

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152606	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2014
NAME OF PROVIDER OR SUPPLIER BALL DIALYSIS AT WINCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 409 GREENVILLE AVE WINCHESTER, IN 47394		
(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 an ESRD recertification survey.</p> <p>Survey dates: March 4, 5, 6, and 7, 2014</p> <p>Facility #: 003134</p> <p>Medicaid Vendor #: 200881780</p> <p>Surveyors: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Facility census - all in-center 36</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 11, 2014</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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V000147	<p>494.30(a)(2) IC-STAFF 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 observation, policy review, and interview, the facility failed to ensure the patient wore the mask properly while the catheter was being accessed in 1 of 4 observations with the potential to affect all 36 patients.</p>	V000147	<p>CM educated Employee B on 3/6/14 regarding policy FMS-CS-IC-I-105-002A, "Initiation of Treatment Using a Central Venous Catheter and Optiflux Single Use Ebeam Dialyzer," with emphasis on the section, "The patient and staff</p>	04/11/2014	

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	<p>Findings:</p> <ol style="list-style-type: none"> On 3/6/14 at 12:00 PM, Employee B, a Patient Care Technician, was observed accessing Patient 6's catheter for discontinuing dialysis in station # 5. The patient's face mask did not cover the mouth and nose. The nose was exposed. On 3/6/14 at 3:00 PM, Employee A, Operational Manager, indicated the patient's mask did not cover the patient's nose. A policy titled "Initiation of Treatment Using a Central Venous Catheter and Optiflux Single Use Ebeam Dialyzer", FMS-CS-IC-I-105-002A, Revision 6-Jan-2014, states, "The patient and staff must wear a mask that covers their nose and mouth for all procedures that require accessing the catheter." 		<p>must wear a mask that covers their nose and mouth for all procedures that require accessing the catheter." CM will inservice all direct patient care staff regarding following the above policy, to be completed by April 1, 2014. CM/RN Designee, will reeducate patients regarding policy FMS-CS-IC-I-105-002A with emphasis on "...patient and staff must wear mask that covers their nose and mouth for all procedures that require accessing the catheter," by April 11, 2014.</p> <p>CM/RN Designee will monitor direct care staff and patients' technique for wearing mask during catheter accessing procedures each shift daily x 1 week, then weekly x 3 weeks to ensure adherence to policy. Once compliance has been achieved, monitoring will continue there after utilizing the QAI tool for infection control observations.</p> <p>All training documentation is on file at the facility.</p> <p>Audit results will be reviewed with the QAI committee at monthly meetings and reported to the Governing Body.</p>	

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V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P The medical director must-</p> <p>(2) Ensure that-</p> <p>(i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p> <p>Based on clinical record and policy review and interview, the medical director failed to ensure the registered nurse followed their policies related to pre dialysis evaluation in 1 of 1 clinical records reviewed of patients receiving care for less than 90 days with the potential to affect all new patients. (4)</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Clinical record 4, admit date 12/7/13, failed to evidence the registered nurse performed a pre dialysis assessment. 2. On 3/5/14 at 1:15 PM, Employee A, Operational Manager, indicated the registered nurse had not done a pre dialysis assessment. 3. A policy titled "Patient Evaluation Pre Dialysis Treatment", FMS-CS-IC-I-110-131A, Revision 04-Jul-2012, states, "Patient assessment is a nursing responsibility and cannot be delegated to unlicensed patient care 	V000715	<p>CM and AM will meet with Medical Director by April 1, 2014 to discuss his responsibilities to ensure policies and procedures are followed.</p> <p>CM to inservice staff regarding Policy FMS-CS-IC-I-110-131A, Revision 4-Jul-2012, that all patients must receive an RN assessment, to be completed by April 1, 2014.</p> <p>CM to conduct audits on 50% of all patients receiving hemodialysis treatment x 2 weeks to ensure each patient receives an RN assessment. Ongoing compliance will be monitored using the QAI medical record audit tools.</p> <p>All training documentation is</p>	04/11/2014			

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	staff. Nurses assess the patient pre treatment as warranted by the patient's condition. The assessment must be documented in the patient's medical record."		on file at the facility. Audit results will be reviewed with the QAI committee at monthly meetings and reported to the Governing Body.	