

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2015
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE COLUMBUS BARTHOLOMEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2325 18TH ST STE 120 COLUMBUS, IN 47201
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V 000 Bldg. 00	This was a Federal ESRD [CORE] recertification survey. Survey Dates: 4-14-15, 4-15-15, & 4-16-15 Facility#: 005146 Medicaid Vendor #: 200202800A qa:je 4/21/15	V 000		
V 122 Bldg. 00	494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing- (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. Based on observation, interview, and facility policy review, the facility failed to ensure all surfaces of dialysis equipment were cleaned and disinfected in 2 (#s 1 and 2) of 2 cleaning and disinfection of the dialysis station observations completed.	V 122	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, including the dialysate hoses and Hansen connectors. The Clinical Manager will be responsible to see that all staff understand this policy and will	05/15/2015

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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V 147 Bldg. 00	<p>The findings include:</p> <ol style="list-style-type: none"> 1. Employee E, a patient care technician (PCT), was observed to clean the dialysis machine at station number 14 on 4-14-15 at 1:25 PM. The employee was not observed to clean the dialysate hoses or the Hansen connectors as a part of the cleaning process. 2. Employee K, a PCT, was observed to clean the dialysis machine at station number 12 on 4-14-15 at 4:00 PM. The employee was not observed to clean the dialysate hoses or the Hansen connectors as a part of the cleaning process. 3. The Clinical Manager, employee C, indicated, on 4-16-14 at 11:45 AM, the dialysate hoses and Hansen connectors should have been cleaned. 4. The facility's 1-28-15 "Cleaning and Disinfection" policy number FMS-CS-IC-II-155-110A states, "Externally disinfect the dialysis machine with 1:100 bleach solutions after each dialysis treatment." <p>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of</p>		<p>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.</p>	

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	<p>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 observation, interview, and facility policy review, the facility failed to ensure termination of the dialysis treatment with a central venous catheter (CVC) procedures had been completed in accordance with facility policy in 2 (#s 1 and 2) of 2 discontinuation of dialysis on patients with a CVC observations completed.</p>	V 147	The Clinic Manager will hold a staff meeting to review with all staff the policy on termination of treatment using a CVC and Optiflux Single Use Ebeam Dialyzer and ensure staff understand it. The Clinic Manager will observe each staff member weekly for 4 weeks on proper termination of treatment using a CVC to ensure total staff compliance, including placing a	05/15/2015

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	<p>The findings include:</p> <ol style="list-style-type: none"> Employee S, a registered nurse (RN), was observed to discontinue the dialysis treatment on patient number 11 on 4-15-15 at 10:25 AM. The RN failed to place a clean field under the CVC ports prior to starting the termination of dialysis procedure. Employee F, a patient care technician (PCT), was observed to discontinue the dialysis treatment on patient number 10 on 4-15-15 at 6:45 PM. The PCT failed to place a clean field under the CVC ports prior to starting the termination of dialysis procedure. <p>The PCT was observed to cleanse the CVC hubs for only 3 seconds each for both the arterial and venous lines prior to disconnecting the lines from the catheter limbs and attaching normal saline filled syringes.</p> <ol style="list-style-type: none"> The Clinical Manager, employee C, indicated, on 4-16-15 at 11:45 AM, the connections should have cleaned for 15 seconds each prior to disconnecting the lines and that clean field should have been placed under the CVC ports prior to starting the termination of dialysis procedure. 		clean field under the CVC ports prior to termination of treatment as well as cleansing the CVC hubs for at least 15 seconds prior to disconnecting the lines from the catheter limbs and attaching normal saline filled syringes.	

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V 543 Bldg. 00	<p>4. The facility's 1-6-14 "Termination of Treatment Using a Central Venous Catheter and Optiflux Single Use Ebeam Dialyzer" procedure number FMS-CS-IC-I-105-028C states, "Ensure that a clean under pad is below the catheter limb to protect the work area and the clothing . . . Using new sterile alcohol pad, scrub threads of the luer lock (hub) vigorously using back and forth friction for 15 seconds . . . Immediately attach a 10 mL [milliliter] saline filled syringe to the catheter limb."</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 clinical record review and interview, the facility failed to ensure blood pressures and target weights had been addressed in 4 (#s 1, 2, 4, and 7) of 9 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included physician orders dated 12-29-14 that identified the patient's estimated dry weight (EDW) (desired weight after the dialysis treatment) as 135 kilograms (kg).</p>	V 543	The Clinical Manager will hold a staff meeting to review and train all staff on proper administration of Clonidine, per physician order, for any blood pressure over 190 systolic or 105 diastolic. The Clinical Manager will also meet with the interdisciplinary team to ensure any target weight issues and blood pressure issues are addressed on the POC. The Clinical Manager will review 10% of patient charts, flow sheets, and POC's each month to ensure Clonidine is given per physician order as well as all target weight	05/15/2015

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	<p>A. A hemodialysis treatment flow sheet dated 3-18-15 evidenced the patient's weight at the end of the treatment was 137.8 kg. The flow sheet states, "Unable to achieve prescribed wt [weight] r/t [related to] excessive fluid gain. Pt [patient] educated on importance of fluid restriction, understanding verbalized."</p> <p>B. A hemodialysis treatment flow sheet dated 3-20-15 evidenced the patient's weight at the end of the treatment was 138.9 kg. The flow sheet states, "Pt urged to monitor fluid over weekend . . . Unable to achieve prescribed wt [weight] r/t [related to] excessive fluid gain. Pt [patient] educated on importance of fluid restriction, understanding verbalized."</p> <p>C. A hemodialysis treatment flow sheet dated 3-23-15 evidenced the patient's weight at the end of the treatment was 138.5 kg. The flow sheet states, "Unable to achieve prescribed wt [weight] r/t [related to] excessive fluid gain. Pt [patient] educated on importance of fluid restriction, understanding verbalized."</p> <p>D. A hemodialysis treatment flow sheet dated 3-25-15 evidenced the</p>		and blood pressure issues are addressed on the patient's plan of care.	

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	<p>patient's weight at the end of the treatment was 139.2 kg. The flow sheet states, "pt left over edw as suspected."</p> <p>E. A hemodialysis treatment flow sheet dated 3-27-15 evidenced the patient's weight at the end of the treatment was 138.4 kg.</p> <p>F. A hemodialysis treatment flow sheet dated 4-1-15 evidenced the patient's weight at the end of the treatment was 137.3 kg. The flow sheet states, "Unable to achieve prescribed wt [weight] r/t [related to] excessive fluid gain. Pt [patient] educated on importance of fluid restriction, understanding verbalized."</p> <p>G. A hemodialysis treatment flow sheet dated 4-6-15 evidenced the patient's weight at the end of the treatment was 136.3 kg.</p> <p>H. A hemodialysis treatment flow sheet dated 4-10-15 evidenced the patient's weight at the end of the treatment was 137.4 kg.</p> <p>2. Clinical record number 2 included physician orders dated 1-21-15 that identified the patient's EDW as 100 kg.</p> <p>A. A hemodialysis treatment flow sheet dated 3-20-15 evidenced the</p>			

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	<p>patient's weight at the end of the treatment was 102.2 kg.</p> <p>B. A hemodialysis treatment flow sheet dated 3-23-15 evidenced the patient's weight at the end of the treatment was 101.5 kg.</p> <p>C. A hemodialysis treatment flow sheet dated 3-27-15 evidenced the patient's weight at the end of the treatment was 90.8 kg.</p> <p>D. A hemodialysis treatment flow sheet dated 4-6-15 evidenced the patient's weight at the end of the treatment was 101.8 kg.</p> <p>E. A hemodialysis treatment flow sheet dated 4-8-15 evidenced the patient's weight at the end of the treatment was 101.8 kg.</p> <p>F. A hemodialysis treatment flow sheet dated 4-13-15 evidenced the patient's weight at the end of the treatment was 101.7 kg.</p> <p>3. Clinical record number 4 included physician orders dated 9-3-14 that identify Clonidine 0.1 mg was to be administered as needed and could be repeated times 1. The facility's undated "Admitting Orders for Hemodialysis"</p>			

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	<p>identified the Clonidine was to be administered as needed for systolic blood pressure greater than 190 or a diastolic blood pressure greater than 105.</p> <p>A. A hemodialysis treatment flow sheet dated 3-20-15 evidenced blood pressure readings of 213/102, 204/96, 203/95, and 196/87 during the treatment. The flow sheet failed to evidence any Clonidine had been administered.</p> <p>B. A hemodialysis treatment flow sheet dated 3-30-15 evidenced blood pressure readings of 198/94, 224/103, 207/88, 205/123, 202/83, and 199/84. The flow sheet failed to evidenced any Clonidine had been administered.</p> <p>4. Clinical record number 7 included physician orders dated 8-23-14 that identify Clonidine 0.1 mg was to be administered as needed and could be repeated times 1. The facility's undated "Admitting Orders for Hemodialysis" identified the Clonidine was to be administered as needed for systolic blood pressure greater than 190 or a diastolic blood pressure greater than 105.</p> <p>A. A hemodialysis treatment flow sheet dated 3-26-15 evidenced blood pressure readings of 196/94, 219/108, 221/88, 232/99, 206/94, 208/105, and</p>			

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	<p>205/108. The flow sheet failed to evidence any Clonidine had been administered.</p> <p>B. A hemodialysis treatment flow sheet dated 3-28-15 evidenced blood pressure readings of 200/93, 199/104, and 205/104. The flow sheet failed to evidence any Clonidine had been administered.</p> <p>C. A hemodialysis treatment flow sheet dated 3-31-15 evidenced blood pressure readings of 196/101 and 196/110. The flow sheet failed to evidence any Clonidine had been administered.</p> <p>D. A hemodialysis treatment flow sheet dated 4-4-15 evidenced blood pressure readings of 182/109, 191/92, and 192/105. The flow sheet failed to evidence any Clonidine had been administered.</p> <p>E. A hemodialysis treatment flow sheet dated 4-4-15 evidenced blood pressure readings of 182/109, 191/92, and 192.105. The flow sheet failed to evidence any Clonidine had been administered.</p> <p>F. A hemodialysis treatment flow sheet dated 4-7-15 evidenced blood</p>			

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V 550 Bldg. 00	<p>pressure readings of 178/106, 191/106, 181/107, 191/105, and 199/98. The flow sheet failed to evidence any Clonidine had been administered.</p> <p>5. The Clinical Manager, employee C, was unable to provide any additional documentation and/or information when asked on 4-16-15 at 11:45 AM.</p> <p>494.90(a)(5) POC-VASCULAR ACCESS-MONITOR/REFERRALS The interdisciplinary team must provide vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement.</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure post access care for an arteriovenous fistula (AVF) or graft (AVG) had been completed in accordance with facility policy in 2 (#s 1 and 2) of 2 post dialysis access care</p>	V 550	<p>The Clinic Manager will hold a staff meeting to review with all staff the policy on Post Treatment Fistula Needle Removal and ensure all staff understand it.</p> <p>The Clinic Manager will observe each staff member weekly for 4 weeks on post treatment fistula needle removal to ensure total</p>	05/15/2015

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	<p>observations completed.</p> <p>The findings include:</p> <p>1. Employee H, a patient care technician (PCT), was observed to discontinue the dialysis treatment on patient number 12 using an AVF on 4-14-15 at 1:10 PM. The PCT removed each needle and applied a folded gauze with tape to the site. A small amount of blood was observed on the arterial needle removal site. The patient was observed to apply pressure to the sites with gloved hands. After 10 minutes, the patient was observed to remove the glove and apply more tape to the sites over the existing gauze and tape. The PCT assisted the patient to gather the patient's things and depart from the facility.</p> <p>The PCT failed to replace the gauze and tape after the bleeding had stopped and failed to check the needle insertions sites for further bleeding.</p> <p>2. Employee E was observed to discontinue the dialysis treatment on patient number 13 using an AVF on 4-14-15 at 4:05 PM. The PCT removed each needle and applied a folded gauze and tape to the insertions sites. The patient was observed to apply pressure to the sites with a gloved hand. After 10</p>		<p>staff compliance, including removing the used gauze and replacing the sites with clean dressing once hemostasis is achieved.</p>				

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V 715 Bldg. 00	<p>minutes, the PCT was not observed to replace the gauze and tape on the needle insertion sites prior to the patient leaving the facility.</p> <p>3. The facility's "Patient Grievance Log" for 2014 included a complaint from a skilled nursing facility staff member stating that a patient "had not been cleaned up post tx [treatment] after needle site had been bleeding. Pt [patient] had bloody gauze and some dried blood on the arm."</p> <p>4. The Clinical Manager, employee C, was unable to provide any additional documentation and/or information when asked on 4-16-15 at 11:45 AM.</p> <p>5. The facility's 3-26-14 "Post Treatment Fistula Needle Removal" procedure number FMS-CS-IC-I-115-013C states, "Once hemostasis has been achieved, remove the gauze used hemostasis and replace the sites with Band-Aids or adhesive dressing or clean gauze dressing."</p> <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</p>			

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	<p>individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p> <p>Based on clinical record and facility policy review and interview, the medical director failed to ensure the facility's medication administration policy had been implemented in 3 (#s 4, 6, and 7) of 3 records reviewed of patients that received PRN (as needed) medications.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility's 1-28-15 "Medication Preparation and Administration" policy number FMS-CS-IC-I-120-040A states, "Document all patient symptoms leading to PRN drug administration and patient's response to the PRN medication on treatment sheet or electronic medical record." 2. Clinical record number 4 included a hemodialysis treatment flow sheet dated 3-16-15 that evidenced Promethazine HCl (hydrochloride) (an anti-nausea medication) 25 milligrams (mg) had been administered intravenously for complaints of nausea. The flow sheet failed to evidence documentation of the patient's response to the medication. 3. Clinical record number 6 included a hemodialysis treatment flow sheet dated 	V 715	The Clinic Manager will meet with all nursing staff to review the Medication Preparation and Administration policy to ensure all nursing staff understand it. The Clinic Manager will review all PRN medications given each week for 4 weeks to ensure patient response to the PRN medication is documented to ensure compliance.	05/15/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2015
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NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE COLUMBUS BARTHOLOMEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2325 18TH ST STE 120 COLUMBUS, IN 47201
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	<p>4-4-15 that evidenced Tylenol (a pain medication) 650 mg had been administered by mouth for complaints of pain in the access arm. The flow sheet failed to evidence documentation of the patient's response to the medication.</p> <p>4. Clinical record number 7 included a hemodialysis treatment flow sheet dated 3-21-15 that evidenced Acetaminophen (a pain medication) 650 mg had been administered by mouth for complaints of a headache. The flow sheet failed to evidence documentation of the patient's response to the medication.</p> <p>5. The Clinical Manager, employee C, indicated, on 4-16-15 at 11:45 AM, the records failed to evidence the patients' responses to the as needed medications that had been administered.</p>			