

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152599	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DUNELAND DIALYSIS - LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 WEST 18TH STREET LA PORTE, IN 46350
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V000000	This was a Federal ESRD complaint investigation survey. Complaint # 146014 : Substantiated. Federal deficiencies related to the allegation are cited. Survey date: 4/21/14 and 4/22/14 Facility #: 011219 Medicaid Vendor: 200834980 Surveyor: Ingrid Miller, PHNS, RN Janet Brandt, PHNS, RN Quality Review: Joyce Elder, MSN, BSN, RN April 28, 2014 494.60(c)(4)	V000000		
V000407	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 observation, policy review, and interview, the facility failed to ensure all access sites were visible during the hemodialysis treatment for 1 of 5 patients (#1) observed on 4/21/14 with the potential to affect all incenter patients. The findings include 1. On 4/21/14 at 10:10 AM, patient #1 at	V000407	Clinic Manager or designee will in-service all staff regarding DSI Policy & Procedure 375-36: Initiation of Dialysis- Fresenius 2008 K/K2/T utilizing Medisystems Streamline Airless System Set with Locksite Needleless Access Sites by 5/16/14. The in-service will include but is not be limited to monitoring the patients at least every 30 minutes and check to ensure the access is visible and	05/16/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152599		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/22/2014	
NAME OF PROVIDER OR SUPPLIER DUNELAND DIALYSIS - LAPORTE				STREET ADDRESS, CITY, STATE, ZIP CODE 103 WEST 18TH STREET LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>station #6 was observed to have the blanket up around his / her neck. His / her access site which was a central venous catheter was not visible. This patient was receiving incenter hemodialysis.</p> <p>2. On 4/21/14 at 10:16 AM, patient #1 was observed to have a blanket up around his / her neck. The patient 's access site which was a central venous catheter was not visible.</p> <p>3. On 4/21/14 at 10:25 AM, patient # 1 was observed to have a blanket up around his / her neck. The patient's access site which was a central venous catheter was not visible while the patient was dialyzing.</p> <p>4. On 4/21/14 at 10:25 AM, patient #1 indicated having the blanket pulled up because it was cold in the dialysis center. The patient did not recall staff telling him / her to pull down the blanket during this treatment session. However, he / she indicated being aware of education had occurred in the past that the access site should be visible.</p> <p>5. On 4/21/14 at 10:31 AM, Employee D indicated the access site was to remain visible while treatment was occurring.</p> <p>6. The agency policy / procedure titled "Initiation of Dialysis - Fresenius 2008 K / K utilizing Medisystems Streamline Airless System Set with Locksite Needleless access site" with a revision date of 8/26/13 stated, "Ensure access is visible at all times." :</p>		<p>there is no unusual bleeding or infiltration and connections are secure. It will also include the requirement to notify the nurse in charge if patient refuses as well as documentation of refusal and nurse in charge notification. The Clinic Manager or designee will monitor via the Initiation of Dialysis Audit for both AVF/AVG & Catheter which includes monitoring that access remains uncovered at all times. This audit will be completed daily x 2 weeks or until 100% compliance is established, weekly x 4, and monthly x 2, then per the Quality Management Workbook audit schedule. Any staff found not to be in compliance with policy & procedure will receive progressive disciplinary action. Clinic Manager or designee will review all education, audit results, and discipline in the monthly QAPI and LBG meetings.</p>				