

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152576	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE DUPONT		STREET ADDRESS, CITY, STATE, ZIP COD 10204 E DUPONT CIRCLE DR FORT WAYNE, IN 46825		
(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 0000 Bldg. 00	<p>QR by Area 3 on 1-31-22</p> <p>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62, for a Medicare participating End Stage Renal Disease Supplier.</p> <p>Date of survey: 01-26 and 01-27-2022</p> <p>Facility #: 003170</p> <p>CCN: 152576</p> <p>ICHD: 54</p> <p>Stations: 12, there is no isolation room.</p> <p>Total Census: 54</p> <p>At this Emergency Preparedness survey, Fresenius Medical Care Fort Wayne DuPont, was found to have been in compliance with the requirements of Emergency Preparedness Requirements for Medicare participating providers and suppliers, including staffing and implementation of staffing during a Pandemic, at 42 CFR 494.62.</p>	E 0000	<p>Acceptable POC on 2-15-2022</p> <p><i>Deborah Franco</i></p>	
V 0000 Bldg. 00	<p>This visit was for a Core Federal recertification, Infection Control survey and Emergency Preparedness survey of an ESRD provider.</p> <p>Survey dates: 01-26 and 1-27-2022</p>	V 0000		

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152576	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2022	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE DUPONT			STREET ADDRESS, CITY, STATE, ZIP COD 10204 E DUPONT CIRCLE DR FORT WAYNE, IN 46825		
(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
V 0113 Bldg. 00	<p>Facility #: 003170</p> <p>CCN#: 152576</p> <p>ICHD census: 54</p> <p>Stations: 12, there is no isolation room, the facility opened prior to 2003.</p> <p>Total: 54</p> <p>Quality Review Completed 02/01/2022</p> <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 observation, record review and interview the facility failed to demonstrate appropriate hand hygiene in 14 of 16 observations over 2 of 2 survey days. (Employee: P) (Patient: #5, 4, 3, 10, 12, 29, 13, 8, 26, 27, 20, 19 and 11)</p> <p>Findings include:</p> <p>1. A November 2018, Fresenius Kidney Care policy titled, "Hand Hygiene" was provided by the Clinical Manager (CM), Employee D on 1-27-2022 at 3:00 PM. The policy indicated but was not limited to, "Purpose: The purpose of this policy is to prevent transmission of pathogenic microorganisms to patients and staff through cross contamination. Responsibility: All staff, patients ...Policy: Hand hygiene includes either washing hands with soap and water or using a waterless alcohol based antiseptic hand rub with 60-90% alcohol content ...When ...Before and after</p>		V 0113	<p>On February 11, 2022, the Clinic Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policy & procedure:</p> <ul style="list-style-type: none"> · Hand Hygiene <p>Education emphasis was placed on:</p> <ul style="list-style-type: none"> · Change gloves and practice hand hygiene to improve infection control and prevent cross-contamination. · Patients should perform hand hygiene if able, prior to and after each dialysis treatment. · Staff will educate patients on hand hygiene techniques and sink utilization to promote infection control and avoid cross-contamination risks. 	02/26/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152576	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/27/2022	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE DUPONT			STREET ADDRESS, CITY, STATE, ZIP COD 10204 E DUPONT CIRCLE DR FORT WAYNE, IN 46825		
(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
	<p>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 ...Hand Hygiene: Patients: Patients should perform hand hygiene if able, prior to and after each dialysis treatment ..."</p> <p>2. During the Flash Tour on 1-26-2022 at 10:05 AM, the Patient Care Technician (PCT), Employee P was observed removing their gloves after touching the patient. Employee P moved to the supply cart to tear tape and did not perform hand hygiene after removing gloves.</p> <p>3. During an observation on 1-26-2022 at 10:20 AM, Patient #5 was entering the treatment floor. Patient #5 was not queried whether they washed their right upper extremity (RUE) access site prior to treatment. Patient #5 did not wash their hands.</p> <p>4. During an observation on 1-26-2022 at 11:15 AM, Patient #4 was entering the treatment floor. Patient #4 was not queried whether they washed their left upper extremity (LUE) access site prior to treatment. Patient #4 did not wash their hands.</p> <p>5. During an observation on 1-26-2022 at 11:17 AM, Patient #3 was exiting the treatment floor once stabilized. Patient #3 was not offered and did not perform hand hygiene after holding their LUE with their gloved right hand.</p> <p>6. During an observation on 1-26-2022 at 1:20 PM, Patient #10 was exiting the treatment floor once stabilized. Patient #10 was not offered and did not perform hand hygiene after holding their LUE with their gloved right hand.</p> <p>7. During an observation on 1-26-2022 at 2:28 PM,</p>			<ul style="list-style-type: none"> Hand hygiene may be performed by hand washing or using an alcohol based hand rub. Ensuring gloves are removed and hand hygiene performed after access exit site care. Removal of soiled gloves and performing hand hygiene after direct contact with patient and prior to contact with inanimate objects, such as tape. <p>Effective February 14, 2022, the Clinic Manager or designee will conduct infection control audits five times weekly for one month, then two times weekly for one month, then weekly for one month utilizing the Infection Control Monitoring Tool. The focus will be on changing gloves and practicing hand hygiene per policy. The focus will be cleaning all work surfaces with 1:100 bleach solution per policy. Once 100% compliance is sustained, monitoring will be completed per the Quality Assessment and Performance Improvement (QAI) calendar with oversight from the Governing Body. 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</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152576	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2022	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE DUPONT			STREET ADDRESS, CITY, STATE, ZIP COD 10204 E DUPONT CIRCLE DR FORT WAYNE, IN 46825		
(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
	<p>Patient #12 was entering the treatment floor. Patient #12 was not queried whether they washed their left upper extremity (LUE) access site prior to treatment. Patient #12 did not wash their hands.</p> <p>8. During an observation on 1-26-2022 at 3:30 PM, Patient #29 was entering the treatment floor. Patient #29 was not queried whether they washed their right upper extremity (RUE) access site prior to treatment. Patient #29 did not wash their hands.</p> <p>9. During an observation on 1-26-2022 at 3:35 PM, Patient #4 was exiting the treatment floor once stabilized. Patient #4 was not offered and did not perform hand hygiene after holding their LUE with their gloved right hand.</p> <p>10. During an observation on 1-26-2022 at 3:50 PM, Patient #13 was exiting the treatment floor once stabilized. Patient #13 was not offered and did not perform hand hygiene after holding their LUE with their gloved right hand.</p> <p>11. During an observation on 1-26-2022 at 4:00 PM, Patient #8 was exiting the treatment floor once stabilized. Patient #8 was not offered and did not perform hand hygiene after holding their LUE with their gloved right hand.</p> <p>12. During an observation on 1-26-2022 at 4:00 PM, Patient #26 was entering the treatment floor. Patient #26 was not queried whether they washed their right upper extremity (RUE) access site prior to treatment. Patient #26 did not wash their hands.</p> <p>13. During an observation on 1-26-2022 at 4:10 PM, Patient #27 was entering the treatment floor. Patient #27 was not queried whether they washed their right upper extremity (RUE) access site prior to treatment. Patient #27 did not wash their hands.</p>			<p>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. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide 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.</p> <p>Documentation of education, monitoring, QAI, and Governing Body is available for review.</p> <p>The Clinic Manager is responsible for overall compliance.</p> <p>Completion Date: February 26, 2022</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152576	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2022	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE DUPONT			STREET ADDRESS, CITY, STATE, ZIP COD 10204 E DUPONT CIRCLE DR FORT WAYNE, IN 46825		
(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
V 0407 Bldg. 00	<p>14. During an observation on 1-27-2022 at 3:35 PM, Patient #20 was exiting the treatment floor once stabilized. Patient #20 was not offered and did not perform hand hygiene after holding their LUE with their gloved right hand.</p> <p>15. During an observation on 1-27-2022 at 9:30 AM, Patient #19 was exiting the treatment floor once stabilized. Patient #19 was not offered and did not perform hand hygiene after holding their LUE with their gloved right hand.</p> <p>16. On 1-27-2022 at 3:15 PM, the Clinical Manager, Employee C was queried about hand hygiene for patients prior to and after their dialysis treatments. Employee C indicated that patients should be washing their hands prior to and after their dialysis treatments. Employee C indicated that they have noticed this practice during their audits.</p> <p>17. During an observation on 1-26-22 at 10:15 AM, Employee U, Certified Hemodialysis Technician, was observed assisting Patient # 11 after the patient held pressure on their left arm access site with a gloved right hand. Patient # 11 removed the glove in the presence of Employee U. Patient # 11 was not instructed or offered to perform hand hygiene.</p> <p>494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement). Based on observation, record review and interview the facility failed to ensure the safety of patients by ensuring their access sites were visible over 1 of 2 survey days. (Patient: 14, 15, 16)</p>		V 0407	On February 11, 2022, the Clinic Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff	02/26/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152576	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE DUPONT			STREET ADDRESS, CITY, STATE, ZIP COD 10204 E DUPONT CIRCLE DR FORT WAYNE, IN 46825	
(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)
	<p>Findings include:</p> <p>1. On 1-27-2022 at 3:00 PM a November 2021, Fresenius Kidney Care policy titled, "Patient Monitoring and Safety Checks During Hemodialysis Treatment" was provided by the Clinical Manager (CM), Employee D. A review of the policy indicated but was not limited to, "...All patients must be under continual observation ... Ensure each patient's face and access are uncovered. Ensure all patient connections are ALWAYS secure and uncovered...".</p> <p>2. During an observation at station #12 on 1-27-2022 at 8:10 AM, Patient #14 was covered with a blanket. Their access was not visible. Patient remained covered at 8:45 AM.</p> <p>3. During an observation at station #8 on 1-27-2022 at 8:10 AM, Patient #15 was covered with a blanket. Their access was not visible. Patient #15 remained covered at 9:50 AM.</p> <p>4. During an observation at station #6 on 1-27-2022 at 8:10 AM, Patient #16 was covered with a blanket. Their access was not visible.</p> <p>5. On 1-27-2022 at 3:20 PM the Clinical Manager (CM), Employee C was queried about patient safety and visualizing a patient's access. Employee C indicated that a patient's access should be visible while receiving their dialysis treatment.</p>			<p>on policy:</p> <ul style="list-style-type: none"> · Patient Monitoring and Safety Checks During Hemodialysis Treatment Education emphasis was placed on: <ul style="list-style-type: none"> · All patient connections are secure and visible at all times. · All patients must be under visual observation by clinical staff during treatment. · Ensure access remains uncovered throughout the treatment. · Patients will not cover dialysis access or bloodlines with blankets or clothing. <p>Effective February 14, 2022, the Clinical Manager or designee will conduct access visibility audits five times weekly for one month, then two times weekly for one month, then weekly for one month utilizing the Patient Safety Monitoring Tool. The focus will be on access observations and patient safety checks. Once 100% compliance is sustained, monitoring will be completed per the Quality Assessment and Performance Improvement (QAI) calendar with oversight from the Governing Body.</p> <p>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</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152576	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FORT WAYNE DUPONT			STREET ADDRESS, CITY, STATE, ZIP COD 10204 E DUPONT CIRCLE DR FORT WAYNE, IN 46825	
(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)
				<p>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. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide 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.</p> <p>Documentation of education, monitoring, QAI, and Governing Body is available for review.</p> <p>The Clinic Manager is responsible for overall compliance.</p> <p>Completion Date: February 26, 2022</p>