

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/12/2013	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE SALEM				STREET ADDRESS, CITY, STATE, ZIP CODE 102 CONNIE AVE STE 104 SALEM, IN 47167			
(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	<p>This was an ESRD federal recertification survey.</p> <p>Survey Dates: 7/8/13, 7/10/13, 7/11/13, and 7/12/13</p> <p>Facility #: 002879</p> <p>Medicaid Vendor #: 200339320A</p> <p>Surveyor: Dawn Snider, RN, PHNS</p> <p>Hemodialysis In-Center: 18</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">July 16, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/12/2013	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE SALEM				STREET ADDRESS, CITY, STATE, ZIP CODE 102 CONNIE AVE STE 104 SALEM, IN 47167			
(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			
V000147	<p>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> <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 policy and clinical record review and interview, the facility failed to ensure central venous catheter (CVC) care was provided in compliance with the central venous catheter policy for 2 of 2</p>	V000147	The management staff, including the facility's CEO, met via teleconference on July 22, 2013, and reviewed the summary of deficiencies from the July 8-12, 2013, inspection. After a thorough review of all appropriate	07/31/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/12/2013
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 102 CONNIE AVE STE 104 SALEM, IN 47167		
(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>records reviewed of patients with a CVC (#4 and #5) creating the potential to affect all patient's with a CVC.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Facility policy titled "CHANGING the CATHETER DRESSING" policy number FMS-CS-IC-I-105-032A with an effective date 04/12/2012 states, "Complete catheter exit site care and dressing replacement before initiation of treatment." 2. Facility policy titled "CHANGING the CATHETER DRESSING" policy number FMS-CS-IC-I-105-032C with an effective date 04/12/2012 states, "Document the dressing change in the patient's medical record. Include any observations of the exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal findings, instructions, or interventions made during the dressing change." 3. Clinical record number 4 had ancillary orders for "catheter care (incl [sic] dressing change)." The hemodialysis treatment record failed to evidence the registered nurse had completed the dressing change on 6/17/13 and 6/26/13. 4. Clinical record number 5 had ancillary orders for "catheter care (incl [sic] 		<p>policies a POC was developed. The following outlines the plan of correction for each deficiency. The Area Manager will be responsible for coordinating all disciplines to carry out necessary training.</p> <p><u>494.30 (a) IC- Staff Education- Catheters/Catheter Care</u></p> <p>On July 17, 2013, the Area Manager met with the Clinical Manager to review the citations from the July 2013, survey and to reinforce the Clinical Manager's responsibilities to monitor staff for compliance.</p> <p>As a result and to further ensure compliance, on July 25, 2013, the Clinical Manager will complete the following:</p> <p>On July 25, 2013 will conduct a staff meeting with the facility RNs to reinforce expectations of compliance to the following:</p> <p>FMS-CS-IC-I-105-032A Changing the Catheter Dressing</p> <p>FMS-CS-IC-I-105-032C Changing the Catheter Dressing</p> <p>Education will emphasize: Document the dressing change in the patient's medical record. Include any observations of the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/12/2013
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 102 CONNIE AVE STE 104 SALEM, IN 47167		
(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>dressing change)." The hemodialysis treatment record failed to evidence the registered nurse had completed the dressing change on 6/17/13.</p> <p>5. On 07/12/2013 at 11:49 AM, employee A, the clinical manager, indicated the CVC dressings were changed each hemodialysis treatment but not had not been documented.</p>		<p>exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal findings, instructions, or interventions made during the dressing change.</p> <p>The Clinical Manager or assigned designee is responsible to monitor staff for compliance to policy by observation. Additionally, the Clinical Manager or charge RN monitors documentation by daily review of the patient treatment record. Any identified non-compliance will be addressed immediately and directly with the responsible staff member with progressive disciplinary action.</p> <p>The Clinical Manager will bring the results of the treatment sheet reviews to the monthly QAI meeting for review by the QAI committee. Any identified deviation from compliance will result in a plan of action being developed, implemented, and followed through to resolution.</p> <p>Documentation of this review and/or plan of action will be found in the QAI meeting minutes, available for review at the facility.</p> <p>The Clinical Manager is responsible and the QAI committee monitors for compliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/12/2013	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE SALEM				STREET ADDRESS, CITY, STATE, ZIP CODE 102 CONNIE AVE STE 104 SALEM, IN 47167			
(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			
V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&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;</p> <p>Based on policy and clinical record review and interview, the medical director failed to ensure all policies and procedures related to CVC (central venous catheter) care were followed for 1 of 1 facility with the potential to affect all the facility's patients with CVCs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The medical director failed to ensure the facility policy titled "Changing the Catheter Dressing" document number FMS-CS-IC-I-105-032A with an effective date 04/12/2012 was followed. (See V147) 2. The medical director failed to ensure the facility policy titled "Changing the Catheter Dressing" document number FMS-CS-IC-I-105-032C with an effective date 04/12/2012 was followed. (See V147) 	V000715	<p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P On July 22, 2013 the Area Manager, Clinical Manager and Medical Director met via teleconference to review results of the July 8-12, 2013 survey and requirements as defined with the Conditions for Coverage, Fresenius Medical Staff Bylaws and "Responsibilities of the Medical Director" for ensuring that all policies and procedures related to patient care are adhered to by all members of the patient care staff including the medical staff. The Medical Director of this facility acknowledges his responsibility to ensure all staff adheres to policy and procedure defined by Fresenius policy and the Conditions of Coverage. On July 25, 2013 all facility RNs will be reinserviced and reeducated on:</p> <ul style="list-style-type: none"> · FMS-CS-IC-I-105-032A Changing the CatheterDressing · FMS-CS-IC-I-105-032CChangin g the CatheterDressing <p>Education will emphasize: Document the dressing change</p>	07/31/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/12/2013
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 102 CONNIE AVE STE 104 SALEM, IN 47167		
(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>in the patient's medical record. Include any observations of the exit site, catheter integrity, notifications to the team leader/charge nurse of abnormal findings, instructions, or interventions made during the dressing change. Clinical Manager (or designee) will monitor adherence to policy with: Monthly audits of treatment records for 100% of the catheter patients for 3 months to monitor compliance to RN documentation of the catheter dressing change. Additionally, the Clinical Manager will formalize a report for the monthly QAI meeting, detailing compliance gaps noted with RN documentation of the catheter dressing change. This report will include corrective actions implemented to correct deficiencies. Medical Director with QAI committee will review and determine further action as necessary to maintain compliance. If the Medical Director determines continued deficiencies he will escalate them to the Governing Body and Regional Vice President's attention to ensure timely corrective actions and resolution. The QAI minutes document this activity and are available for review at the facility.</p>		