

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152601	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS LAFAYETTE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 N 18TH ST LAFAYETTE, IN 47904
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V 0000 Bldg. 00	This was a Federal ESRD [core] recertification survey. Survey Dates: July 27, 28, 29, and 30, 2015 Facility #: 005140 Medicaid Vendor #: 200387680d QA; LD, R.N.	V 0000		
V 0113 Bldg. 00	494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. Based on observation, interview, and facility policy review, the facility failed to ensure staff had cleansed hands and changed gloves appropriately in 2 (#11 and #14) of 14 infection control observations completed where hand hygiene and glove changes were indicated. Findings include: 1. Employee K (Registered Nurse) was observed to perform medication administration on patient #11 on 7/28/15	V 0113	V 113 On Tuesday August 25th 2015, the Governing Body met to review the statement of deficiencies and to make certain that all identified deficiencies are being addressed both immediately and with long term resolution. The Clinical Manager is responsible to ensure that all staff members follow "Hand Hygiene, Personal Protective Equipment and Infection Control Overview" policies to ensure a safe treatment environment that prevents cross contamination of patients and equipment. The	09/25/2015

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>at 11:05 AM. The Registered Nurse failed to remove gloves and perform hand hygiene after medication administration and discarding of the syringe into the sharps container.</p> <p>On 7/30/15 at 10:30 AM, employee I (In-Center Clinic Manager) indicated employee K should have removed gloves and performed hand hygiene after administering the medication and placement of the syringe into the sharps container.</p> <p>2. Employee L (Registered Nurse) was observed performing cleaning and disinfection of dialysis station #9 on 7/28/15 at 10:05 AM. The Registered Nurse was observed to remove the prime waste receptacle, exit the station, empty into a dirty sink, re-enter the station, and place the receptacle back on the machine. The Registered Nurse failed to remove gloves, perform hand hygiene, and don clean gloves before continuing the cleaning and disinfection of the dialysis station.</p> <p>3. The facility's policy with an effective date as March 20, 2013 titled "Personal Protective Equipment" states, "Gloves A supply of clean, non-sterile gloves and a waste container shall be placed near each dialysis station or treatment area. ...</p>		<p>Clinical Manager met with the facility Education Coordinator to arrange and schedule staff in-services to re-educate all staff members on the following policies "Hand Hygiene" FMS-CS-IC-II-155-090A, "Personal Protective Equipment" FMS-CS-IC-II-155-080A and "Infection Control with emphasis placed on appropriate glove usage, glove changes and hand hygiene using hand sanitizer. Training will be completed by September 4th ,2015 and an in-service attendance sheet will be available in the facility for review in addition an audit with skills checks will be completed by September 4th 2015 The Clinical Manager or designee will ensure that infection control audits utilizing the QAI Infection Control audit tool are done weekly for 4 weeks, monthly for 6 months and then as determined by the QAI calendar. Any deficiencies noted during the audits will be referred immediately to the Clinical Manager who is responsible to address the issue with each employee including corrective action as appropriate 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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V 0543 Bldg. 00	<p>Remove gloves and wash hands after each patient contact, and after exposure to blood and body fluids. ...</p> <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 team must provide the necessary care and services to manage the patient's volume status; Based on clinical record review and interview, the facility failed to ensure the patient's blood pressure had been monitored at least every 30 minutes in 4 of 6 in-center hemodialysis patient's records reviewed. (#6-9)</p> <p>Findings include:</p> <p>1. Clinical record #6 included hemodialysis treatment flow sheets dated 7/7 and 7/9/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment.</p> <p>A. A hemodialysis treatment flow sheet dated 7/7/15 evidenced vital signs</p>	V 0543	<p>V543 On Tuesday August 25th 2015 the Governing Body met to review the statement of deficiencies and to make certain that all identified deficiencies are being addressed both immediately and with long term resolution. The Clinical Manager is responsible to ensure that all staff members follow policies FMS-CS-IC-I-110-133A "Monitoring During Patient Treatment Policy" The Clinical Manager met with the facility Education Coordinator to arrange and schedule staff in-services to re-educate all staff members on the following policy FMS-CS-IC-I-110-133A "Monitoring During Patient Treatment Policy with emphasis</p>	09/25/2015

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	<p>and a safety check had been completed at 11:05 AM and not again until 12:00 PM, a period of 55 minutes between checks. The vital signs and a safety check was not completed again until 1:03 PM, a period of 63 minutes between checks.</p> <p>B. A hemodialysis treatment flow sheet dated 7/9/15 evidenced vital signs and a safety check had been completed at 11:02 AM and not again until 12:01 PM, a period of 59 minutes between checks.</p> <p>2. Clinical record #7 included hemodialysis treatment flow sheets dated 7/4, 7/9, and 7/11/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment.</p> <p>A. A hemodialysis treatment flow sheet dated 7/4/15 evidenced vital signs and a safety check had been completed at 9:00 AM and not again until 10:00 AM, a period of 60 minutes between checks.</p> <p>B. A hemodialysis treatment flow sheet dated 7/9/15 evidenced vital signs had been completed at 10:31 AM and not again until 12:00 PM, a period of 89 minutes between checks.</p> <p>C. A hemodialysis treatment flow sheet dated 7/11/15 evidenced vital signs</p>		<p>placed on the requirement of the patient safety checks being completed every 30 minutes during the dialysis treatment Training will be completed by Friday September 4th 2015 and an in-service attendance sheet is available in the facility for review The Clinical manager or designee will conduct audits via the QAI Treatment Sheet Audit tool. These audits will be completed and monitored per the QAI calendar audit schedule which is monthly. The Clinical Manager is responsible to review, analyze and trend all reports and present them monthly to the QAI Committee for review. The QAI Committee is responsible to provide oversight until ongoing resolution has been determined.</p>	

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	<p>and a safety check had been completed at 10:02 AM and not again until 11:03 AM, a period of 59 minutes between checks.</p> <p>3. Clinical record #8 included a hemodialysis treatment flow sheet dated 7/21/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment.</p> <p>A hemodialysis treatment flow sheet dated 7/21/15 evidenced vital signs and a safety check had been completed at 8:01 AM and not again until 9:00 AM, a period of 59 minutes between checks. The vital signs and a safety check was not completed again until 9:51 AM, a period of 51 minutes between checks.</p> <p>4. Clinical record #9 included a hemodialysis treatment flow sheet dated 7/23/15 that evidenced the patient's blood pressure had not been monitored at least every 30 minutes during treatment.</p> <p>A hemodialysis treatment flow sheet dated 7/23/15 evidenced vital signs and a safety check had been completed at 11:03 AM and not again until 12:03 PM, a period of 60 minutes between checks. The vital signs and a safety check was not completed again until 1:03 PM, a period of 63 minutes between checks.</p>			

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	5. On 7/29/15 at 3:40 PM, employee I (In-Center Clinic Manager) indicated patients' blood pressure should be checked every 30 minutes during treatment, per facility policy.				