

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152607	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER US RENAL CARE NORTH MUNCIE DIALYSIS		STREET ADDRESS, CITY, STATE, ZIP COD 800 S TILLOTSON STE 1 MUNCIE, IN 47303		
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V 0000 Bldg. 00	<p>This visit was for a Federal complaint survey of an ESRD provider by the Indiana Department of Health.</p> <p>Survey dates: 1-29-2025 and 1-30-2025</p> <p>Complaint #: IN 00452208 with unrelated deficiencies cited.</p> <p>12-month Unduplicated Admissions: 96</p> <p>Stations: 25, includes 1 isolation room.</p> <p>Census by Service Type:</p> <p>ICDH Patients: 107</p> <p>Home Peritoneal Dialysis patients: 20</p> <p>Home Hemodialysis patients: 2</p> <p>Total Census: 129</p> <p>Stations: 25, includes 1 isolation room.</p> <p>QR by Area 3 on 2-04-2025.</p>	V 0000		
V 0113 Bldg. 00	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</p> <p>Based on observation, record review, and interview, the Patient Care Technicians (PCT) failed to ensure patients performed hand hygiene in 4 of 4 observations post-treatment. (Employees: PCT 1, 4, 5, and 7) (Patients: #11, 13, 18 and 19)</p> <p>Findings Include:</p> <p>1. A review of a revised policy dated 08/2020,</p>	V 0113	<p>The Facility Administrator (FA) or designee will in-service all direct care staff on policies C-IC-0060 (Hand Hygiene) and C-TP-0010 (Termination of Dialysis Treatment). Education will emphasize hand hygiene and glove usage for patients before and after holding their access. Staff</p>	03/06/2025

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

TITLE

(X6) DATE

Ian Thornton

Facility Administrator

02/11/2025

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>titled "Hand Hygiene" indicated but was not limited to, " ... avoid the transmission of harmful germs and prevent healthcare-associated infections ... HAND HYGIENE will be performed: After gloves are removed ... After handling biohazardous waste ... "</p> <p>2. During a flash tour observation on 01/29/2025 at 7:50 AM, a sign posted on the paper towel dispenser above the clean sink at the entrance to the treatment area was reviewed. The sign stated, "Clean Hands Save. Protect patients, protect yourself."</p> <p>3. During an observation on 01/29/2025 at 11:16 AM, Patient #13 removed their glove from their right hand after holding pressure to the dressing on their left upper extremity access site. PCT 1 obtained the patient's weight, and temperature at the scale and Patient #13 left the treatment area. PCT 1 failed to instruct the patient to perform hand hygiene or offer hand sanitizer prior to leaving the treatment area.</p> <p>During an interview on 01/29/2025 at 11:48 AM, PCT 9 confirmed the patients were to be offered or instructed to perform hand hygiene prior to leaving the treatment area.</p> <p>4. During an observation on 01/29/2025 at 12:10 PM, Patient #11 removed their glove from their right hand after holding pressure to the dressing on their left upper extremity access site. PCT 7 obtained the patient's weight, and temperature at the scale and Patient #11 left the treatment area. PCT 7 failed to instruct the patient to perform hand hygiene or offer hand sanitizer prior to leaving the treatment area.</p> <p>5. During an observation on 01/29/2025 at 3:50</p>		<p>members will educate the patients on this practice and ensure hand hygiene practices are followed. Staff unable to attend the in-service will be educated on their first day back at work.</p>	

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	<p>PM, Patient #18 removed their glove from their right hand after holding their pressure dressing on their left access site. PCT 4 obtained the patient's weight, and temperature at the scale and Patient #18 left the treatment area. PCT 4 failed to instruct the patient to perform hand hygiene or offer hand sanitizer prior to leaving the treatment area.</p> <p>During an interview on 01/29/2025 at 3:50 PM, when queried regarding the process of patients performing hand hygiene after holding their access with a gloved hand, PCT 4 indicated the patients were to wash their hands they were unsure if they were to offer hand sanitizer.</p> <p>6. During an observation on 01/30/2025 at 9:35 AM, Patient #19 removed their glove from their right hand after holding pressure to the dressing on their left upper extremity access site. PCT 5 obtained the patient's weight, and temperature at the scale and Patient #19 left the treatment area. PCT 5 failed to instruct the patient to perform hand hygiene or offer hand sanitizer prior to leaving the treatment area.</p> <p>7. A review of the personnel record for PCT 1 contained documentation PCT 1 completed annual infection control training on 01/05/2025.</p> <p>8. A review of the personnel record for PCT 4 contained documentation PCT 4 completed annual infection control training on 01/13/2025.</p> <p>9. A review of the personnel record for PCT 5 contained documentation PCT 5 completed annual infection control training on 02/03/2024.</p> <p>10. A review of the personnel record for PCT 7 contained documentation PCT 7 completed annual infection control training on 11/13/2024.</p>			

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V 0765 Bldg. 00	<p>During an interview on 01/30/2025 at 4:50 PM, the Facility Administrator (FA) and the Corporate Clinical Specialist, (Corp 2) confirmed the staff were to offer hand hygiene and encourage the patients to wash their hands after holding a pressure dressing on their access with a gloved hand.</p> <p>494.180(e) GOV-INTERNAL GRIEVANCE SYS ID/IMPLEMENTED</p> <p>Based on record review and interview, the facility failed to ensure grievances were documented when made by staff and patients for 2 of 2 patient (Patient: #6 and 7) and 4 of 4 staff complaints. (Employees: Facility Administrator (FA), Medical Social Worker (MSW), and Patient Care Technician (PCT) 3, and 4)</p> <p>Findings Include:</p> <p>1. A review of a revised policy dated 09/2020, titled "Complaint/Grievance" indicated but was not limited to, "Complaints are verbal or written expressions of dissatisfaction ... The facility administrator will ensure proper documentation of the complaint and the actions taken to resolve the issue ... All complaints or grievances received by staff will be reported to the facility administrator ... All verbal complaints will be accurately and full documented on the Complaint/Grievance Form ... All complaints/grievances will be recorded on the Complaint/Grievance Log ... "</p> <p>2. A review of the complaint logs dated 01/05/2024 through 01/15/2025, evidenced the complaint logs contained complaints regarding climate control, wait times, staff behaviors being rude,</p>	V 0765	<p>The Facility Administrator (FA) or designee will in-service all staff including medical director on policy C-AD-0280 (Complaint/Grievance), focusing on the proper procedures and documentation to follow for patient and staff complaint/grievances. Staff members unable to attend the in-service will be educated on their first day back at work. The FA or designee will ensure proper documentation of the complaint and the actions taken to resolve the issue. Documentation will be treated as confidential and maintained in the FA's files. Documentation of the grievance and subsequent investigation will only be shared with staff who are actively involved in the investigation. All verbal complaints will be accurately and fully documented on the Complaint/Grievance Form. All complaints/grievances will be recorded on the Complaint/Grievance Log,</p>	03/06/2025

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	<p>inconsistent staffing, delay in chair time, thanksgiving schedule. failed to evidence complaint logged from staff and patients regarding a patient's behaviors.</p> <p>A review of nine facility documents titled "Complaint/Grievance Form", evidenced seven forms were left blank for the FA signature, five forms were blank for the person completing the form, and three forms were missing the Medical Director's signature of review. Five of the complaint/grievance forms were missing documentation of follow-up.</p> <p>During an interview 01/29/2025 at 8:50 AM, when queried regarding the complaint/grievance forms missing information and signature, the MSW indicted the current ones for January will be reviewed next week during QAPI per policy. The others were missing FA signatures due to the interim management staff the facility has had from July 2024 through November 2024. The MSW confirmed the forms were missing documentation and signatures and staff were to report any patient complaints to the FA.</p> <p>3. During an interview on 01/29/2025 at 12:50 AM, PCT 4 indicated inactive Patient #9, had stalked them on social media and messenger. PCT 4 further indicated the patients and staff complained about inactive Patient #9, "nosing into their business, spreading gossip, and always complaining about everything". When questioned about a complaint being filed PCT 4 indicated they were unaware. The complaint log failed to evidence any complaints/grievances from staff or patients regarding the behavior concerns of inactive Patient #9.</p> <p>4. During an interview on 01/29/2025 at 1:00 PM,</p>		<p>reviewed monthly during the QAPI meeting and all signatures obtained as indicated.</p> <p>The FA will review all education in monthly QAPI and Governing Body (GB) meetings to track and trend adherence. If adherence does not improve, the Plan of Correction (POC) will be re-evaluated, revisions made, additional education provided as needed, and monitoring will continue until adherence is achieved.</p>	

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	<p>Patient #6 indicated they had complained to the staff about a patient who is no longer treated by them. The patient was nosey and constantly interrupting them when they were on the phone and always complaining. The patient was moved to another chair. The complaint/grievance log failed to evidence a complaint regarding Patient #6 and another patient's behavior.</p> <p>5. During an interview on 01/30/2025 at 8:05 AM, when queried regarding the staff and patient's complaints the FA had spoken of as the reason, they moved inactive Patient #9 from station #25 to Station #14, the FA confirmed there had been no complaints documented. The FA further indicated they were trying to not hurt the inactive patient's feelings as they were sensitive, and the patients complained of the patient asking personal questions. The FA confirmed all complaints are to be documented and investigated.</p> <p>6. During an interview on 01/30/2025 at 10:57 AM, PCT 3 indicated they had worked at the clinic for 7 years. The PCT indicated there were numerous complaints by patients regarding inactive Patient #9. PCT 3 further indicated they were unaware of complaints filed and they knew patients and staff complained of the inactive patient interrupting conversations, asking personal questions about their personal life, and posting on social media wrong information about people.</p> <p>7. During an interview on 01/30/2025 at 1:30 PM, Patient #7, when queried if any patients had behavior towards them that were not appropriate, Patient #7 indicated they had complained to the staff, and the staff moved their chair and time, to get away from inactive Patient #9. Patient #7 further indicated the inactive patient kept calling them and stalking them on social media. and kept</p>			

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	asking them if they could take them home since they had a car. Patient #7 indicated they were afraid the inactive patient would follow their transportation when they left. Patient #7 confirmed they were happy the inactive patient is no longer on the same day or chair time now. The complaint/grievance log failed to evidence a complaint from Patient #7.				