

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

PRINTED: 07/22/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152581		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/13/2022	
NAME OF PROVIDER OR SUPPLIER MERRILLVILLE DIALYSIS				STREET ADDRESS, CITY, STATE, ZIP COD 9223 TAFT MERRILLVILLE, IN 46410			
(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
V 0000 Bldg. 00	<p>This visit was a complaint survey of an ESRD supplier.</p> <p>Complaint: IN00379601, Unsubstantiated with unrelated Federal deficiencies cited.</p> <p>Survey date: 07-13-2022</p> <p>ICHD census: 59</p> <p>Home PD census: 11</p> <p>There are 16 stations, there is no isolation room (Waiver provided.)</p> <p>Total: 70</p> <p>QR by Area 3 on 7-15-2022</p>			V 0000			
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 record review, observation, and interview, the facility failed to ensure staff and patients performed proper hand hygiene for 7 of 7 observations over one survey day. (Employee: PCT 2, and Patient: 2, 3, 5, 8, 10, 11)</p> <p>Findings include:</p>			V 0113	<p>The Facility Administrator (FA) held mandatory in-service(s) for all clinical teammates on Policy 1-05-01 "Infection Control for Dialysis Facilities" starting on 7/13/2021. Verification of attendance is evidenced by a signature sheet for each</p>		08/12/2022

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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	<p>1. On 07-13-2022 at 2:50 PM, the Facility Administrator (FA) provided a September 2007, and revised in October 2021, DaVita Inc, Indenter Hemodialysis Policy and Procedure policy titled, "Infection Control for Dialysis Facilities." The policy indicated but was not limited to, " ... Hand hygiene is to be performed upon entering the patient treatment area, prior to gloving, after removal of gloves ... before touching clean areas such as supplies and on exiting the patient treatment area ... Patients are encouraged to wash their hands and access extremity upon entering the treatment area prior to the initiation of dialysis and wash their hands after treatment before leaving the treatment area..."</p> <p>2. On 07-13-2022 at 9:30 AM, Patient 2 was observed holding pressure with their gloved right hand to their left upper extremity (LUE) fistula site. Upon leaving the treatment floor, Patient 2 was not offered and did not perform hand hygiene.</p> <p>3. On 07-13-2022 at 9:35 AM, Patient 3 was observed holding pressure with their gloved right hand to their LUE fistula site. Upon leaving the treatment floor, Patient 3 was not offered and did not perform hand hygiene.</p> <p>4. On 07-13-2022 at 10:50 AM, Patient 5 was observed leaving the treatment floor. No hand hygiene was performed. Patient 5 has a Central Venous Catheter (CVC).</p> <p>5. On 07-13-2022 at 10:50 AM, the Patient Care Technician (PCT) 2 was observed cleaning station 13. PCT 2 cleaned the dialysis machine, removed their gloves and did not perform hand hygiene. PCT 2 reapplied gloves to clean the dialysis chair. PCT 2 removed their gloves and did not perform</p>				<p>in-service. Teammates were instructed using surveyor's observations as examples with emphasis on, but not limited to the following: 1) Hand hygiene is to be performed upon entering the patient treatment area, prior to gloving, after removal of gloves...2) before touching clean areas such as supplies and on exiting the patient treatment area. 3) Patients are encouraged to wash their hands and access extremity upon entering the treatment area prior to the initiation of dialysis and wash their hands after treatment before leaving treatment area. The Facility Administrator or designee will conduct observational infection control audits daily for one (1) week and then weekly for two (2) weeks to verify compliance with facility policy. Ongoing compliance will be verified monthly during the infection control audit. Instances of non-compliance will be addressed immediately. The Facility Administrator will review results of all audits with teammates during homeroom meetings and with the Medical Director during monthly Quality Assurance Performance Improvement (QAPI) meetings, known as Facility Health Meeting (FHM). The Facility Administrator is responsible for ongoing compliance with this plan of correction.</p>		

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V 0122 Bldg. 00	<p>hand hygiene. PCT 2 moved the dialysis machine without wearing gloves to reposition it.</p> <p>6. On 07-13-2022 at 10:55 AM, Patient 8 was observed holding pressure with their gloved right hand to their LUE fistula site. Upon leaving the treatment floor, Patient 8 was not offered and did not perform hand hygiene.</p> <p>7. On 07-13-2022 at 11:17 AM, Patient 10 was observed holding pressure with their gloved left hand to their RUE fistula site. Upon leaving the treatment floor, Patient 10 was not offered and did not perform hand hygiene.</p> <p>8. On 07-13-2022 at 11:20 AM, Patient 11 was observed holding pressure with their gloved right hand to their LUE fistula site. Upon leaving the treatment floor, Patient 11 was not offered and did not perform hand hygiene.</p> <p>9. On 07-13-2022 at 2:40 PM, the FA indicated staff and patients should perform hand hygiene when entering and leaving the treatment floor and after removing gloves.</p> <p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows 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 record review, observation, and</p>			V 0122	The Facility Administrator (FA) held mandatory in-service(s) for all		08/12/2022

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	<p>interview, the facility failed to ensure the dialysis stations were properly disinfected following treatment for 4 of 4 observations over 1 survey day. (Patient Care Technician (PCT 1) three times and PCT 2 one time).</p> <p>Findings include:</p> <p>1. On 07-13-2022 at 2:50 PM, the Facility Administrator (FA) provided a September 2007, and revised in October 2021, DaVita Inc, Incenter Hemodialysis Policy and Procedure policy titled, "Infection Control for Dialysis Facilities." 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 ... including opening the chair to reach crevices ... Teammates will thoroughly wipe down all non-disposable items ... When cleaning the dialysis station post treatment, ... regulations require the dialysis station be completely vacated by the previous patient before teammates can begin cleaning and disinfection of the station ... this includes ... bringing disinfection supplies to the station or beginning routine station disinfection ..."</p> <p>2. On 07-13-2022 at 9:55 AM, Patient Care Technician (PCT) 1 was observed cleaning station 6 following a patient's dialysis treatment. PCT 1 did not fully open the chair or sides of chair to clean crevices and emptied the prime container at the back of the station wall.</p> <p>3. On 07-13-2022 at 10:35 AM, PCT 1 was observed placing a graduated cylinder with dialysate acid from the station's container into the prime container of station 15. Patient 6 was still receiving their dialysis treatment and was connected to the dialysis machine. PCT 1 then</p>				<p>clinical teammates on Policy 1-05-01 "Infection Control for Dialysis Facilities" starting on 7/13/2022. Verification of attendance is evidenced by a signature sheet for each in-service. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) Equipment including the dialysis delivery system, the interior and exterior of the prime container, the dialysis chair and side tables, including opening the chair to reach crevices, blood pressure equipment, television arms and control knobs or remote control devices if accessible to patients and teammates, facility wheel chairs, outside of sharps containers, IV poles, as well as all work surfaces will be wiped with a bleach solution of the appropriate strength after completion of procedures, before being used on another patient, after spills of blood, throughout the work day, and after each treatment. 2) Teammates will thoroughly wipe down all non-disposable items...3) When cleaning the dialysis station post treatment, CDC recommendations and CMS regulations require the dialysis station be completely vacated by the previous patient before teammates can begin cleaning and disinfection of the station and</p>		

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	<p>moved to station 10 and did the same thing while Patient 7 remained in their dialysis chair with 58 minutes remaining on their treatment.</p> <p>4. On 07-13-2022 at 10:50 AM, PCT 2 was observed cleaning station 13. PCT 2 failed to fully open the dialysis chair or allow it to dry before closing the sides.</p> <p>5. On 07-13-2022 at 10:35 AM, PCT 3 was queried about PCT 1 having placed the graduated cylinder in the prime container. PCT 3 indicated PCT 1 was getting ahead of themselves in the cleaning process.</p> <p>6. On 07-13-2022 at 2:40 PM, the FA indicated the dialysate acid should not have been placed in the prime container while a patient was receiving treatment and that cleaning the station should not begin prior to the patient leaving the station.</p>				<p>set up for the next patient. This includes: Bringing disinfection supplies to the station or Beginning routine station disinfection. The Facility Administrator or designee will conduct observational infection control audits daily for one (1) week and then weekly for two (2) weeks to verify compliance with facility policy. Ongoing compliance will be verified monthly during the internal infection control audits. Instances of non-compliance will be addressed immediately. The Facility Administrator will review results of all audits with teammates during homeroom meetings and with the Medical Director during monthly Quality Assurance Performance Improvement (QAPI) meetings, known as Facility Health Meeting (FHM). The Facility Administrator is responsible for ongoing compliance with this plan of correction.</p>		