

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152503	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2016
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE OHIO VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 230 BELLEMEADE AVE EVANSVILLE, IN 47713
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V 0000 Bldg. 00	<p>This was a revisit for the Federal ESRD [CORE] recertification survey and complaint investigation survey completed on 4-15-16, 4-18-16, 4-19-16, 4-21-16, and 4-22-16.</p> <p>Complaint #: IN000193292; Substantiated, deficiencies related to the complaint are cited at 42 CFR 494.30(a)(1)(i), 42 CFR 494.30(a)(1)(ii), 42 CFR 494.60, 42 CFR 494.60(a), 494. 110(a)(2), and 494.110(b).</p> <p>Survey Date: 6-6-16</p> <p>Facility #: 005150</p> <p>Medicare Provider # 15-2503</p> <p>Medicaid Vendor #: 100248060</p> <p>Census: 65 incenter 10 peritoneal dialysis 75 total patients</p>	V 0000		
V 0122 Bldg. 00	<p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing- (4) And maintaining procedures, in</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>accordance with applicable State and local laws and accepted public health procedures, for the-]</p> <p>(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff had cleaned and disinfected the dialysis station in accordance with facility policy in 1 (# 1) of 1 cleaning and disinfection of dialysis station observations completed creating the potential to affect all of the facility's 65 current incenter patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Employee P, a patient care technician (PCT), was observed to clean and disinfect the dialysis machine and chair at station number 5 on 6-6-16 at 9:25 AM. The PCT was not observed to clean the sides of the dialysis machine or the attached intravenous fluid pole. The PCT was not observed to empty the prime waste container prior to cleaning the machine. The Facility Administrator, employee W, indicated, on 6-6-16 at 12:30 PM, the employee had not cleaned and disinfected the dialysis machine in accordance with facility policy. 	V 0122	<p>On 6/14/2016 and 6/15/2016, the Facility Administrator conducted a mandatory staff meeting for all Direct Patient Care staff to reinforce both the expectation and responsibility of facility staff in adhering to the cleaning and disinfection policies of this facility.</p> <p>To ensure that all staff understands the importance to clean and disinfect contaminated surfaces, the Director of Operations contacted the educational department and arranged for the formal reeducation of all staff to be completed no later May 21, 2016. This reeducation was inclusive of the following facility policies and procedures:</p> <ul style="list-style-type: none"> ·FMS-CS-IC-II-155-110C1 Work Surface Cleaning and Disinfection without Visible Blood using Bleach Solutions Procedure ·FMS-CS IC-II-140-510C1MS-CS-IC-II-155-110A Cleaning and Disinfection Policy <p>Documentation of the education, monitoring process, staff and patient assignments document the implemented corrective</p>	06/24/2016

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	3. The facility's 1-28-15 "Cleaning and Disinfection" policy number FMS-CS-IC-II-155-110A states, "All work surfaces shall be cleaned and disinfected with 1:100 bleach solution after completion of procedures. Make the surface glisteningly wet and let air dry unless otherwise specified by the manufacturer . . . Externally disinfect the dialysis machine with 1:100 bleach solution after each dialysis treatment."		<p>actions and are available at the facility for review</p> <p>Monitoring of the staff for compliance has occurred and will continue to occur by the Facility Administrator or Designee as follows:</p> <ul style="list-style-type: none"> · Direct observation of the staff's adherence to infection control policies and procedures. · Immediate intervention, consisting of reeducation up to disciplinary action, to address and correct identified noncompliance with the appropriate staff member. <p>The Facility Administrator documents staff compliance on the developed plan of correction monitoring tool. This tool was implemented on May 21, 2016 and was completed during each patient shift with decreased frequency as determined by the Governing Body.</p> <p>Any identified staff non-compliance will have an immediate intervention by the Facility Administrator /Designee providing oversight. The noncompliance and intervention will be documented on the plan of correction monitoring tool or in the employee personnel file if warranted.</p> <p>In the event that a staff member is found to continually not follow the facility procedures for</p>	

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V 0407 Bldg. 00	494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement). Based on record review and interview, the facility failed to ensure patients had been checked at least every 30 minutes in accordance with facility policy in 3 (#s 3, 5, and 24) of 4 incenter patient records reviewed creating the potential to affect all of the facility's 65 current incenter	V 0407	infection control, the Facility Administrator will be notified and is responsible to address the findings with the identified staff member. The Facility Administrator's action will be structured to reinforce by further education following through as necessary with the application of progressive disciplinary action. The Facility Administrator will summarize the findings and report to the QAI Committee and to the Governing Body weekly x 4 weeks, which will determine further audit frequency by decreasing the frequency incrementally. Once compliance has been established the monitoring will revert to the QAI infection control audit tool Completion date: June 24, 2016 On 6/14/2016 and 6/15/2016, the Facility Administrator conducted a mandatory staff meeting for all Direct Patient Care staff to reinforce both the expectation and responsibility of facility staff in adhering to the monitoring of patients policy of this facility.	06/24/2016	

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	<p>patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 3 included a hemodialysis treatment flow sheet dated 6-1-16. The flow sheet evidenced the patient had been checked at 12:00 PM and not again until 12:55 PM. 2. Clinical record number 5 included a hemodialysis treatment flow sheet dated 5-28-16. The flow sheet evidenced the patient had been checked at 2:32 PM and not again until 3:40 PM. 3. Clinical record number 24 included a hemodialysis treatment flow sheet dated 6-2-16. The flow sheet evidenced the patient had been checked at 9:30 AM and not again until 10:25 AM. 4. The Facility Administrator indicated, on 6-6-16 at 12:30 PM, the patients had not been checked at least every 30 minutes in accordance with facility policy. 5. The facility's 8-20-14 "Patient Monitoring During Patient Treatment" policy number FMS-CS-IC-I-110-133A states, "Monitor the patient at the initiation of treatment and every 30 minutes, or more frequently as 		<p>To ensure that all staff understandsthe importance monitoring patients, the Director of Operations contacted theeducational department and arranged for the formal reeducation of all staff tobe completed no later May 21, 2016. This reeducation was inclusive of thefollowing facility policies and procedures: FMS-CS-IC-I-110-133A MonitoringDuring Patient Treatment Policy</p> <p>To prevent reoccurrence and to monitorcompliance monitoring patients the following has been implemented:</p> <ul style="list-style-type: none"> ·Facility Administratoris responsible to will review 50% of all patient's treatment sheet to assurecompliance ·Staff members identifiedas failing to comply with the implemented process will receive immediateintervention by the nurse providing oversight and/or the Facility Administrator. <p>The Facility Administrator reports findings of audits andany non-compliance with reference to the process at the weekly Governing Body x4 weeks and monthly at the QAI meeting until compliance is sustained.</p> <p>The QAI Committee will address any variance to the</p>				

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	necessary."		requiredprocess by identifying the root cause and developing and implementing a corrective action plan to resolution of the issue. The Facility Administrator will document all findings and actions in the QAI minutes. The QAI minutes will be available for review at the facility. CompletionDate: June 24, 2016		