STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	152630		09/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORTAGE DIALYSIS	5823 US HWY 6 PORTAGE, IN 46368

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		V000000		
	This was a federal ERSD [CORE] recertification survey. Survey dates were 9.8.14 - 9.11.14 Facility number: 011896 Medicaid number: 200913090 Surveyor: Michelle Weiss RN MSN Public Health Nurse Surveyor Census: 60 49 InCenter Hemodialysis 9 Peritoneal Dialysis 2 Home Hemodialysis Quality Review: Joyce Elder, MSN, BSN, RN September 17, 2014			
V000143	494.30(b)(2) IC-ASEPTIC TECHNIQUES FOR IV MEDS [The facility must-] (2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and			
	Based on 1 of 8 observations (employee C), interview, and review of facility procedure, the facility failed to ensure aseptic technique was utilized when	V000143	**V143** Facility Administrator (FA) held mandatory in-services for all Clinical Teammates (TMs) on 10/3/2014. In-service included review of Policy & Procedure	10/11/2014

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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	dispensing medication from a multidose vial, creating the potential to affect the facility's 49 in-center patients. The findings include: 1. On 9/11/14, at 8:20 AM, employee C, patient care technician, was observed to draw up heparin from a multidose vial without first wiping the top with alcohol. 2. On 9/11/14, at 8:21 AM, employee K, registered nurse, stated, "The correct way is to wipe off the top between each draw." 3. Davita Health Care Partners Procedure 1-06-01A, dated January 2014 states, "7. If the medication is in a vial, remove the vial cap, and clean vial stopper with an alcohol prep pad. A new alcohol prep pad is used prior to each time a vial is entered."		#1-06-01 Medication Policy, emphasizing if medication is in vial, remove the vial cap, and clean vial stopper with an alcohol prep pad. A new alcohol prep pad is used prior to each time a multi-dose vial is entered. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet Infection Control Manager or designee will conduct infection control audits daily x 1 week, weekly x 2 weeks, then monthly ongoing. FA will review of all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meeting, minutes will reflect. The FA is responsible for compliance with this Plan of Correction. Completion date: 10/11/2014	
V000226	494.40(a) MIX SYS-DFU/MONITOR/PM/LOG/SANITIZE 5.4.4.1 Mixing systems: follow DFU/monitor/PM/log/sanitization If a concentrate mixing system is used, the preparer should follow the manufacturer's instructions for mixing the powder with the correct amount of water.			

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	If a concentrate mixing system is used, the number of bags or the weight of powder added should be determined and recorded. Manufacturer's recommendations should be followed regarding any preventive maintenance and sanitization procedures. Records should be maintained indicating the date, time, person performing the procedure, and results (if applicable). 6.4.1 Mixing systems: Systems for preparing either bicarbonate or acid concentrate from powder should be monitored according to the manufacturer's instructions. Based on observation, record review, interviews, and policy review, the facility failed to ensure the acid concentrate mixing system was monitored and maintained according to the manufacturer's instructions for 1 of 1 acid concentrate mixing systems. The findings include: 1. On September 10, 2014, at 9:00 AM, the Micron filter of the dissolution tank was observed to be in disrepair and was significantly corroded. 2. Record review from the Batch production record Acid Catalog Number OFD2231-3B CA++ K+ 2.0 dated 9/5/14 identified 132 gallons had been mixed, had the initials from employee D, patient care technician, beside the 3rd step in the	V000226	**V226** Biomedical Technician (BMT) replaced dissolution tank micron filter on 9/9/2014; filter replacement documented in preventative maintenance record. FA will hold mandatory in-service for all TMs responsible for operating dialysate system for acid by 10/11/2014. In-service will include review Policy & Procedure # 2-07-04A Granuflo Concentration Dissolution Unit Mixing Procedure; Policy & Procedure # 2-07-04A Granuflo (132 gallon) Batch Production Record. TMs instructed to visually inspect micron filter when preparing acid and verify micron filter replacement at a minimum after every 6 batches mixed, during any disinfection of system, or if visual inspection identifies lack of filter integrity. TMs must notify BMT, and	10/11/2014

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	procedure, and was cosigned by employee M, registered nurse (RN), and states, "1 Micron Filter installed ... ... replaced if transfer time has become excessive ... " A. On September 10, 2014, at 9:05 AM, employee J, RN, stated, "It looks like it needs to be changed. That is considered excessive." B. On September 11, 2014, at 11:00 AM, employee S, the Biomed technician, stated, "It appears from the maintenance records that it was last changed on May 22, 2014." 3. The Operators Manual for the Dry Acid Dissolution Unit under "Maintenance Schedule", section 8.6 states, "It is recommended to change the Filter after mixing 6 batches or when the Dry Acid Unit requires disinfection."		BMT or designee will be responsible to replace filter and document on maintenance record. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet BMT or designee will complete monthly review of the facility logs to ensure compliance. Results of audits will be reviewed with Medical Director during monthly Facility Health Meetings, minutes will reflect. The FA is responsible for compliance with this Plan of Correction. Completion date: 10/11/2014	
V000402	494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.			

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	Based on observation and interview, the facility failed to ensure of all surfaces were, free from defects and damage, including countertops and floors for 1 of 1 facility. The findings include: 1. On September 8, 2014, at 2:00 PM, a trash receptacle metal opening and chute that was part of the countertop was observed to be jagged and rusty. 2. On September 8, 2014, at 2:10 PM, several tiles on the floor of the patient care area beside dialysis stations two and three were observed to be crumbling and in disrepair. 3. On September 11, 2014, at 4:00 PM, employee M, the nurse manger, stated, "These are things that have been or will be fixed right away."	V000402	**V402** Jagged rusty trash receptacle removed on 9/9/2014. Portage clinic requested through Asset Wellness to have all identified tiles replaced; estimated date of full repair by 10/11/2014. Biomedical Technician will conduct monthly observational physical plant audits to ensure facility is in good repair, along with ensuring facility maintains safe environment for patients and TMs. FA will review results of all audits with Medical Director during monthly Facility Health Meetings, minutes will reflect. The FA is responsible for compliance with this Plan of Correction Completion date: 10/11/2014	10/11/2014
V000405	494.60(c)(2) PE-COMFORTABLE TEMPERATURE The dialysis facility must: (i) Maintain a comfortable temperature within the facility; and (ii) Make reasonable accommodations for the patients who are not comfortable at this temperature. Based on observation and policy review,	V000405	**V405**	10/11/2014

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	the facility failed to ensure all patient's access sites were visible for 2 of 15 patients (at stations 12 and 5) observed. Findings include: 1. The facilities policy 1-03-09, "Intradialytic Treatment Monitoring" states "3. "Each patient, including his/her face, vascular access site, and blood line connections needs to be seen by a staff member throughout the dialysis treatment. " 2. Observation on September 11, 2014, at 9:45 AM revealed the access sites of patients at stations 5 and 12 were not visible.		FA will hold a mandatory in-service for all TM by 10/11/2014 reviewing Policy & Procedure 1-03-09 Intradialytic Treatment Monitoring, Policy & Procedure # 1-04-11 Vascular Access Monitoring and Surveillance, emphasizing during a patient hemodialysis treatment, access sites must remain visible at all times during treatment to ensure or minimize the risk of needle dislodgement during treatment, TMs must visualize patient's vascular access at a minimum of every 30 minutes, documenting if access is visible or not, and if access is not visible, document action taken including re-educating the patient and requesting that the patient uncover the access, involving Social Worker and MD as necessary. Verification of attendance at the in-service will be evidenced by TM signatures on in-service sign in sheet. Clinical Coordinator will re-educate the importance of access visibility with patients and provide educational sheet on uncovering access by 10/3/2014. Acknowledgement of education will be placed in patient medical record. FA or designee will conduct observational audits daily x 1 week, then weekly x 4 weeks, and then monthly. FA will review results of audits with Medical Director during monthly FHM, minutes will reflect. FA will review of all audits with	

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			TMs during home room meetings and with Medical Director during monthly Facility Health Meeting, minutes will reflect. The FA is responsible for compliance with this Plan of Correction. Completion date: 10/11/2014	
V000543	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 and policy review, the facility failed to ensure blood pressures were checked every 30 minutes for 3 of 6 records reviewed (#4, 5, and 6) creating the potential to affect all of the facility's 60 patients. Findings include: 1. The facilities policy, 1-03-09, "Intradialytic Treatment Monitoring", states "1. Treatment checks should be completed at least every thirty (30) minutes. " 2. Clinical record #4 evidenced, on treatment date 8/27/14, the patient's blood pressure was checked at 2:32 PM	V000543	**V543** FA will hold mandatory in-service for all clinical TMs by 10/11/2014. In-service will include review of Policy & Procedure # 1-03-09 Intradialytic Treatment Monitoring, emphasizing treatment monitoring must be completed at a minimum of every 30 minutes, evaluation and documentation will include at a minimum patient's blood pressure, heart rate, blood and dialysate flows, arterial & venous pressures, fluid removal and/or replacement, vascular access status, line connections, patient status and subjective wellbeing. Charge nurse is responsible for daily monitoring. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.	10/11/2014

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	then not again until 4:32 PM, a period of 2 hours, and not again until 17:25, a period of 53 minutes. 3. Clinical record # 5 evidenced, on treatment date 9/1/14, the patient's blood pressure was checked at 2:53 PM then not again until 3:45 PM, a period of 52 minutes. A. On treatment date 9/3/14, the patient was checked 2:16 PM then not again until 4:16 PM, a period of 2 hours. B. On treatment date 9/8/14, the patient was checked at 3:28 PM then not again until 4:38 PM, a period of 1 hour and 7 minutes. 5. Clinical record # 6 evidenced on treatment date 8/27/14, the patient was checked at 2:37 PM, then not again until 3:36 PM, a period of 59 minutes.		FA or designee to conduct daily audits on 10% of patient treatment flow sheets daily x 1 week, then weekly x 2 weeks, then monthly to ensure dialysis intradialytic treatment monitoring is completed. FA will review results of all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meeting, minutes will reflect. The FA is responsible for compliance with this Plan of Correction Completion date: 10/11/2014	
V000715	494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P The medical director must- (2) Ensure that- (i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all			

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	individuals who treat patients in the facility, including attending physicians and nonphysician providers; Based on clinical record review and policy review, the medical director failed to ensure all personnel had provided services in accordance with facility policies for 3 of 6 records reviewed (#4, 5, and 6) creating the potential to affect all of the facility's 60 patients. Findings include: 1. The facilities policy, 1-03-09, "Intradialytic Treatment Monitoring", states "1. Treatment checks should be completed at least every thirty (30) minutes. " 2. Clinical record #4 evidenced, on treatment date 8/27/14, the patient's blood pressure was checked at 2:32 PM then not again until 4:32 PM, a period of 2 hours, and not again until 17:25, a period of 53 minutes. 3. Clinical record # 5 evidenced, on treatment date 9/1/14, the patient's blood pressure was checked at 2:53 PM then not again until 3:45 PM, a period of 52 minutes. A. On treatment date 9/3/14, the	V000715	**V715** FA will hold mandatory in-service for all clinical TMs by 10/11/2014. In-service will include review of Policy & Procedure # 1-03-09 Intradialytic Treatment Monitoring, emphasizing treatment monitoring must be completed at a minimum of every 30 minutes, evaluation and documentation will include at a minimum patient's blood pressure, heart rate, blood and dialysate flows, arterial & venous pressures, fluid removal and/or replacement, vascular access status, line connections, patient status and subjective wellbeing. Charge nurse is responsible for daily monitoring. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet. FA or designee to conduct daily audits on 10% of patient treatment flow sheets daily x 1 week, then weekly x 2 weeks, then monthly to ensure dialysis intradialytic treatment monitoring is completed. FA will review results of all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meeting, minutes will reflect. The FA is responsible for compliance with this Plan of Correction	10/11/2014

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	patient was checked 2:16 PM then not again until 4:16 PM, a period of 2 hours. B. On treatment date 9/8/14, the patient was checked at 3:28 PM then not again until 4:38 PM, a period of 1 hour and 7 minutes. 5. Clinical record # 6 evidenced on treatment date 8/27/14, the patient was checked at 2:37 PM, then not again until 3:36 PM, a period of 59 minutes.		Completion date: 10/11/2014	