

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152577	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2023
NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE LINTON		STREET ADDRESS, CITY, STATE, ZIP COD 1204 N 1000 W LINTON, IN 47441		
(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
E 0000  Bldg. 00	<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>Survey Dates: 2-27, 2-28, and 3-01-2023</p> <p>Stations: 7, no isolation room.</p> <p>Census by Service Type: In Center Hemodialysis: 29 No Home Program. Total Census: 29</p> <p>At this Emergency Preparedness survey, Fresenius Medical Care Linton, 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> <p>QR completed 3/2/2023 A4</p>	E 0000		
V 0000  Bldg. 00	<p>This visit was for a CORE Federal recertification survey of an ESRD provider.</p> <p>Survey dates: 2-27, 2-28, and 3-01-2023</p> <p>Census by Service Type: In Center Hemodialysis: 29 No Home Program. Total Census: 29</p>	V 0000		

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

TITLE

(X6) DATE

Dawn Nelson

Administrator

03/24/2023

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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V 0147  Bldg. 00	<p>Isolation Room/Waiver: 03-10-2022</p> <p>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children</p> <p>I. Health care worker education and training A. Educate health-care workers regarding the ... appropriate infection control measures to prevent intravascular catheter-related infections.</p> <p>B. Assess knowledge of and adherence to guidelines periodically for all persons who manage intravascular catheters.</p> <p>II. Surveillance A. Monitor the catheter sites visually of individual patients. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or BSI [blood stream infection], the dressing should be removed to allow thorough examination of the site.</p> <p>Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients.</p> <p>VI. Catheter and catheter-site care B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>Based on observation, record review, and interview, the facility failed to maintain infection control and hand hygiene, completing the proper care and treatment of the Central Venous Catheter</p>	V 0147	V147 IC-Staff education-catheters/catheter care On 3/10/2023, the Facility Administrator held a staff meeting,	04/14/2023

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	<p>(CVC) for patients over 2 of 2 observations during the day that CVC patients are provided treatment at the facility (Registered Nurse (RN) #1).</p> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>1. On 02-28-2023 at 3:30 PM, dated 11-4-2019, Fresenius Kidney Care policy titled, "Changing the Catheter Dressing," was provided by the Facility Administrator (FA), Admin #1. The policy indicated but was not limited to, "... Catheter related infections are one of the leading causes of hospitalization and death. Strict infection control practices and adherence to catheter dressing change procedure is essential ...Replace gauze dressing each treatment ...."</li> <li>2. On 03-01-2023 at 9:20 AM, dated 11- 04-2019, the Fresenius Kidney Care policy titled, "Hand Hygiene" was provided by the Facility Administrator (FA), Admin #1. The policy indicated but was not limited to, "...Hand hygiene includes either washing hands with soap and water or using a waterless alcohol-based antiseptic hand rub with 60-90% alcohol content ....Hands will be decontaminated using alcohol-based hand rub or by washing hands with antimicrobial soap and water when ...After contact with body fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled ...."</li> <li>3. During an observation on 02-28-2023 at 8:17 AM, RN #1 initiated CVC exit site care for Patient #6. RN #1 removed the old dressing and discarded the soiled dressing into the trash receptacle. The RN then cleansed the area around the CVC site and applied a new dressing without removing their gloves, completing hand hygiene, and donning new gloves after removing the soiled</li> </ol>			elicited input, and reinforced the expectations and responsibilities of the facility staff on Changing the Catheter Dressing and Hand Hygiene. Please see the list of Policies and procedures or processes reviewed at the bottom of the plan. Emphasis will be placed on Policy Changing the Catheter Dressing - Catheter related infections are one of the leading causes of hospitalization and death. Strict infection control practices and adherence to the catheter dressing change procedure is essential to prevent serious complications. When staff are changing the patients catheter dressing, the staff are to remove the soiled dressing, discard it into the trash reciprocal, discard their gloves, perform hand hygiene, don new gloves before cleaning around the CVC site and applying a new dressing. Emphasis will be placed on Policy Hand HygieneHand Hygiene includes either washing hands with soap and water or using a waterless alcohol-based antiseptic hand rub with 60- 90% alcohol content. Drying effects of alcohol can be counteracted by addition of emollient or humectants, e.g. 1-3% glycerol. Hands will be 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

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	<p>dressing.</p> <p>4. During an observation on 02-28-2023 at 11:37 AM, RN #1 initiated CVC exit site care for Patient #4. RN #1 removed the old dressing and discarded the soiled dressing into the trash receptacle. The RN then cleansed the area around the CVC site and applied a new dressing without removing their gloves, completing hand hygiene, and donning new gloves after removing the soiled dressing.</p> <p>5. A review of the Personnel record for RN #1, on 03-01-2023, evidenced an agency document titled, "Fresenius Medical Care-Skills Validation Checklist." The skills checklist was signed by the FA, Admin #1, with a date of 06-02-2022. The skills checklist indicated RN #1 was able to successfully demonstrate CVC exit site care, appropriate use of Personal Protective Equipment (PPE), and hand hygiene.</p> <p>6. During an interview on 02-28-2023 at 3:20 PM, the FA, Admin #1, confirmed that when changing the patient's CVC dressing, the staff are to remove the soiled dressing, discard it into the trash reciprocal, discard their gloves, perform hand hygiene, don new gloves before cleaning around the CVC site and applying a new dressing.</p>		<p>the treatment area Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medications</p> <p>Immediately after removing gloves After contact with body fluids or exertion, mucous membranes, non-intact skin, and wound dressing if hands are not visibly soiled. Effective 3/13/2023, the Facility Administrator or designee will conduct daily audits utilizing Clinic Audit Checklist- Central Venous Catheter Exit Site Care for 4 weeks. Once compliance is sustained 100%, the Governing Body will decrease frequency to weekly for 2 weeks, then resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist- Central Venous Catheter Exit Site Care. 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</p>	

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			<p>of all identified issues. The QAI Committee is responsible to provide oversight, review findings, and take 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 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. The QAI and Governing Body minutes, education and monitoring documentation, are available for review at the clinic. Changing the Catheter Dressing Procedure Changing the Catheter Dressing Hand Hygiene Procedure Hand Hygiene Completion Date: 4/14/23</p>	