

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152566	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/21/2014
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE GREENFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 1051 N STATE ST GREENFIELD, IN 46140
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V000000	<p>This was a federal ERSD [CORE] recertification survey.</p> <p>Survey Dates: November 18, 19, 20, and 21, 2014</p> <p>Facility Number: 011029</p> <p>Medicaid Number: 200278340</p> <p>Surveyor: Michelle Weiss RN MSN Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 1, 2014</p>	V000000		
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, interview, and</p>	V000119	The clean supplies were removed from the cubbies by the Clinical	12/12/2014

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.

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	<p>review of facility policy, the facility failed to adhere to and demonstrate a sanitary environment in 1 of 2 observations of dialysis supply management and contamination prevention creating the potential to affect all of the center's 55 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On November 18, 2014, at 12:00 PM, clean dialysis supplies were observed not protected from potential contamination. In a cubby at a computer station near dialysis station 7, a box that contained clean dialysis supplies was opened and within 1 foot of the dialysis machine and blood lines. 2. On November 18 at 12:00 PM, near a dirty sink and area, there was a set of metal drawers observed being used as an extension of that dirty station. The metal bottom drawer was open halfway, bent, and broken in an open position and was filled with plastic face shields. 3. In an interview with the Director of operations, employee 0, and employee N, on November 18 at 3:30 PM, the employee indicated not being aware if the box with dialysis supplies was intended for the last patient or the next patient. The box was not labeled with a patients 		<p>Manager and Director of Operations at the time of the surveyor discussing the deficiency on November 18, 2014. The clean supplies were moved to a clean area free of possible cross contamination. The Clinical Manager met with all staff and informed them of the discontinued use of the cubbies and where all clean supplies were to be kept. The Clinical Manager will complete a daily walk through of the treatment floor to ensure all supplies are kept in the designated clean area free of possible cross contamination and ongoing compliance. The cart with the broken drawer was removed from the treatment floor and discarded on November 21, 2014. A new cart was placed on the treatment floor for use on December 1, 2014. The Clinical Manager will check all carts on the daily walk through of the treatment floor to ensure all carts are operational and not broken. If the Clinical Manager finds a cart to be broken, it will be removed immediately and either fixed or replaced.</p>		

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V000122	<p>name. In referencing the broken table of drawers, the director of operations said, "We do not have a policy on that." It was also stated that at the last mock survey it was recognized that there was an issue and at that time the table facing inward because the drawer was broken. "The nurses thought they'd be helping by putting the face shields in there. The shields are dirty."</p> <p>4. The FMS-CS-IC-II-155-110A, Cleaning and Disinfection Policy dated March 20, 2013, states, "The purpose of this policy is to provide guidelines to maintain a CLEAN, SAFE, and AESTHETICALLY PLEASANT ENVIRONMENT for patients staff, and visitors. To prevent the spread of infectious disease in accordance with appropriate regulations ... After use all equipment and supplies must be considered as potentially blood contaminated, and should be separated, handled with caution and either disinfected or discarded. "</p> <p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows</p>				

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	<p>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 observations of 1 out of 2 cleaning and disinfecting of the dialysis station, #2, the facility failed to demonstrate that it disinfected surfaces and equipment per CDC guidelines and facility policy having the potential to affect the subsequent patient at the station with cross contamination.</p> <p>Findings:</p> <p>1. On November 18, 2014, at 3:41 PM, several employees, including patient care technician, employee K, were observed cleaning and disinfecting the dialysis station. The television screen and TV controls were not disinfected.</p> <p>2. FMS-CS-IC-II-155-120A policy from the facility's Bloodborne Pathogen Program, "Cleaning Individual Patient Televisions and Direct Touch Systems, dated 04-JAN-2012 states, "The television shall be cleaned after each patient treatment. The television screen should be cleaned with a 1:100 bleach solution ... "</p>	V000122	The Clinical Manager will hold a staff meeting with all staff to review and train on the disinfection of contaminated surfaces, medical devices, and equipment. The Clinical Manager will be responsible to see that all staff understand this policy and will follow the policy in its entirety. The Clinical Manager will do infection control audits weekly for the next 4 weeks to ensure ongoing compliance. After the 4 weeks of infection control audits, if compliance has been observed, the Clinical Manager will go to monthly infection control audits of all staff.	12/31/2014

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V000506	<p>494.80(a)(3) PA-IMMUNIZATION/MEDICATION HISTORY The patient's comprehensive assessment must include, but is not limited to, the following:</p> <p>Immunization history, and medication history. Based on clinical record review and interview, the facility failed to ensure the comprehensive assessment accurately addressed all current medications for 1 of 6 records reviewed creating the potential to affect all 55 incenter patients. (#3)</p> <p>Findings:</p> <p>1. Clinical record #3 evidenced Prograf, mycophenolate mofetil, and levemir on the home medication list. The comprehensive Interdisciplinary Assessment completed on 7/28/14 failed to identify these medications had been discontinued.</p> <p>2. On 11/20/14 at 2:55 PM, employee N called the patient regarding the medications in question. It was determined the medication list had not been updated and was incorrect. The nurse manager, employee N, indicated</p>	V000506	The Clinical Manager will hold a nurses meeting with all nurses to review and train on the review and updating of the patient medication list. The nursing staff will review each patient's medication list monthly or more frequently if needed to ensure accuracy of the patient medication list. For the next month, nursing staff will document, on a log, each patient medication list review performed and what changes, if any, were made. The Clinical Manager will review this log for accuracy to ensure nursing staff are updating and reviewing medication lists appropriately.	12/31/2014

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V000543	<p>the patient's spouse confirmed the antirejection medications were discontinued after his/her kidney transplant failed and the levemir had also been changed to a different insulin. Employee N stated, "I guess we're not updating them as we're supposed to be. We usually update them every month or after a patient gets discharged from the hospital."</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 observation, interview, clinical record review, and facility policy review, the interdisciplinary team failed to provide the necessary care and services to manage the patient's volume status and to implement the plan of care per the prescribed prescription in 3 (#1, #5 and #8) out of 7 patient records reviewed creating the potential to affect the centers 55 patients.</p> <p>Finding include:</p>	V000543	The Clinical Manager will hold a staff meeting to review and train all staff on both second checks of machines, including proper dialysate flow, as well as proper reporting and documentation of blood pressure changes and patient assessments, which must be completed by the nurse. The nurse in charge will complete the nurse rounding tool to ensure all machines are set appropriately, including the dialysate flow rate. The Clinical Manager will provide a daily review of the nurse rounding tool to ensure accuracy of machine set up for the next 4	12/31/2014

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	<p>1. On November 19, 2014, at 10:30 AM, patient #8 was observed receiving dialysis at station number 5. Clinical record #8 identified the dialysate flow rate (DFR) prescription was 400. The machine setting for autoflow dialysate was set incorrectly and the DFR was 500.</p> <p>A. Clinical record #8 evidenced the DFR at 06:40 AM and every hour until 10:39 AM to be running at the incorrect flow rate of 500.</p> <p>B. In an interview at 10:35 AM on 11/19/14, employee C immediately corrected the error and stated, "The machine was changed by the biomed. It should have been checked by two techs and a nurse. The patient ran that way through the whole treatment."</p> <p>2. Clinical record #1 evidenced on 11/08/14 at 11:02 AM the patient's blood pressure was 96/34, at 11:30 AM was 95/35, and was 99/31 at 1:22 PM. The record failed to evidence the registered nurse (RN) had been notified of the low blood pressures and assessed the patient. After the treatment at 2:32 PM, the patient's blood pressure was 88/42 and at 2:36 PM was 76/53. Employee C noted that 150 milliliters of saline was given. There was no documentation the RN was notified and assessed the patient.</p>		<p>weeks. Once compliance is noted, the Clinical Manager will review the nurse rounding tool on a weekly basis. The Clinical Manager will also review 10% of patient charts and documentation each month to ensure staff are notifying the nurses of any change in patient's treatment and that the nurses are assessing and documenting their findings.</p>	

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	<p>The record evidenced the patient's blood pressure on 11/06/14 was 92/43 at 12:05 PM. At 1:35 PM, the patient's blood pressure was 77/38. The record failed to evidence the RN was notified of the patient's status.</p> <p>3. Clinical record # 5 evidenced the blood pressure at the start of treatment on 11/5/14 at 10:38 AM was 109/45 without documentation this was reported to the RN. The record evidenced a blood pressure check at 11:35 AM but not again until 12:35 PM when the blood pressure was 126/42.</p> <p>The record evidenced the blood pressure at 1:05 PM was 88/44. It had not been rechecked or reported to the RN.</p> <p>4. Facility policy and procedure, FMS-CS-IC-1-110-131A revision dated 04-JUL-2012 states, "If the PCT [patient care technician] / LPN [licensed practical nurse] notes any changes or abnormal finding in the patient's condition or vascular access are observed or reported by the patient, or the patient was hospitalized, the patient care technician must report the changes in the patients condition to a registered nurse who will further assess the patient prior to initiation of treatment ... "</p>			

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V000726	<p>5. "Patient Evaluation PreDialysis Treatment" document number FMS-CS-IC-1-110-131C, dated 04-JUL-2012, states, "Patient assessment is a nursing responsibility and can not be delegated to unlicensed patient care staff. Nurses assess the patient pretreatment as warranted by the patient's condition ... "</p> <p>6. Policy document number FMS-CS-IC-1-110-132C, dated 04-JUL-2012, titled "Patient Evaluation Post Dialysis Treatment" states, "Orthostatic hypotension is well recognized as a risk factor for falls, syncope, and cardiovascular events. All ambulatory patients should be evaluated for orthostatic hypotension post treatment ... Patient assessment is a nursing responsibility and cannot be delegated to unlicensed patient care staff. Nurses assess the patient post treatment as warranted by the patient condition ... "</p> <p>494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE</p>			
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	<p>The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>Based on clinical record review and interview, the facility failed to ensure medication reports were accurate on 1 of 6 records reviewed creating the potential to affect all 55 incenter patients. (#3)</p> <p>Findings:</p> <p>1. Clinical record #3 evidenced Prograf, mycophenolate mofetil, and levemir on the home medication list. The comprehensive Interdisciplinary Assessment completed on 7/28/14 failed to identify these medications had been discontinued.</p> <p>2. On 11/20/14 at 2:55 PM, employee N called the patient regarding the medications in question. It was determined the medication list had not been updated and was incorrect. The nurse manager, employee N, indicated the patient's spouse confirmed the antirejection medications were discontinued after his/her kidney transplant failed and the levemir had also been changed to a different insulin.</p>	V000726	<p>The Clinical Manager will hold a nurses meeting with all nurses to review and train on the review and updating of the patient medication list. The nursing staff will review each patient's medication list monthly or more frequently if needed to ensure accuracy of the patient medication list. For the next month, nursing staff will document, on a log, each patient medication list review performed and what changes, if any, were made. The Clinical Manager will review this log for accuracy to ensure nursing staff are updating and reviewing medication lists appropriately.</p>	12/31/2014

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	Employee N stated, "I guess we're not updating them as we're supposed to be. We usually update them every month or after a patient gets discharged from the hospital."			