<p>C. A treatment sheet dated 1/13/14 evidenced the dialysis treatment started at 6:04 AM, but the RN failed to round until 7:50 AM.</p> <p>7. On 1/30/14 at 12:10 PM, employee A had no additional information or comments in response to the findings.</p> <p>494.140(b)(1) PQ-NURSE MANAGER-12 MO RN+6 MO DIALYSIS (1) Nurse manager. The facility must have a nurse manager responsible for nursing services in the facility who must- (i) Be a full time employee of the facility; (ii) Be a registered nurse; and (iii) Have at least 12 months of experience in clinical nursing, and an additional 6 months of experience in providing nursing care to patients on maintenance dialysis.</p> <p>Based on document review, job description review, and interview, the agency failed to ensure the Indiana State</p>	V000684	The Area Manager and Clinical Manager met with the Medical Director on February 11, 2014 to review the survey statement of deficiencies and plan of	02/27/2014

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	<p>Department of Health (ISDH) was provided the correct name of the clinic manager and was notified of a change in administration from 2012 for 1 of 1 facility with the potential to affect all the facility's 27 patients.</p> <p>Findings include</p> <ol style="list-style-type: none"> <li>1. Pre survey information provided by ISDH on 1/15/14 listed employee K as the Nurse Director, Clinic Manager (CM). On 1/28/14 at 9:55 AM, employee A indicated they are the interim CM and employee K had never worked at this dialysis facility. Employee A indicated the previous CM was employee J, who left in late December 2013.</li> <li>2. On 1/29/14 at 10:05 AM, employee A indicated the letter sent to ISDH should have said employee J was in the CM position for this facility, not employee K, and the error was made by a secretary.</li> <li>3. On 1/30/13 at 10:30 AM, employee A provided the Governing Body meeting minutes dated 2/7/12 stating "Key positions: CM position has been filled by [employee J]."</li> <li>4. Employee J's file contained a job</li> </ol>		<p>correction.V684Upon identification of this issue during the survey, a letter was sent on January 30, 2014 to the Indiana State Department of Health, identifying the current Clinical Manager. At the time of a change in clinic key personnel, the Area Manager will be responsible for ensuring the Indiana State Department of Health is properly notified of any such changes. In addition, at the time of the clinic's annual appointment of governing body members, medical, and facility staff, the Area Manager will be responsible for reviewing the list of key personnel and ensuring the list is up to date with the Indiana State Department of Health.</p>				

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	description titled "Clinical Manager," with a signature date of 11/5/13. On 1/29/14 at 10:45 AM, employee A indicated the original job description must have been misplaced.			