

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152609	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/16/2012
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE CARMEL			STREET ADDRESS, CITY, STATE, ZIP CODE 12400 N MERIDIAN ST CARMEL, IN 46032		
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V0000	<p>This was a federal ESRD recertification survey.</p> <p>Survey Dates: 8/15/2012 and 8/16/2012</p> <p>Facility #: 011350</p> <p>Medicaid Vendor #: 200858170</p> <p>Surveyor: Kelly Ennis, RN, BSN, Public Health Nurse Surveyor</p> <p>Census by Service Type:</p> <p>Number of In-Center Hemodialysis Patients: 52 Number of Home Hemodialysis Patients: 0 Number of Peritoneal Dialysis Patients: 0</p> <p>Total: 52</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 17, 2012</p>	V0000			

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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V0117	<p>494.30(a)(1)(i) IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.</p> <p>When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.</p> <p>Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.</p> <p>Based on observation, staff interview, and policy and procedure review, the facility failed to ensure 2 of 2 Patient Care Technicians (PCT) (employees B and C) observed kept clean areas clearly separated from contaminated areas creating the potential to spread infection causing agents among facility staff and all 52 current in-center patients.</p> <p>The findings include:</p>	V0117	<p>On August 27 th 2012, 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>The Clinical Manager is responsible to ensure that all staff members follow "Dialysis Precautions and Cleaning and Disinfection" policies to ensure a safe treatment environment that</p>	09/20/2012

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	<p>1. On 8/15/12 at 10:10 AM, Employee C, Patient Care Technician (PCT), was at station 11, patient #6. The PCT obtained the Phoenix meter from the clean supply cart and placed it on top of the stand-alone clean computer cart. The PCT then checked the conductivity and placed the Phoenix meter back onto the clean computer cart. The PCT then proceeded to set up the dialysis machine. When complete, the PCT picked up the Phoenix meter from the clean computer cart and placed the Phoenix meter back onto the clean supply cart with no disinfection prior.</p> <p>2. On 8/15/12 at 10:40 AM, Employee B, PCT, checked the conductivity with the Phoenix meter at station #3, patient #7. When complete, the PCT placed the Phoenix meter back onto the clean supply cart with no disinfection prior.</p> <p>3. On 8/15/12 at 12:10 PM, employee F, Administrator, indicated the Phoenix meters should be stored in a dirty area.</p> <p>4. Facility policy titled "Cleaning and Disinfection" document number FMS-CS-IC-II-155-110A, effective date 1/4/12 states, "The area that includes the Chairside charting device is considered a clean area and not part of the patient station ... non-disposable items such as</p>		<p>prevents cross contamination of patients and equipment.</p> <p>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 policies "Dialysis Precautions" FMS-CS-IC-II-155-070A and Cleaning and Disinfection FMS-CS-IC-II-155-110A" with emphasis placed on clean versus contaminated areas and where Phoenix meter should be stored after use until disinfected. Training will be completed on September 20 th 2012 and an in-service attendance sheet will be available in the facility for review.</p> <p>Clinical Manager will ensure that infection control audits utilizing the QAI Infection Control audit tool are done 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</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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	blood pressure cuffs, IV poles, TVs, TV remotes, portable phones etc., as well as clip boards or plastic hemostat clamps placed on the machine used or unused, should be disinfected with 1:100 bleach solution after each treatment."		The Director of Operations is responsible to ensure all documentation required as part of the QAI process; is presented, current, analyzed, trended and a root cause analysis completed as appropriate with the subsequent development of action plans. The QAI Committee is responsible to analyze the results and determine a root cause analysis then develop a new Plan of Action if resolution is not occurring. Ongoing compliance will be monitored by the QAI committee		

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V0122	<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-</p> <p>(4) And maintaining procedures, in 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, staff interview, and policy and procedure review, the facility failed to ensure 2 of 2 Patient Care Technicians (PCT) (employees B and C) observed cleaned and disinfected contaminated surfaces, medical devices, and equipment as required creating the potential to spread infectious and communicable disease to facility staff and all 52 current in-center patients.</p> <p>The findings include:</p> <p>1. On 8/15/12 at 10:10 AM, Employee C, Patient Care Technician (PCT), was at station 11, patient #6. The PCT obtained the Phoenix meter from the clean supply cart and placed it on top of the stand-alone clean computer cart. The PCT then checked the conductivity and placed the Phoenix meter back onto the clean computer cart. The PCT then proceeded to set up the dialysis machine. When</p>	V0122	<p>On September 20th the Clinical Manager will meet with all direct patient care staff to review policy # FMS-CS-IC-II-155-110A "Cleaning and Disinfection" with emphasis placed on cleaning the Phoenix meter after use before it is placed in a clean area. All staff acknowledged understanding that all dialysis equipment must be cleaned between patients. Agenda and attendance sheet is available within the facility.</p> <p>Clinical Manager will ensure that infection control audits are completed utilizing the QAI Infection Control audit tool monthly for 6 months then ongoing monitoring will occur per 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.</p>	09/20/2012			

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