

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152556	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/24/2014
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE NOBLESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SHERIDAN RD NOBLESVILLE, IN 46060
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(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 a revisit for the Federal ESRD recertification survey completed on 6-9-14, 6-10-14, 6-11-14, and 6-12-14.</p> <p>Survey Date: 7-24-14</p> <p>Facility #: 010516</p> <p>Medicaid Vendor #: 200160250</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>One (1) condition and 6 standards were found to be corrected. One (1) standard was not corrected and was re-cited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 25, 2014</p>	V000000		
V000113	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. Based on observation, facility policy review and interview, the facility failed to</p>	V000113	. The Clinical Manager is responsible to ensure that all staff members follow "Infection Control	08/15/2014

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>ensure infection control procedures had been followed in 1 (# 1) of 4 infection control observations completed creating the potential to affect all of the facility's 53 current incenter patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation # 1 was completed on 7-24-14 at 10:50 AM. Employee H, a patient care technician (PCT), was observed to change the central venous catheter (CVC) dressing on patient number 13. The PCT removed the old dressing, changed her gloves and cleansed her hands. She then cleansed around the exit site from the inside out in concentric circles. After cleansing the site, the PCT continued to prepare the machine and tubing for the initiation of the dialysis treatment. The patient's sweatshirt touched the cleansed area around the exit site and the exit site itself. The PCT then placed a clean dressing on the exit site without re-cleansing the site after the patient's sweatshirt had touched, and potentially contaminated, the clean area. 2. The facility administrator indicated, on 7-24-14 at 11:00 AM, the PCT should have prevented the patient's sweatshirt from touching the cleansed exit site in some way. The administrator stated, 		<p>Overview" "Hand Hygiene and Changing the Catheter Dressing" and Personal Protective Equipment" policies to ensure a safe treatment environment that prevents cross contamination of patients and equipment. 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 "Hand Hygiene" FMS-CS-IC-II-155-090A and "Changing the Catheter Dressing" FMS-CS-IC-I-105-032C with emphasis placed on providing a sterile field during a central venous catheter dressing change and "Personal Protective Equipment" " FMS-CS-IC-II-155-080A Training will be completed on August 15th 2014 and an in-service attendance sheet is available in the facility for review in addition, The Clinical Manager will ensure that infection control audits utilizing the QAI Infection Control audit tool are done daily for 2 weeks, weekly for 4 weeks, monthly for 3 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 The Clinical Manager is responsible to report a summary of findings</p>				

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	<p>"Perhaps we can educate the patient to wear a button-down shirt to dialysis."</p> <p>3. The facility's 1-4-12 "Infection Control Overview" policy number FMS-CS-IC-II-155-060A states, "All infection control policies are consistent with recommendation of the Centers for Disease Control (CDC). All infection control policies will adhere to CMS and OSHA rules and regulation . . .</p> <p>Mandatory Components of Program: Adherence to standard and dialysis precautions . . . Infection control training and education, including maintenance of training records . . . Infection Control Policies: . . . Hand Hygiene, Dialysis unit precautions (including the use of personal protective equipment) . . . Rinsing, cleaning, disinfection, preparation, and storage of reused items conforming to CMS requirement for use."</p>		<p>monthly in QAI and compliance will be monitored by the Governing Body.</p>		