

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

PRINTED: 09/01/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152645	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER AVON DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP COD 9210 ROCKVILLE RD STE D INDIANAPOLIS, IN 46234		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 8-4-2021</p> <p>Facility #: 012543</p> <p>CCN: 152645</p> <p>Stations: 12, includes the isolation room</p> <p>ICDH Patients: 53</p> <p>Home Peritoneal Dialysis patients: 22</p> <p>Total Census: 75</p> <p>During this survey, Avon Dialysis was found to be in compliance with staffing and implementation of staffing during a pandemic in accordance with 42 CDR 494.62, for Medicare-participating End-Stage Renal Disease Supplier.</p> <p>Quality Review Completed on 8/12/21 by Area 3</p>	E 0000			
V 0000 Bldg. 00	<p>This visit was for a complaint survey conducted</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 disclosable 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 0101 Bldg. 00	<p>by the Indiana Department of Health of a Medicare End-Stage Renal Disease supplier.</p> <p>Complaint numbers: IN00357212 IN00343049</p> <p>Date of survey: 8-4-2021</p> <p>Facility #: 012543</p> <p>CCN: 152645</p> <p>Stations: 12, includes the isolation room</p> <p>ICDH Patients: 53</p> <p>Home Peritoneal Dialysis patients: 22</p> <p>Total Census: 75</p> <p>Quality Review Completed on 8/12/21 by Area 3</p> <p>494.20 COMPLIANCE WITH FED/STATE/LOCAL LAWS</p> <p>The facility and its staff must operate and furnish services in compliance with applicable Federal, State, and local laws and regulations pertaining to licensure and any other relevant health and safety requirements.</p> <p>Based on record review, observation, and interview, the facility failed to implement their policy to ensure appropriate infection control measures were maintained and that they followed Centers for Disease Control (CDC) guidelines related to COVID-19 precautions within the treatment center for 1 of 1 patient treatment floor</p>			V 0101	<p>V101 The Facility Administrator (FA) in-serviced 100% of teammates on Policy 1-05-01 "Infection Control for Dialysis Facilities", Policy 8-01-20 "COVID-19 Guidance",</p>		09/03/2021

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	<p>observations, for 1 of 1 days of treatment floor observations.</p> <p>The findings included:</p> <p>1) On 8-4-2021 at 10:10 AM a 2020 October revised DaVita Incorporated policy titled, "Infection Control for Dialysis Facilities" was provided by the Regional Program Director (employee P). Review of the policy evidenced it stated but was not limited to, "... The CDC Recommendations for Preventing Transmission of Infections among Chronic Hemodialysis Patients will be followed when caring for all patients ...".</p> <p>2) On 8-4-2021 at 5:10 PM the CDC guidelines related to, "Preparing Your Facility for Coronavirus Disease 2019" were reviewed. The guidelines dated 5-15-2020 state but are not limited to, "... All patients should be wearing a cloth face mask covering or facemask on arrival at the facility regardless of their symptoms. If they do not have one on arrival, provide one for them...".</p> <p>3) On 8-4-2021, at 11:20 AM, at station #11, patient #5 was noted standing at their treatment station talking to the staff and other patients without wearing a mask prior to the initiation of their dialysis treatment. The patient continued a conversation with employee E telling her about her shoulder x-ray and results. Employee E continued to assess the patients L upper access site during this discussion. Patient #5 asked employee E for a mask at 11:27 AM. "I didn't want you to get in trouble. If state wasn't here, I wouldn't wear one." Employee E then stated, "I didn't even notice." Employee E handed patient #5 a mask and stated, "Well, I am probably already in trouble."</p>				<p>CDC Guidelines "Preparing Your Facility for Coronavirus Disease 2019", DaVita COVID-19 Playbook "Facility Lobby Guidance" and "I have a General Population Patient to Treat" "What Additional Safety Measures Do I Use?" beginning on 8/04/21. Verification of attendance at inservice will be evidenced by a signature sheet. Teammate will be instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) The Centers for Disease Control (CDC) "Recommendations for Preventing Transmission of Infections among Chronic Hemodialysis Patients (Dialysis Precautions)" will be followed when caring for all patients. 2) In response to COVID-19, DaVita is working in collaboration with the Centers for Disease Control (CDC) and following its guidance around patient management, infection control...3) All patients should be wearing a cloth face mask</p>		

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	<p>4) On 8-4-2021 at 12:15 AM, employee E, PCT, was queried on the use of Personal Protective Equipment at the dialysis center. Employee E stated, "All patients should be wearing a mask."</p> <p>5) On 8-4-2021, at 3:40 PM , employee R, Senior Clinical Education Specialist, the above concern was shared, who stated the facility staff should implement all COVID-19 personal protective equipment precautions, to include asking all patients to wear a mask upon entering the facility.</p>				<p>covering or face mask on arrival at the facility regardless of their symptoms. If they do not have one on arrival, provide one for them...4) Provide a surgical mask to 100% of people entering the facility/ lobby. 5) Ensure 100% of people in the facility wear a mask. 100% of facility patients will be educated regarding the use of face masks when entering and receiving treatment in the facility by 8/18/21. Documentation of the education will be maintained in the patient's medical record with a signature page. The FA or designee will conduct observational audits daily x 2 weeks and then weekly x 2 weeks to verify compliance with facility policy. Ongoing compliance will be verified with the monthly infection control audit. Instances of non-compliance will be addressed immediately. The FA will review results of the audits with TMs during homeroom meetings and with Medical Director during monthly QAPI, known as Facility Health Meetings</p>		

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V 0402 Bldg. 00	<p>494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY</p> <p>The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.</p> <p>Based on record review, observation, and interview, the facility failed to ensure the facility was maintained in a condition of cleanliness and safety for staff and patients, for 1 of 1 survey observation days.</p> <p>The findings included:</p> <p>1) On 8-4-2021 at 10:10 AM a 2020 October revised DaVita Incorporated policy titled, "Infection Control for Dialysis Facilities" was provided by the Regional Program Director (employee P). Review of the policy evidenced it stated but was not limited to, "...Teammates will monitor for the occurrence of residue/build up, or bubbling/splashing or drainage backup... the presence of flies (sewer gnats) will prompt a report ...".</p> <p>2) On 8-4-2021 at 1:15 PM a DaVita service agreement was provided by the Acting Administrator, employee A. The Terminix Service agreement stated but was not limited to "... Each location will receive a pest control log book,</p>	V 0402	<p>(FHMI) with supporting documentation included in the meeting minutes. The FA is responsible for compliance with this plan of correction.</p> <p>V402 The Facility Administrator (FA) held mandatory in-service(s) for all clinical teammates (TMs) on Policy 8-04-01 "Physical Environment", Policy 1-05-01 "Infection Control for Dialysis Facilities", and Terminix Service Agreement starting on 8/4/2 Verification of attendance at in- service will be evidenced by a signature sheet. Teammate will be instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) The dialysis facility will be designed, constructed, equipped, and maintained to provide dialysis patients,</p>	09/03/2021	

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	<p>which will hold a pest sighting log...".</p> <p>3) On 8-4-2020 at 8:40 AM a tour of the treatment floor took place. An observation of 1 of 5 floor drains found 1 of the drains uncovered and dirty. Between station #7 and #8 the floor drain had a white plastic drain cover moved to the side. The drain cover had a dusty appearance and the interior of the white drain had dark black rings around the edges.</p> <p>4) On 8-4-2021 at 9:55 AM an observation of ceiling tiles between station #1 and 2 found 5 ceiling tiles stained with brown rings.</p> <p>5) On 8-4-2021 during the survey, the surveyor noted a gnat flying on the treatment floor, in the staff bathroom and the clinical managers office.</p> <p>6) On 8-4-2021 at 9:10 AM an interview took place with patient #2. When queried about the cleanliness of the treatment floor, the patient stated, "The cleanliness is off due to staffing...sometimes there are gnats but nothing bad."</p> <p>7) On 8-4-2021 at 1:30 PM an interview with employee A, Acting Facility Administrator, took place. When queried about the availability of the Terminix pest control log book, she stated, "I am not sure I have ever seen one."</p>				<p>teammates, and the public a safe, functional, and comfortable treatment environment. 2) Teammates will monitor for the occurrence of residue/build up or bubbling/splashing or drainage backup in the wall boxes... The presence of flies (drain flies, sink flies, filter flies, or sewer gnats...) will prompt a report to the Facility Administrator and Biomedical Services... 3) Each location will receive a pest control log book, which will hold a pest sighting log... The FA submitted a work order for replacement of the damaged ceiling tiles to be completed by 9/3/21. The drains in the treatment area were cleaned and covers replaced beginning 8/13/21 with completion by 8/16/21. A service request was submitted to Terminix on 8/13/21 for treatment of gnats with expected completion of treatment by 9/3/21. A log will be maintained for treatments related to pest sighting going forward. The FA or</p>		

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			<p>designee will conduct observational physical plant audits daily x 2 weeks and then weekly x 2 weeks to verify compliance with facility policy. Ongoing compliance will be verified with the monthly OSHA Safety audit. The FA will review the results of the audits with TMs during homeroom meetings and with the Medical Director during monthly QAPI, known as Facility Health Meetings (FHM) with supporting documentation included in the meeting minutes. The Governing Body will review physical plant audits and will oversee the timeline for physical plant repairs until all repairs have been completed. The FA is responsible for compliance with this plan of correction</p>		