

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152509	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/14/2013
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NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 920 CHESTER BLVD RICHMOND, IN 47374
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V000000	<p>This visit was a federal ESRD complaint investigation.</p> <p>Complaint IN00128488 - Substantiated: No deficiencies related to the allegation are cited. Unrelated deficiencies are cited.</p> <p>Date: June 14, 2013</p> <p>Facility #: 005154</p> <p>Medicaid # 100256910</p> <p>Surveyor: Susan Sparks, RN, PHNS</p> <p>Quality Review; Joyce Elder, MSN, BSN, RN June 20, 2013</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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V000119	<p>494.30(a)(1)(i) IC-SUPPLY CART DISTANT/NO SUPPLIES IN POCKETS</p> <p>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.</p> <p>Do not carry medication vials, syringes, alcohol swabs or supplies in pockets. Based on observation and interview, the facility failed to ensure staff do not carry medication vials, syringes, alcohol swabs, or supplies in pockets in 1 of 1 observations with the potential to affect all the patients of the facility.</p> <p>Findings:</p> <p>1. On June 14, 2013, at 12:31 PM, Employee B, a Licensed Practical Nurse, was observed cannulating Patient # 2. The employee removed her gloves and went to the medication area to prepare the heparin. She reached into her left pocket and could not find her pen, so she went to her right pocket to find her pen. She returned the pen to her pocket. She then retrieved the heparin vial from the cabinet and drew up the heparin. She returned the vial to the cabinet without cleaning it. Employee B then returned to the station and opened the cannulation kit with her</p>	V000119	<p>On 6/28/13 the Governing Body will meet to review the statement of deficiencies and to make certain that all identified deficiencies are being addressed both immediately and with long term resolution.</p> <p>Clinic Manager addressed cross-contamination issues with supplies/carts and proper hand hygiene with staff through an in-service conducted by the clinic educator on 7/16/13.</p> <p>Proper hand hygiene should be used before and after using a pen, touching supplies and changing gloves as described in policy FMS-CS-IC-II-155-090A.</p> <p>Clinical Manager will ensure that infection control audits utilizing the QAI Infection Control audit tool are done daily for 1 week, weekly for 4 weeks, monthly for 6 months and then as determined by the QAI calendar. Any deficiencies noted during the</p>	07/16/2013			

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	<p>bare hands without sanitizing them.</p> <p>2. On June 14, 2013, at 1 PM, Employee A indicated the employee would be re trained as nothing is to be kept in the pockets.</p>		<p>audits will be referred immediately to the Clinical Manager who is responsible to address the issue with each employee including corrective action as appropriate.</p> <p>Clinical Manager held a counseling session for Employee B on 6/20/13 to discuss policy violations on June 14th, 2013 as noted in the SOD. Expectations for improvement were discussed and documented. Emphasis and focus in this counseling session was on proper hand hygiene.</p> <p>The Clinical Manager is responsible to report a summary of findings monthly in QAI and compliance will be monitored by the Governing Body.</p>		

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V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&amp;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 individuals who treat patients in the facility, including attending physicians and nonphysician providers; Based on clinical record and policy review and interview, the medical director failed to ensure policies related to patient care and safety were followed for 2 of 4 clinical records reviewed (#3 and 4) with the potential to affect all the patients of the dialysis facility.</p> <p>Findings:</p> <p>1. A policy titled "Patient monitoring During Patient Treatment", Effective Date 04-Jul-2012, FMS-CS-IC-I-110-133A, states, "Monitor the patient at the initiation of treatment and every 30 minutes, or more frequently as necessary. ... Vital signs will be monitored at the initial of dialysis and every 30 minutes, or more frequently, as needed. ... Verify and react to unusual findings such as atypical blood pressure readings ... Respond to changes in vital signs as indicated by patient's symptoms, nursing judgment or as ordered by the physician. ... Unusual observations, findings and the inability to reach prescribed orders must be promptly</p>	V000715	<p>The Area Manager met with the Medical Director on 6/28/13 to review his requirements as defined in the Condition for Coverage and Staff Bylaws to ensure that all policies and procedures relative to patient admission, patient care, infection control and patient safety are adhered to by all individuals who treat patients in the facility emphasizing adherence to patient monitoring during treatment. The Area Manager also reviewed the Plan of Correction to be instituted to correct this issue. The Medical Director approved and directed the implementation of the plan as noted below.</p> <p>The facility's patient care staff will be in-serviced on the following policies, "Hand Hygiene", "Changing the Catheter Dressing" FMS-CS-IC-II-155-090A and "Monitoring During Patient Treatment" FMS-CS-IC-I-110-133A on 7/16/13 by education with a record of training reviewed by the QAI committee.</p>	07/16/2013			

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	<p>reported to the charge nurse/team leader. Notify the physician as determined by the clinical judgment of the charge nurse/team leader. Documentation of monitoring will be completed on the treatment record. Appropriate interventions in response to changes in vital signs, treatment parameters, or machine adjustments shall be documented in the treatment record."</p> <p>2. Clinical record # 3, admit date 2/8/10, evidenced physician orders for dialysis Monday, Wednesday and Friday. Treatment Sheets dated 5/14/13, 5/18/13 and 6/11/13 failed to evidence the tech visually monitored the patient every 30 minutes,</p> <p>3. Clinical record # 4, admit date 11/15/11, evidenced physician orders for dialysis Monday, Wednesday and Friday. Treatment Sheets dated 5/30/13 failed to evidence the tech visually monitored the patient every 30 minutes, thought he machine was automatically performing vitals with a blood pressure of 189/100 at 0944.</p> <p>4. On June 14, 2013, at 4:30 PM, Employee A, Regional Operations Manager, indicated the tech is to visually check a patient and document in the treatment sheet they have done so. That a</p>		<p>The Clinical Manager or designee will review treatment sheets daily for 2 weeks, weekly for 4 weeks, monthly times 2, then quarterly to ensure that all checks are being done on a 30 minute basis and documented. Any areas of non-compliance will be addressed immediately.</p> <p>The Clinical Manager (CM) is responsible to present all data and monitoring/audit results as related to this Plan of Correction to the Medical Director at the QAI Meeting for oversight and review.</p> <p>The Area Manager is responsible to ensure all documentation required as part of the QAI process; is presented to the Medical Director during the monthly QAI Committee Meeting.</p> <p>The Medical Director as Chairperson of the QAI Committee is responsible to analyze the results and direct a root cause analysis with the development of a new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee</p>				

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	blood pressure that has risen to 189/100 would be a concern in dialysis, since blood pressures trend downward. She indicated that without documentation it was not possible to tell if the tech was monitoring her patient while on dialysis.			