

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152604	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2016
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NAME OF PROVIDER OR SUPPLIER DSI DALEVILLE DAVIS DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 14520 W DAVIS DR DALEVILLE, IN 47334
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V 0000 Bldg. 00	<p>This was a second revisit for the Federal ESRD [CORE] recertification survey conducted on September 14, 15, and 16, 2015.</p> <p>Survey Date: 1/6/16</p> <p>Facility #: 004844</p> <p>Medicare Provider #: 15-2604</p> <p>Medicaid Vendor #: 200881690</p> <p>Census: 24 in-center, no home program</p> <p>During this survey, 1 Condition of Participation was found to be corrected, and 6 standard level deficiencies were corrected. One standard level deficiency was re-cited.</p> <p>DSI Daleville Davis Dialysis is in compliance with the Conditions for Coverage 42 CFR Part 494 for End-Stage Renal Disease Facilities.</p>	V 0000		
V 0113 Bldg. 00	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment</p>			

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 the dialysis station. Staff must remove gloves and wash hands between each patient or station.</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff were washing hands per facility policy for 1 of 6 observations (patient #1), and failed to ensure staff were re-capping medication syringes prior to transfer to stations for 1 of 2 medication administration observations (patient #2).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During observation on 1/6/16 at 10:45 AM, employee C, a Patient Care Technician (PCT), was observed initiating dialysis treatment via an arteriovenous fistula for patient # 1. The PCT evaluated the access by listening with a stethoscope. The PCT failed to change her gloves and cleanse her hands prior to applying antiseptic to the needle insertion sites. 2. During observation on 1/6/16 at 11:30 AM, employee B, a PCT, was observed initiating dialysis via a Central Venous Catheter (CVC) for patient # 2. The PCT obtained 2 syringes of Heparin flushes at the medication station, took them to station #11 and placed them on top of the dialysis machine. When the PCT took the Heparin flush syringes to administer 	V 0113	<p>Summary of the unit response to the survey findings and the violation to the code: V 113 494.30(a)(1) IC-Wear Gloves/Hand Hygiene Plan of Correction is as follows: 1. The Facility Administrator (FA) or designee will re-educate all clinical staff including PCT C on policies #800-01 Dialysis Infection Control Precautions and #800-13 Personal Protective Equipment. The education is to include but is not limited to performing hand hygiene and wearing clean gloves prior to working with the access. The FA or designee will conduct audits of all clinical staff to assure that policies #800-01 and #800-13 are being complied with daily x 2 weeks, weekly x 4 weeks and monthly x 3 months. Advancement to less frequent auditing will be dependent on findings of compliance at the current auditing frequency. The FA or designee will present the audit results for review in QAPI and any deficiencies will be addressed and a performance improvement plan will be implemented as necessary. Governing Body oversees QAPI and will make recommendations as well. 2. The FA or designee will re-educate all clinical staff including PCT B on policy #500-46 Recapping Clean Needles. The in-service is to</p>	02/12/2016

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	<p>via the CVC, the syringes had not been capped. The PCT failed to cap the Heparin flush syringes at the medication station.</p> <p>3. During interview on 1/6/16 at 12:20 PM, employee A, Registered Nurse, stated the PCTs are to re-cap heparin syringes at the medication station, as the facility does not have a needle-less system.</p> <p>4. During interview on 1/6/16 at 1:15 PM, employee E, the Interim Clinic Manager, stated employee B is a float staff from another facility.</p> <p>5. During interview on 1/6/16 at 1:45 PM, employee D, the Facility Educator, stated the Heparin syringes should have had a cap on them prior to being taken to the patient station.</p> <p>6. The facility's policy titled "Dialysis Infection Control Precautions," # 800-01, revised 5/1/15 stated, "1. All healthcare workers in the dialysis setting must follow Dialysis Precautions. Dialysis Precautions, recommended by the CDC, includes both Standard Precautions and Universal Precautions. ... 12. Hand hygiene is required after every direct contact with a patient, between patient contacts, even if the contact is casual and</p>		<p>include but is not limited to recapping of clean needles ONLY is permitted and that the cap needs to be in place when transporting medication to maintain sterility. The FA or designee will conduct audits of all clinical staff to assure that policy #500-46 is being complied with daily x 2 weeks, weekly x 4 weeks and monthly x 3 months. Advancement to less frequent auditing will be dependent on findings of compliance at the current auditing frequency. The FA or designee will present the audit results for review in QAPI and any deficiencies will be addressed and a performance improvement plan will be implemented as necessary. Governing Body oversees QAPI and will make recommendations as well.</p>				

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	<p>when un-gloved hands have touched a potentially contaminated surface. 13. A new pair of clean gloves must be used each time for access site care, vascular access cannulation, administration of parenteral/IV medications The intention is to ensure that clean gloves which have not previously touched potentially contaminated surfaces are in use whenever there is a risk for cross contamination to a patient's blood stream to occur. ... Items Needed for Dialysis ... 5. ... The entire machine is considered contaminated while it is in use. ... Standard Precautions include: A. Hand Hygiene 1. Perform hand hygiene: a. After touching ... contaminated items whether or not gloves are worn. ... e. Between tasks and procedures on the same patient to prevent cross-contamination of different body sites. ... B. Gloves ... 3. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. 4. Remove gloves: ... b. Before touching non-contaminated items and environmental surfaces."</p> <p>7. The facility's policy titled "Recapping Clean Needles," # 500-46, revised 9/1/07 stated, "Policy: ... 2. Recapping of needles is permitted ONLY on clean</p>			

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	needles, such as when drawing up medications. ... Procedure: ... 2. After the medication has been drawn up, using one hand only, gently scoop the cap onto the needle. ... 3. Be careful in transporting the syringe to ensure the cap does not come off. KEY POINTS: ... 3. ... maintain sterility."				