

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152547	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2024
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NAME OF PROVIDER OR SUPPLIER  DIALYSIS CLINIC INC	STREET ADDRESS, CITY, STATE, ZIP COD 1719 W 10TH ST INDIANAPOLIS, IN 46222
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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V 0000  Bldg. 00	<p>This visit was for a Federal Complaint survey of an ESRD provider.</p> <p>Survey Dates: 02-05-2024 and 02-06-2024</p> <p>Complaint #: IN00426458 with unrelated deficiencies cited.</p> <p>Facility #: 010129</p> <p>CCN #: 152547</p> <p>Census by Service Type:</p> <p>In Center Hemodialysis: 91 Home Peritoneal Patients: 9 No Home Hemodialysis Program Total Census: 100</p> <p>Stations: 25, including 1 isolation room.</p> <p>QR completed by Area 3 on 2/15/2024.</p>	V 0000		
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 observation, record review, and interview, the facility failed to ensure systems were in place to maintain the integrity of all equipment used in the dialysis facility for 1 of 1 stand alone dialysis facilities.</p>	V 0402	<p>A. The Chief Technician repaired the leak on the Bicarb Mixer on 2/5/24.</p> <p>B. All non-preventative maintenance work performed on equipment in the facility must be</p>	02/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Shannon Gutierrez	Nurse Manager	02/19/2024

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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	<p>Findings include:</p> <p>1. A review of a Dialysis Clinic, Incorporated policy titled, " Maintenance of Equipment" Procedure No: 511.1, indicated but was not limited to, " ... All Equipment used in the dialysis facility will be maintained free of defects which could be a potential hazard to patients and personnel .... "</p> <p>2. During a flash tour on 02-05-2024 at 8:30 AM, observed a white crystal substance covering the 2 pumps, tubing, metal tank support, and the floor under the bicarbonate mixing tank.</p> <p>During an interview on 02-05-2024 at 8:40 AM, the Administrator confirmed the white substance was bicarbonate from the tank and would follow up with the Biomed Technician.</p> <p>3. During an interview on 02-05-2024 at 9:13 AM, the Biomed Technician, indicated there was a leak in the Bicarbonate Mixer.</p> <p>4. A review of a facility document on 02-05-2024 at 9:22 AM, titled, "Indianapolis 135 Work Order Archive Report" dated 02-05-2024, indicated the BioMed Technician filed a work order for the leaking bicarb.</p>		<p>documented in the Technical Module in the form of a Work Order. These must be completed 30 days from the Work Order creation date in accordance with Policy #511.1- Maintenance of Equipment.</p> <p>C. Staff will inspect the Bicarb Mixer daily to ensure equipment is in working order and free from debris. Staff will document that the Visual Inspection was completed in the Bicarb Mixing Log.</p> <p>D. The Nurse Manager and Nurse Educator will educate all staff on the addition of the Visual Inspection of the Bicarb Mixer to the daily log. To be completed by 2/23/24.</p> <p>E. The Bicarb Mixing Log will be reviewed monthly at QAPI to ensure compliance.</p>	