

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152644	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2014
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NAME OF PROVIDER OR SUPPLIER NEWBURGH DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 4311 HWY 261 STE A NEWBURGH, IN 47630
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V000147	<p>This was a Federal ESRD recertification survey.</p> <p>Survey Dates: 4-30-14, 5-1-14, and 5-2-14</p> <p>Facility #: 012470</p> <p>Medicaid Vendor #: 201008790A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 8, 2014 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>			

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>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].</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure staff followed facility policy during discontinuation of the dialysis treatment with a central venous catheter (CVC) in 2 (#s 1 and 2) of 2 discontinuation of dialysis treatment with a CVC observations completed creating the potential to affect all of the facility's 5 current patients with CVCs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Employee B, a patient care technician (PCT), was observed to discontinue the dialysis treatment on patient number 5 on 4-30-14 at 11:35 AM. The PCT failed to place a clean field under the CVC ports prior to discontinuing the dialysis treatment. 2. Employee B, a patient care technician (PCT), was observed to discontinue the dialysis treatment on patient number 6 on 4-30-14 at 2:55 PM. The PCT failed to place a clean field under the CVC ports prior to discontinuing the dialysis treatment. 3. Employee N, the Clinical Services Specialist, stated, on 5-2-14 at 12 PM, "Our procedure does say to place a clean field under the ports before the discontinuing the 	V000147	<p>Infection Control Manager (ICM) held mandatory in-service for all clinical Teammates (TMs) on 5/2/2014. In-service included but was not limited to: review of <i>Policy & Procedure #1-04-02A: Central Venous Catheter (CVC) Procedure</i>, emphasizing that the TMs must place clean barrier under catheter limbs to prevent contamination. Demonstration on how to properly clean CVC prior to disconnection was shown to each TM. Verification of attendance at in-service will be evidenced by TMs signature on Clinical In-service Form.</p> <p>ICM or designee will conduct Daily Infection Control Audit x 2 weeks, then weekly x 4 weeks, then monthly. Facility Administrator (FA) will review results of all audits with TMs during home room meetings and with Medical Director during monthly Facility Health Meetings (FHM), minutes will reflect.</p> <p>FA is responsible for compliance with this Plan of Correction.</p>	05/19/2014

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V000196	<p>treatment."</p> <p>4. The facility's March 2014 "Central Venous Catheter (CVC) Procedure" number 1-04-02A states, "Upon Completion of Dialysis . . . Set-up clean field with supplies . . . Place patient in comfortable supine position. Then place barrier under catheter to prevent contamination." 494.40(a) CARBON ADSORP-MONITOR, TEST FREQUENCY 6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are no set patient shifts, testing should be performed approximately every 4 hours.</p> <p>Results of monitoring of free chlorine, chloramine, or total chlorine should be recorded in a log sheet.</p> <p>Testing for free chlorine, chloramine, or total chlorine can be accomplished using the N,N-diethyl-p-phenylene-diamine (DPD) based test kits or dip-and-read test strips. On-line monitors can be used to measure chloramine concentrations. Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels described in [AAMI] 4.1.1 (Table 1) [which is a maximum level of 0.1 mg/L]. Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramine levels will decrease if the sample is not assayed promptly.</p>		Completion date: 5/19/2014	

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V000543	<p>Based on observation, interview, and facility policy review, the facility failed to ensure staff followed facility policy while performing water tests in 1 of 1 total chlorine testing observed creating the potential to affect all of the facility's 32 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Employee E was observed to perform a total chlorine water test using a "Stericheck Total Chlorine Test" kit test on 5-1-14 at 10:40 AM. The employee was not observed to don any personal protective equipment (PPE) while performing the test. The facility's March 2014 "Total Chlorine Test Using Stericheck Total Chlorine Test Kit" procedure number 2-05-02F states, "Materials required PPE -personal protective equipment (face protection, disposable gloves, fluid resistant/fluid impervious barrier garment) . . . Put on PPE." Employee E stated, on 5-1-14 at 10:40 AM, "I never wear PPE while doing the test. I have never been told I need to." Employee N, the Clinical Services Specialist, stated, on 5-1-14 at 11:30 AM, "The policy for the type of test we are using does say PPE should be worn. We are getting ready to switch to a different method and PPE does not have to be worn with the new method." <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</p>	V000196	<p>FA will hold mandatory in-service by 5/9/2014 for all TMs responsible for water testing reviewing <i>Policy & Procedure #2-05-02F Total Chlorine Test Using Stericheck Total Chlorine Test Kit</i>. Special attention to required PPE: face protection, disposable gloves, and fluid resistant/fluid impervious barrier garment. Verification of attendance will be evidenced by TMs signature on Clinical In-service Form.</p> <p>ICM or designee will conduct Daily Infection Control Audit x 2 weeks, then weekly x 4 weeks, then monthly. FA will review results of all audits with TMs during home room meetings and with Medical Director during monthly FHM, minutes will reflect.</p> <p>FA is responsible for compliance with this Plan of Correction.</p> <p>Completion date: 5/19/2014</p>	05/19/2014

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	<p>team must provide the necessary care and services to manage the patient's volume status;</p> <p>Based on clinical record and facility policy review and interview, the facility failed to provide the care and services necessary to manage the patient's blood pressure during hemodialysis treatments in 1 (# 3) of 4 records reviewed creating the potential to affect all of the facility's 32 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 3 evidenced the patient received dialysis treatments 3 times per week for 4 hours each treatment. The record included physician orders, dated 6-12-13, that state, "bp [blood pressure] systolic has to be [greater than] 90 during treatment & after if asymptomatic - may leave." Hemodialysis treatment flow sheets, dated 4-2-14 through 4-30-14, failed to evidence that lower than normal (120/80) blood pressures during the treatments had been addressed. A. The patient's blood pressure ranged from 115/64 to 52/35 during the treatment on 4-2-14. The flow sheet states, "TX [treatment] terminated early d/t [due to] low pressure. Patient asymptomatic, but did not want to continue to give fluid and decrease goal." B. The patient's blood pressure ranged from 118/63 to 59/40 during the treatment on 4-4-14. C. The patient's blood pressure ranged from 112/70 to 72/26 during the treatment on 	V000543	<p>Interdisciplinary Team (IDT) will initiate and develop Comprehensive Re-Assessments followed by Individualized Plan of Care for Patient #3 to reflect evaluation of patient's current fluid volume status including estimated dry weight, complications with blood pressure, intradialytic weight loss and adjust plan of care to meet the needs of the patient.</p> <p>FA will hold in-service for all members of IDT by 5/9/2014 reviewing <i>Policy & Procedure #1-14-02 Patient Assessment and Plan of Care When Utilizing Falcon Dialysis</i>, with attention to the IDT or individual IDT member that Plan of Care must address Dose of Dialysis, IDT must provide the necessary care and services to manage patient's volume status. IDT must follow-up and readjust plan of care must to address changes in dialysis prescription, and fluid management needs.</p> <p>FA will also hold in-service for clinical TMs by 5/9/2014 reviewing <i>Policy & Procedure #1-03-09 Intradialytic Treatment Monitoring, Policy & Procedure #1-09-01 Hypotension</i>, emphasizing necessity of data collection with high importance of notifying RN with any change in patient condition including when patient blood pressure is</p>	05/19/2014

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	<p>4-7-14.</p> <p>D. The patient's blood pressure ranged from 111/60 to 78/45 during the treatment on 4-9-14.</p> <p>E. The patient's blood pressure ranged from 97/54 to 65/37 during the treatment on 4-11-14.</p> <p>F. The patient's blood pressure ranged from 115/71 to 64/31 during the treatment on 4-14-14. The flow sheet states, "TX ended d/t low blood pressure."</p> <p>G. The patient's blood pressure ranged from 130/77 to 64/29 during the treatment on 4-16-14.</p> <p>H. The patient's blood pressure ranged from 108/59 to 67/40 during the treatment on 4-18-14.</p> <p>I. The patient's blood pressure ranged from 130-59 to 82/47 during the treatment on 4-21-14.</p> <p>J. The patient's blood pressure ranged from 105/59 to 62/41 during the treatment on 4-23-14.</p> <p>K. The patient's blood pressure ranged from 89/47 to 79/37 during the treatment on 4-25-14.</p> <p>L. The patient's blood pressure ranged from 106/57 to 59/30 during the treatment on 4-28-14.</p> <p>M. The patient's blood pressure ranged from 98/65 to 75/35 during the treatment on 4-30-14.</p>				<p>outside of ordered parameters, patient is experiencing symptoms including hypertension and/or hypotension. RN must take appropriate action, contact physician if warranted, and follow physician orders. All findings, interventions and patient response will be documented in patient's medical record. RN is responsible for daily monitoring. Attendance of in-services will be evidenced by TMs signature on the Clinical In-Service Form.</p> <p>FA or designee conduct Medical Records Audits monthly for 10% of current patients to ensure assessments and plans of care are in place, current, needs of patient including fluid volume management are evaluated/addressed, and documentation of action plans and response to interventions are present. 10% of treatment sheets will also be evaluated to verify blood pressures are addressed appropriately. Results of audits will be reviewed with the Medical Director during the monthly FHM with supporting documentation included in the meeting minutes.</p> <p>FA is responsible for compliance with this Plan of Correction.</p> <p>Completion date: 5/19/2014</p>		

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	<p>2. Clinical record number 3 included a physician visit note, signed and dated by the Medical Director, employee M, on 4-2-14. The note states, "There is no intradialytic hypotension [low blood pressure during treatment] noted."</p> <p>A. A physician visit note, signed and dated by employee M on 4-7-14, states, "There is no intradialytic hypotension noted."</p> <p>B. A physician visit note, signed and dated by employee M on 4-14-14, states, "Patient has low BP on dialysis without any symptoms. Patients clinical findings do not co-relate to BP readings. Instructed on the symptoms of low BP like dizziness and light headedness. Patient is told about the symptoms of low and high blood pressure readings. Whenever patient has these symptoms told not to drive and ask for help."</p> <p>C. A physician visit note, signed and dated by employee M on 4-21-14, states, "There is no intradialytic hypotension noted."</p> <p>3. The Medical Director, employee M, stated, on 5-2-14 at 4:40 PM, "This patient is not on any blood pressure medications and has cancer. I have given them my parameters. If symptoms, then call me."</p> <p>4. Clinical record number 3 included a "Progress and POC Follow-up Notes Report" with an entry signed and dated by employee D, the registered nurse, on 2-10-14, that states, "Patient's blood pressure trends down during treatment. Goal has to be decreased often times d/t low B/P. Will continue to monitor and assess B/P pre and post treatment."</p>						

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V000550	<p>A. The follow-up notes report included an entry signed and dated by employee D on 3-10-14 that states, "Patient's blood pressure trends down during treatment. Goal has to be decreased often times d/t low B/P. Will continue to monitor and assess B/P pre and post treatment."</p> <p>B. The follow-up notes report included an entry related to "Low Blood Pressure" signed and dated by employee D on 4-23-14 that states, "Review medications, reeducate patient on maintaining fluid balance, re-educate on appropriate actions for response to low BP."</p> <p>5. Patient number 3 was interviewed on 5-2-14 at 8:45 AM. The patient stated, "I always have a low blood pressure every treatment."</p> <p>6. The facility's March 2013 "Patient Assessment and Plan of Care When Utilizing Falcon Dialysis" policy number 1-14-02 states, "The plan of care will address, but not be limited to, the following: Dose of dialysis which addresses care and services to manage the patient's volume status." 494.90(a)(5) POC-VASCULAR ACCESS-MONITOR/REFERRALS The interdisciplinary team must provide vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement.</p>			

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	<p>Based on clinical record and facility policy review and interview, the facility failed to ensure central venous access care had been provided as ordered in 1 (# 4) of 2 records reviewed of patients with central venous catheters (CVC) creating the potential to affect all of the facility's 5 current patients with CVCs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 4 included physician orders dated 4-2-14 for a "TEGO connector change." A TEGO connector is a needle-free, mechanically closed, connector device for hemodialysis catheters. The record evidenced the TEGO connector had been changed on 4-14-14, 4-21-14, and 4-28-14. The record failed to evidence the TEGO connector had been changed on 4-7-14. 2. Employee G, the registered nurse in charge, stated, on 5-2-14 at 2:50 PM, "There is not an order to discontinue the TEGO connector change on 4-7-14." 3. The facility's 7-30-11 "Tego Connector: Quick Reference Guide" states, "TEGO connector change day (every 7 days)." 	V000550	<p>FA will hold mandatory in-service for all clinical TMs by 5/9/2014 reviewing <i>Policy & Procedure #1-04-02A: Central Venous Catheter (CVC) Procedure</i> emphasizing the importance of changing and documenting the TEGO connector every 7 days. Verification of attendance at in-service will be evidenced by TMs signature on Clinical In-service Form.</p> <p>ICM or designee will conduct Daily Infection Control Audit x 2 weeks, then weekly x 4 weeks, then monthly. FA will review results of all audits with TMs during home room meetings and with Medical Director during monthly FHM, minutes will reflect.</p> <p>FA is responsible for compliance with this Plan of Correction.</p> <p>Completion date: 5/19/2014</p>	05/19/2014			