STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	152634	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FRESENIUS MEDICAL CARE MUNCIE	4021 W KILGORE AVE MUNCIE, IN 47304

(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
V 0000 Bldg. 00	This visit was for a Federal complaint survey of an ESRD provider. Survey dates: July 25, 26, and 27. Complaint #IN00410945 was investigated. An unrelated deficiency was cited. Census by Service Type: In Center Hemodialysis: 70 Home Hemodialysis: 4 Home Peritoneal Dialysis: 11 Total Census: 85 Isolation Room: 1	V 0000		
V 0113 Bldg. 00	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. Based on observation and interview, the dialysis facility failed to ensure staff followed their policies and procedures related to hand hygiene for 1 of 3 registered nurses (RNs) observed (RN 3.) Findings include: 1. Review of policy "Hand Hygiene," dated 03/17/2023 indicated "Hand hygiene includes	V 0113	**V 113 IC-Wear Gloves/Hand Hygiene** On 08/09/2023, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policy and procedure: · Hand Hygiene Policy and Procedure Emphasis was placed on:	08/25/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Patrice Williams, RN | Director of Operations | 08/17/2023

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	either washing hands with soap and water or using waterless alcohol-based antiseptic hand rub ... Immediately after removing gloves ... After contact with inanimate objects near the patient ... After contact with other objects within the patient station or treatment space ..." 2. Review of policy "Hand Hygiene Procedure," dated 09/26/2018, indicated the procedure for washing hands with soap and water should have a duration of 40-60 seconds. 3. Review of policy "Personal Protective Equipment," dated 02/14/2018, indicated "Change gloves and practice hand hygiene between each patient and/or station to prevent cross-contamination ... Hand hygiene must always be performed after glove removal." 4. During an observation on 07/26/23 between 10:45 AM and 11:09 AM, observed RN 3 assisted another staff member with the Hoyer lift to transfer a patient from their station chair to their wheelchair. RN 3 then removed their gloves and failed to perform hand hygiene before putting on a new pair of gloves. RN 3 then assessed the ankles of Patient in Station 21 and entered information into the dialysis machine in that station. RN 3 then removed gloves and washed their hands with soap and water for 7 seconds. Then RN 3 donned gloves and touched the screen of the dialysis machine in Station 21, then removed their gloves and failed to perform hand hygiene before donning new gloves and resetting a machine that was alarming in Station 18. 5. During an interview on 07/26/23 beginning at 1:00 PM, the Clinical Manager indicated hand hygiene should be performed before putting on gloves, after removing gloves, and between each		· Staff should change gloves and practice hand hygiene between each patient and/or station to prevent cross-contamination. · Hands will be: o Decontaminated using alcohol-based hand rub or by washing hands with antimicrobial soap and water: § *Before and after direct contact with patients* § Entering and leaving the treatment area § Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medications § *Immediately after removing gloves.* § After contact with body fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled. § *After contact with inanimate objects near the patient.* When moving from a contaminated body site to a clean body site of the same patient § After contact with the dialysis wall box, concentrate, drain, or water lines. § *After contact with other objects within the patient station or treatment space* § *If hands are physically soiled and require soap and water the duration of the entire procedure*	

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	patient or patient station and relayed when staff wash their hands with soap and water, 7 seconds was not a sufficient amount of time.		*should be 40-60 seconds. If decontaminating hands with alcohol-based hand rubthe duration of the entire procedure should be 20- 30 seconds.* Effective 8/11/2023, the Clinical Manager or designee will conduct daily audits with focus ensuring hand hygiene is performed per facility policy by all staff utilizing Infection Control Audit Tool for one week and then weekly for an additional three weeks or until 100% compliance is achieved. Once compliance is sustained, the Governing Body will decrease frequency to resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Tool per QAI calendar. The Medical Director will review the results of audits each month at the QAI Committee meeting monthly. The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues.	

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			The QAI Committee is responsible for providing oversight, reviewing findings, and taking actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAI monthly. The Governing Body is responsible for providing oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues. The QAI and Governing Body minutes, education and monitoring documentation are available for review at the clinic. Completion 08/25/2023.	