

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152616	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/23/2023
NAME OF PROVIDER OR SUPPLIER INDY SOUTH DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 972 EMERSON PKWY GREENWOOD, IN 46143		
(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 000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62. Survey Dates: 10-19-2023, 10-20-2023, and 10-23-2023 Active Census: In Center Hemodialysis patients: 70 Home Peritoneal Dialysis patients: 11 Census: 81 At this Emergency Preparedness survey, Indy South Dialysis was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62.	E 000			
V 000	QR completed by Area 3 on 10-24-2023. INITIAL COMMENTS This visit was for a Federal Recertification survey of an ESRD provider. Survey Dates: 10/19/2023, 10/20/2023, and 10/23/2023 Facility #: 006645 CCN #: 152616 Census by Service Type: In Center Hemodialysis: 70 Home Peritoneal Dialysis: 11	V 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/25/2023

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 000	Continued From page 1 Total Census: 81 Stations: 12, including the isolation room. Isolation Room: 1	V 000			
V 402	QR completed by Area 3 on 10-24-2023. PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY CFR(s): 494.60(a) 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. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the safety and functionality of the facility was in place for patients and staff, for 1 of 1 stand alone dialysis agencies. Findings include: 1. A DaVita Incorporated policy dated September 2008 and revised on April 2018, was provided by the Administrator on 10/23/2023 at 10:40 AM, titled, "Physical Environment" indicated but was not limited to " ...The building in which dialysis servies are furnished will be constructed and maintained for the safety of the patients, the teammates and the public ...The facility will store supplies in a manner that is consistent with fire safety and other appropriate regulations ...Supplies are stored as to minimize deterioration, contamination or breakage ..."During an observation on 10/19/2023 at 9:15	V 402			

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V 402	<p>Continued From page 2</p> <p>AM in the treatment area at the patient entrance, under the dirty sink a cup and napkin was noted, under the dirty sink across from Station #1 an empty used syringe was noted, under the clean sink the the lab area an empty jug was noted, under the clean sink in the hallway for PD (peritoneal dialysis) training an empty jug was noted, and the delivery door was noted to have a large gap in it.</p> <p>2. During an observation on 10/19/2023 at 9:15 AM in the treatment area at the patient entrance, under the dirty sink a cup and napkin was noted, under the dirty sink across from Station #1 an empty used syringe was noted, under the clean sink the the lab area an empty jug was noted, under the clean sink in the hallway for PD (peritoneal dialysis) training an empty jug was noted, and the delivery door was noted to have a large gap in it.</p> <p>3. During an observation on 10/20/2023 at 12:44 PM, in the treatment area, under the dirty sink at the patient entrance, a cup and napkin was noted, under the dirty sink across from Station #1 an empty used syringe was noted, under the clean sink the the lab area an empty jug was noted, under the clean sink in the hallway for PD (peritoneal dialysis) training an empty jug was noted, and the delivery door was noted to have a large gap in it.</p> <p>4. On 10/20/2023 at 2:05 PM during an interview with the Administrator indicated there is to be nothing under the sinks.</p> <p>5. On 10/20/2023 at 12:30 PM during an interview with BioMed 1, they indicated there should not be a large gap in the delivery door.</p>	V 402			

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V 402	Continued From page 3 6. During an observation on 10/19/2023 at 11:00 AM, observed 2 water mark stains on the ceiling tile above the area at station 2. 7. During an interview on 10/19/2023 at 12:33 PM with the Biomed Director, they reported a work order had been submitted and would supply a copy. 8. During an observation on 10/23/2023 at 10:15 AM observed the stained tiles above station 2 on the treatment floor still present. 9. A review of the a work order titled "WEB-413865 " received from the Facility Administrator on 10/2/2023 at 10:40 AM indicated a work order was placed on 02-16-2023 with a target date of 03/20/23 and a second work order placed on 05/19/2023. When queried if this was in regards to the tiles observed, the Facility Administrator confirmed those were the tiles and the tiles had not been replaced.	V 402			