

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS LEBANON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2485 LEBANON ST LEBANON, IN 46052		
(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 000	<p>Initial Comments</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: 04-18 and 04-19-2023</p> <p>Facility #: 007817</p> <p>CCN: 152610</p> <p>ICHD: 43</p> <p>Home PD: 2</p> <p>Home HD: 1</p> <p>Total Census: 46</p> <p>At this Emergency Preparedness survey, Marion County Dialysis was found to have been in compliance with the requirements of Emergency Preparedness for Medicare and Medicaid participating providers and suppliers, 42 CFR 494.62.</p>	E 000	<p><i>POC accepted on 5-10-2023</i></p> <p><i>Deborah Franco, RN</i></p>		
V 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Core Recertification survey of an ESRD supplier.</p> <p>Survey Dates: 04-18-2023 and 04-19-2023</p> <p>Facility #: 007817</p> <p>CCN: 152610</p> <p>Census By Service Type:</p>	V 000			

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

TITLE

(X6) DATE

05/05/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152610		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2023	
NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS LEBANON LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2485 LEBANON ST LEBANON, IN 46052			
(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 000	Continued From page 1			V 000			
V 117	<p>ICHD: 43 Home PD: 2 Home HD: 1</p> <p>Total Census: 46</p> <p>Stations: 9 with no isolation room/waiver IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS CFR(s): 494.30(a)(1)(i)</p> <p>Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.</p> <p>When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.</p> <p>Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure areas under the sinks were clear of all supplies for 2 of 2</p>			V 117			5/18/23

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS LEBANON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2485 LEBANON ST LEBANON, IN 46052		
(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 117	Continued From page 2 observation days. Findings include: 1. During the Flash Tour on Day 1 on 04-18-2023 at 9:30 AM, the following was observed: an unopened box under the medication sink, a bottle of window cleaner and a bottle of scrub free cleanser under the eye wash sink, all next to station 9. During Day 2 of 2 observations, on 04-19-2023 at 9:25 AM, the following was observed: an unopened box under the medication sink, a bottle of window cleaner and a bottle of scrub free cleanser under the eye wash sink, all next to station 9. 2. A Fresenius Kidney Care policy dated 02-07-2022, Reference number 47685, was provided by the Director of Operations on 04-19-2023 at 2:45 PM. The policy, "General Cleanliness and Infection Control Guidelines" indicate but was not limited to " ... All cleaning supplies shall be stored in a designated area (i.e., janitorial closet) ... " 3. During an interview with the Director of Operations on 04-19-2023 at 1:57 PM, they indicated nothing should ever be stored under the sinks.	V 117			
V 402	PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY CFR(s): 494.60(a) The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the	V 402			5/18/23

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152610		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2023	
NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS LEBANON LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2485 LEBANON ST LEBANON, IN 46052			
(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 402	<p>Continued From page 3 public.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the safety and functionality of the facility was maintained for patients and staff, as observed during 5 of 5 observations.</p> <p>Findings Include:</p> <p>1. On 04-19-2023 at 3:00 AM, a dated 7-6-2021, Fresenius Kidney Care policy, "Equipment Installation-Operation-Maintenance -Repair-And Disposal," was provided by the Director of Operations (DOO), Corp 1. The policy indicated but was not limited to, "The purpose of this document is to provide instructions for installation, maintenance, repair, and disposal of equipment ... essential to the safe operation of the facility ... Physical Plant (ceilings, floors, etc.) ... all equipment will be installed, operated, maintained, and repaired ... "</p> <p>2. On 04-18-2023 at 9:50 AM, during a Flash Tour, the laminate counter on the chaise wall shelf laminate was cracked and chipped behind Stations #2, 4, 5, 6, 7, 8, and 9. The wood grain panels of the chaise walls containing the wall boxes were cracked, peeling, and had white discoloration behind Stations #2, 4, 5, 6, 8, 8, and 9.</p> <p>During an interview on 04-18-2023 at 12:07 PM, the Biomed Technician indicated they were aware of the damage to the wall chaise with grain panels and laminate on the shelf being damaged by the 3 bicarbonate and salt spigots.</p>			V 402			

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER LIBERTY DIALYSIS LEBANON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2485 LEBANON ST LEBANON, IN 46052		
(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 402	<p>Continued From page 4</p> <p>3. During an observation on 04-18-2023 at 2:25 PM, observed in the treatment area the cracked and damaged wall at the top of the trim of the baseboard by the eyewash sink area.</p> <p>4. On 04-18-2023 at 3:05 PM, during an observation, the ceiling tiles in the treatment area located at Station #3's and Station #9's television mount area tiles contained brown discoloration ring stains.</p> <p>During an interview on 04-18-2023 at 3:05 PM, the Biomed Technician in training indicated they had a water leak that was now fixed, and was the cause of the damaged tiles.</p> <p>5. On 04-19-2023 at 12:02 PM, during an observation, the laminate counter on the chaise wall shelf laminate was cracked and chipped behind Stations #2, 4, 5, 6, 7, 8, and 9. The wood grain panels of the chaise walls containing the wall boxes were cracked, peeling, and had white discoloration behind Stations #2, 4, 5, 6, 8, and 9.</p> <p>During an interview on 04-19-2023 at 12:02 PM, the Facility Administrator confirmed they were aware of the damaged panels of the wall units and the laminate covering the shelf of the chaise wall surrounding the treatment area behind the stations.</p>	V 402			