

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152512	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/17/2021
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NAME OF PROVIDER OR SUPPLIER MARION COUNTY DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP COD 3834 S EMERSON AVE BLDG B INDIANAPOLIS, IN 46203
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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
E 0000 Bldg. 00	<p>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62, for a Medicare participating End Stage Renal Disease Supplier.</p> <p>Date of survey: 11-16 and 11-17-2021</p> <p>Facility #: 005157</p> <p>CCN: 152512</p> <p>ICHD: 65</p> <p>Total Census: 65</p> <p>At this Emergency Preparedness survey, Marion County Dialysis, was found to have been in compliance with the requirements of Emergency Preparedness Requirements for Medicare participating providers and suppliers, including staffing and implementation of staffing during a Pandemic, at 42 CFR 494.62.</p> <p>Quality Review Completed on 11/19/21 by Area 3</p>	E 0000		
V 0000 Bldg. 00	<p>This visit was for a Federal recertification survey and Emergency Preparedness survey of an ESRD provider.</p> <p>Survey dates: 11-16 and 11-17-2021</p>	V 0000		

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0110 Bldg. 00	<p>Facility #: 005157</p> <p>CCN#: 152512</p> <p>ICHD census: 65</p> <p>Total: 65</p> <p>During this CORE recertification survey and emergency preparedness survey, Marion County Dialysis was found to be out of compliance with the Condition for Coverage 494.30: Infection Control.</p> <p>Quality Review Completed on 11/19/21 by Area 3</p> <p>494.30 CFC-INFECTION CONTROL</p> <p>Based on observation, interview, and review of facility documents, it was determined the facility failed to ensure the proper use of Personal Protective Equipment (PPE) while on the treatment floor (See V113), the facility failed to ensure infection control practices were maintained when cleaning and disinfecting non-disposable equipment (See V 116), the facility failed to ensure infection control practices were maintained when cleaning and disinfecting the treatment center areas (See V122), the facility failed to ensure the health care workers maintained the care and integrity of the central venous catheter (See V147) with the potential to affect all 65 patients and 17 staff members.</p> <p>The cumulative effect of these systemic problems</p>	V 0110	<p>V110 Condition</p> <p>DaVita Marion County takes the conditions of coverage very seriously; immediate steps taken to verify facility provides a sanitary environment to minimize the transmission of infectious agents in the treatment area. These actions outlined in depth in the Plan of Correction (POC) for V113, V116, V122, and V147.</p> <p>Governing Body (GB) meeting was held on 11/17/2021 to review the deficiencies received as a result of a survey concluded on 11/17/2021. Members of the GB</p>	12/17/2021

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	resulted in the facility's inability to meet the requirements for the Condition for Coverage 494.30: Infection Control.		including the Medical Director, Facility Administrator (FA), and Regional Operations Director (ROD) have agreed to meet weekly to monitor the facility's ongoing progress towards compliance including but not limited to: 1) Verifying facility provides and monitors for sanitary environment to minimize transmission of infections. 2) Teammates (TMs) wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station, remove gloves, and perform hand hygiene between patient/station, and clean/dirty tasks. 3) Proper disinfection of non-disposable items between patient use and prior to returning to clean area. 4) Verify proper procedure for disinfection between patient treatments of machine, chair and surrounding equipment. 5) Clean areas are clearly designated and maintained. 6) Verify TMs adhere to policy and procedures while performing Central Venous Catheter Care. Governing Body will review Facility Health Meeting (FHM) minutes to verify action plans evaluated for effectiveness, new plans developed as applicable. Once compliance achieved, plan of correction monitored during GB meeting at a minimum of quarterly. This plan of correction will also be reviewed during FHM	

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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 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 the proper use of Personal Protective Equipment (PPE) while on the treatment floor during 2 of 2 observation days. (Employee F, D, B)</p> <p>Findings include:</p> <p>1. A DaVita Incorporated policy dated September 2007 and revised on October 2021, was provided by the Senior Manager of Clinical Services (SMCS), employee L on 11-17-2021 at 9:45 AM. The policy titled, "Infection Control for Dialysis Facilities" indicated but was not limited to "... gloves should be worn when going from a "dirty" area or task to a "clean" area or task... after touching one patient or their dialysis delivery system and before arriving to care for another patient... or another dialysis delivery system..."</p> <p>2. During an observation on 11-16-2021 at 9:15 AM, the Certified Clinical Hemodialysis technician (CCHT), employee F, removed their gloves after</p>	V 0113	<p>and the FA will report progress, as well as any barriers to maintaining compliance, with supporting documentation included in the meeting minutes.</p> <p>Completion date: 12/17/2021</p> <p>V113</p> <p>Facility Administrator (FA) will hold mandatory in-service for all clinical Teammates (TMs) on 11/18/2021. In-service will include but will not be limited to: review of Policy & Procedure # 1-05-01: Infection Control for Dialysis Facilities emphasizing 1) TMs must wear disposable gloves appropriately when caring for the patient or touching the patient's equipment at the dialysis station. 2) TMs must remove gloves and perform hand hygiene between dirty and clean tasks with same patient, between each patient and station. 3) TMs must remove gloves and perform hand hygiene before entering clean supply area. 4) TMs must perform hand hygiene every time gloves removed. 5) TMs must instruct</p>	12/17/2021

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	<p>setting up station #7. Employee F did not perform hand hygiene before moving to the station computer.</p> <p>3. During an observation on 11-16-2021 at 9:59 AM, the CCHT, employee F, was observed documenting on the dialysis machine at station #8. Employee F did not remove their gloves or use hand sanitizer. Employee F moved to station #5 to continue to clean the station without applying new gloves or performing hand hygiene.</p> <p>4. During an observation on 11-16-2021 at 10:15 AM, the CCHT, employee F, was observed documenting on the computer at station #8. Employee F applied one glove to their right hand and touched the dialysis machine. Employee F returned to the computer, removed the glove from their right hand, held it in their left hand and continued to document. Employee F touched the dialysis machine with no glove on their hand and returned to the computer. Employee F applied one glove to their right hand, touching the dialysis machine screen. No hand hygiene was performed.</p> <p>5. During an observation on 11-16-2021 at 10:34 AM, employee F, was observed documenting at station #5. Employee F uses a glove as a barrier (not fully on right hand) to touch the dialysis monitor for patient # 7. No hand hygiene was performed.</p> <p>6. During an observation on 11-16-2021 at 11:01 AM, the CCHT, employee D, was observed removing their gloves after completing the cannulation (needle insertion) for patient #9. Employee D did not perform hand hygiene prior to donning a new pair of gloves.</p> <p>7. During an observation on 11-16-2021 at 11:20</p>		<p>and encourage patients every treatment to perform hand hygiene upon entering the treatment floor; and perform hand hygiene prior to leaving the unit after glove removal, and prior to touching any clean supply or area to assist in avoiding the risk of cross contamination. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>FA or designee will conduct infection control audits daily x 2 weeks, weekly x 2 weeks, and then monthly. FA will review results of all audits with TMs during homeroom meetings and with Medical Director during monthly Facility Health Meeting (FHM), minutes will reflect. FHM minutes and activities reviewed during GB meetings to monitor ongoing compliance.</p> <p>FA & Medical Director are responsible for compliance with this plan of correction</p> <p>Completion date: 12/17/2021</p>		

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	<p>AM, the CCHT, employee F, was observed setting up dialysis station #8. Employee F removed their gloves and reapplied new gloves without performing hand hygiene. Employee F moved to station #12 to assess the dialysis line for patient #9. Employee F moved back to station #8 and did not remove their gloves or perform hand hygiene.</p> <p>8. During an observation on 11-17-2021 at 8:30 AM, the CCHT, employee B was observed removing their gloves. Employee B moved to station #16 to document at the computer. Employee B applied new gloves without performing hand hygiene. Employee B moved to station #7 to document on the computer. Employee B removed their and moved to station #13 to document on the computer. No hand hygiene was performed.</p> <p>9. During an observation on 11-17-2021 at 8:37 AM, the CCHT, employee B was observed working at station #13. Employee B touched the dialysis machine screen using their gown as a barrier over their right hand. No gloves were applied or hand hygiene performed. Employee B did not change their gown.</p> <p>10. During an observation on 11-17-2021 at 9:00 AM, the CCHT, employee F moved from station #20 where they were cleaning the dialysis machine. Employee F removed their gloves and did not perform hand hygiene. Employee F moved to station #23 and touched the dialysis monitor using a glove on their right hand. Employee F removed their glove and did not perform hand hygiene. Employee F returned to station #20 and removed candy from the patient's bag.</p> <p>11. During an observation on 11-17-2021 at 9:05</p>			

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V 0116 Bldg. 00	<p>AM, the CCHT, employee B was observed cleaning station #12. Employee B was asked to open an alcohol pad for employee I at station #10. Employee B opened the alcohol pad wearing the same gloves. Employee B returned to station #12 without removing gloves or performing hand hygiene.</p> <p>12. During an observation on 11-17-2021 at 9:07 AM, the CCHT, employee B was observed discontinuing the Central Venous Catheter (CVC) of patient #18. Employee B began to reinfuse the blood, adjusted the clamps and touched the dialysis machine with no gloves. Employee B applied a pair of gloves without performing hand hygiene. Employee B removed the tubing from the dialysis machine and disposed of the tubing. Employee B removed their gloves and did not perform hand hygiene.</p> <p>13. During an observation on 11-17-2021 at 9:11 AM, the CCHT, employee B was observed documenting on the computer at station #12. Employee B applied a glove to their right hand and touched the dialysis monitor. Employee B removed the glove and did not perform hand hygiene. Employee B reached into their pocket to look at their phone. No hand hygiene was performed.</p> <p>14. On 11-16-2021 at 1:45 PM, the SMCS, employee L was queried about the proper use of PPE. Employee L indicated that employees have been educated on the proper use of gloves and hand hygiene and should be following those guidelines.</p> <p>494.30(a)(1)(i) IC-IF TO STATION=DISP/DEDICATE OR DISINFECT</p>				

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	<p>Items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient.</p> <p>-- Nondisposable items that cannot be cleaned and disinfected (e.g., adhesive tape, cloth covered blood pressure cuffs) should be dedicated for use only on a single patient.</p> <p>-- Unused medications (including multiple dose vials containing diluents) or supplies (syringes, alcohol swabs, etc.) taken to the patient's station should be used only for that patient and should not be returned to a common clean area or used on other patients.</p> <p>Based on observation, record review and interview, the facility failed to ensure infection control practices were maintained when cleaning and disinfecting the treatment center areas for 2 of 2 survey days. (Employee I, F and C)</p> <p>Findings include:</p> <p>1. On 11-17-2021 at 9:45 AM, a September 2007 and revised in October of 2021, a DaVita Incorporated policy titled, "Infection Control for Dialysis Facilities" was provided by the Senior Manager of Clinical Services (SMCS), employee L. The policy indicated but was not limited to, "... Non disposable items are to be disinfected between patients ...".</p> <p>2. During an observation on 11/16/2021 at 9:45 AM, the Registered Nurse (RN), Employee I, was observed taking the temperature of patient #15 following the completion of their treatment. Employee I utilized the thermometer at terminal #9 without wearing gloves. Employee I failed to clean</p>	V 0116	V116 FA will hold mandatory in-service for all clinical TMs on 11/18/2021. In-service will include but will not be limited to: review of Policy & Procedure # 1-05-01: Infection Control for Dialysis Facilities. TMs educated that items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient. 2.) Non-disposable items that cannot be cleaned and disinfected (e.g., adhesive tape, cloth covered blood pressure cuffs) should be dedicated for use only on a single patient. 3.) Unused medications (including multiple dose vials containing diluents) or supplies (syringes, alcohol swabs, etc.)	12/17/2021	

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V 0122 Bldg. 00	<p>the thermometer after use.</p> <p>3. During an observation on 11/16/2021 at 9:55 AM, the Patient Care Technician (PCT), employee F was observed taking the temperature of patient # 5 following the completion of their treatment while wearing their gloves. Employee F failed to clean the thermometer after use.</p> <p>4. During an observation on 11/16/2021 at 10:20 AM, the RN, Employee I, was observed taking the temperature of patient #17 following the completion of their treatment. Employee I utilized the thermometer at terminal #9 without wearing gloves. Employee I failed to clean the thermometer after use.</p> <p>5. During an observation on 11/16/2021 at 10:20 AM, the PCT, Employee C, was observed taking the temperature of patient #14 following the completion of their treatment. Employee C utilized the thermometer at terminal #9 took the thermometer to terminal #1 without wearing gloves. Employee C failed to clean the thermometer after use.</p> <p>6. On 11-17-2021 at 3:45 PM the Senior Manager of Clinical Services (SMCS), employee L was queried about the cleaning of the thermometers. Employee L indicated that the computer is considered a common area and the thermometer would not need to be cleaned. When queried about staff using gloves while touching the thermometer. Employee L indicated that this should not occur, and the thermometer would need to be cleaned.</p> <p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows</p>		<p>taken to the patient's station should be used only for that patient and should not be returned to a common clean area or used on other patients. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>FA or designee will conduct infection control audits daily x 2 weeks, weekly x 2 weeks, and then monthly. FA will review results of all audits with TMs during homeroom meetings and with Medical Director during monthly FHM, minutes will reflect. FHM minutes and activities reviewed during GB meetings to monitor ongoing compliance.</p> <p>FA & Medical Director are responsible for compliance with this plan of correction</p> <p>Completion date: 12/17/2021</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 observation, record review and interview, the facility failed to ensure infection control practices were maintained when cleaning and disinfecting the treatment center areas for 2 of 2 survey days. (Employee F, D and B)</p> <p>Findings include:</p> <p>1. On 11-17-2021 at 9:45 AM, a September 2007 and revised in October of 2021 a DaVita Incorporated policy titled, "Infection Control for Dialysis Facilities" was provided by the Senior Manager of Clinical Services (SMCS), employee L. The policy indicated but was not limited to, "... Equipment including the dialysis delivery system, the interior and exterior of the prime container, the dialysis chair...will be wiped clean ..."</p> <p>2. During an observation on 11-16-2021 at 9:46 AM, the Certified Clinical Hemodialysis Technician (CCHT), employee F, was observed cleaning station #5. Employee F, failed to fully open the chair arms, clean the inside and outside of the prime container, chase wall and television arm.</p> <p>3. During an observation on 11-16-2021 at 9:55 AM, the Certified Clinical Hemodialysis Technician (CCHT), employee D, was observed cleaning station #11. Employee D, failed to fully open the chair arms, clean the inside and outside</p>	V 0122	V122 FA will hold mandatory in-service for all clinical TMs on 11/18/2021. In-service will include but will not be limited to: review of Policy & Procedure # 1-05-01: Infection Control for Dialysis Facilities emphasizing proper procedure for disinfection with bleach solution between patient treatments of machine, chair and surrounding equipment. 1) TMs must fully clean machine including top, front, sides, and bottom lip. TMs must completely recline chair, open foot rests, and side arms if applicable in order to thoroughly clean all crevasses of chair. Tables on chairs lowered and wiped with bleach solution between patients. 2) TMs instructed they must remove, empty, disinfect prime containers between each patient treatment. 3) All other equipment including TVs, TV arms, blood pressure cuffs, and IV poles must be wiped with a bleach solution between patients; 4) TMs instructed on proper use for 1:10 vs. 1:100 bleach solutions for cleaning and disinfection tasks	12/17/2021

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V 0147 Bldg. 00	<p>of the prime container, chase wall and television arm.</p> <p>4. During an observation on 11-16-2021 at 10:43 AM, the Certified Clinical Hemodialysis Technician (CCHT), employee F, was observed cleaning station #6. Employee F, failed to fully open the chair arms, clean the inside and outside of the prime container, chase wall and television arm.</p> <p>5. During an observation on 11-16-2021 at 9:46 AM, the Certified Clinical Hemodialysis Technician (CCHT), employee D, was observed cleaning station #13. Employee D, failed to fully open the chair arms, clean the inside and outside of the prime container, chase wall and television arm.</p> <p>6. During an observation on 11-17-2021 at 9:10 AM, the Certified Clinical Hemodialysis Technician (CCHT), employee B, was observed cleaning station #11. Employee B, failed to fully open the chair arms, clean the inside and outside of the prime container, chase wall and television arm.</p> <p>7. On 11-17-2021 at 2:45 PM, the SMCS, employee L, was queried about the cleaning of the dialysis stations. Employee L indicated that the chairs, prime container and chase wall should be cleaned per policy.</p> <p>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children</p>		<p>emphasizing for visible blood or gross blood spills a 1:10 bleach solution must be utilized. After blood is cleaned with 1:10 bleach solution TMs must use new disposable towel soaked with 1:10 bleach solution and clean a second time. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>FA or designee will conduct infection control audits daily x 2 weeks, weekly x 2 weeks, and then monthly. FA will review results of all audits with TMs during homeroom meetings and with Medical Director during monthly Facility Health Meeting (FHM), minutes will reflect. FHM minutes and activities reviewed during GB meetings to monitor ongoing compliance.</p> <p>FA & Medical Director are responsible for compliance with this plan of correction</p> <p>Completion date: 12/17/2021</p>		

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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
	<p>I. Health care worker education and training</p> <p>A. Educate health-care workers regarding the ... appropriate infection control measures to prevent intravascular catheter-related infections.</p> <p>B. Assess knowledge of and adherence to guidelines periodically for all persons who manage intravascular catheters.</p> <p>II. Surveillance</p> <p>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</p> <p>B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>Based on observation, record review, and interview, the facility failed to ensure the health care workers maintained the care and integrity of the central venous catheter (CVC) for 5 of 6 CVC observations. (Employee F, E and B)</p> <p>Findings include:</p> <p>1. On 11-17-2021 at 9:45 AM, a DaVita Inc. policy titled dated April 2019, "Central Venous Catheter (CVC) with Clear Guard (vendor for the end caps)</p>	V 0147	<p>V147</p> <p>FA will hold mandatory in-service for all clinical TMs on 11/18/2021. In-service will include but will not be limited to review of 1-04-02B Central Venous Catheter (CVC) with Clearguard HD Antimicrobial End Caps Procedure emphasizing TMs must perform a 15 second hub scrub every time a CVC is connected or</p>	12/17/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152512	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/17/2021
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	<p>HD (sic) Antimicrobial End Caps Procedure" was provided by the Senior Manager of Clinical Services (SMCS), employee L. The policy indicated but was not limited to, "... perform a 15 second hub scrub every time a CVC is connected or disconnected from the blood lines..."</p> <p>2. During an observation on 11-16-2021 at 10:10 AM, the Certified Clinical Hemodialysis Technician (CCHT), employee F, failed to properly disinfect the CVC hubs of patient # 5 at station # 8 when discontinuing the dialysis lines from the CVC. The hubs were scrubbed for less than 5 seconds before inserting the syringe to flush the CVC lines.</p> <p>3. During an observation on 11-16-2021 at 10:55 AM, the CCHT, employee F, failed to properly disinfect the CVC hubs of patient # 6 at station # 9 when discontinuing the dialysis lines from the CVC. The hubs were scrubbed for less than 5 seconds before inserting the syringe to flush the CVC lines.</p> <p>4. During an observation on 11/17/21 at 8:44 AM, the Licensed Practical Nurse (LPN), employee E, failed to properly disinfect the CVC hubs of patient #19 when discontinuing the dialysis lines from the CVC. The hubs were scrubbed for less than 4 seconds. .</p> <p>5. During an observation on 11-17-2021 at 9:05 AM, the CCHT, employee B, failed to properly disinfect the CVC hubs of patient # 18 at station # 12 when discontinuing the dialysis lines from the CVC. The hubs were scrubbed for less than 5 seconds before inserting the syringe to flush the CVC lines.</p> <p>6. During an observation on 11/17/21 at 9:06 AM,</p>		<p>disconnected from the blood lines, such as during line reversal, or if the patient is disconnected during treatment for any reason. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>FA or designee will conduct infection control audits daily x 2 weeks, weekly x 2 weeks, and then monthly. FA will review results of all audits with TMs during homeroom meetings and with Medical Director during monthly FHM, minutes will reflect. FHM minutes and activities reviewed during GB meetings to monitor ongoing compliance.</p> <p>FA & Medical Director are responsible for compliance with this plan of correction</p> <p>Completion date: 12/17/2021</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>the LPN, employee E, failed to properly disinfect the CVC hubs of patient #21 when discontinuing the dialysis lines from the CVC. The hubs were scrubbed for less than 4 seconds.</p> <p>7. On 11-17-2021 at 1:55 PM, an interview with SMCS, employee L, when queried about the cleaning of the CVC hubs indicated that the proper procedure for cleaning a CVC hub is at least 15 seconds to reduce the chance of infection.</p>				