

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

PRINTED: 12/29/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152617	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/03/2021
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NAME OF PROVIDER OR SUPPLIER US RENAL CARE KOKOMO DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP COD 3760 S REED ST KOKOMO, IN 46902
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E 0000 Bldg. 00	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.62.</p> <p>Survey Dates: Novemeber 30, December 1, 2, 3; 2021</p> <p>Facility Number: 006659</p> <p>Provider Number: 152617</p> <p>Census = 41</p> <p>At this Emergency Preparedness survey, US Renal Care Kokomo Dialysis was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62.</p>	E 0000		
V 0000 Bldg. 00	<p>This was a Federal ESRD CORE recertification and complaint survey completed on December 3, 2021.</p> <p>Complaint #IN00315739 - Substantiated</p> <p>Survey Dates: Novemeber 30, December 1, 2, 3; 2021</p> <p>Facility Number: 006659</p> <p>Provider Number: 152617</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.

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V 0113 Bldg. 00	<p>In-Center Census: 30 Home Therapy Census: 11 Total Patients all Modalities: 41</p> <p>Quality review by Area 2 on 12/17/21</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 ensure staff followed hand hygiene infection control policies for 2 of 11 dialysis treatment observations (Patient Care Technician #2, 3).</p> <p>Findings include:</p> <p>1. A facility policy numbered C-IC-0060, titled "Hand Hygiene" and revised 8/2020, indicated but was not limited to " ... Policy: ... Hand Hygiene will be performed: 1. Before and after touching a patient. 2. Prior to entering and on exiting station to provide care to patient ... 8. After touching patient surroundings (e.g., dialysis machine, any items in the dialysis area or chairside computers) ... 9. After gloves are removed ... 11. After contact with inanimate objects, including medical equipment or environmental surfaces at the patient station"</p> <p>2. A facility policy numbered C-IC-0010, titled "Infection Control and Precautions for all Patients" and revised 1/2020, indicated but was not limited to " ... Procedure: 1 ... Wear disposable</p>	V 0113	<p>Facility Administrator (FA) or designee will in-service all direct care staff on policies C-IC-0060: Hand Hygiene and C-IC-0010: Infection Control and Precautions for all Patients as it relates to moving between clean and dirty tasks, moving between patient stations, and hand hygiene completed after glove removal and prior to donning clean gloves. Education will include but not limited to: removing gloves & performing hand hygiene going in between dirty and clean procedures/ stations. FA or designee will conduct infection control audit for 25% of staff daily x2 weeks, then weekly x4, monthly x3. Resume quarterly auditing per the Quality Management Workbook audit schedule.</p> <p>FA is responsible to review all education and audit results in the monthly QAPI and governing body</p>	01/17/2022

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V 0122 Bldg. 00	<p>gloves when caring for the patient or touching the patient's equipment at the dialysis station; remove the gloves and wash hands between each patient or station. 2. Perform hand hygiene on entering and leaving patient care area"</p> <p>3. During an observation at 12/1/21 at 9:00 AM at dialysis station 13, Patient Care Technician (PCT) #3 was observed caring for Patient #13. Patient Care Technician (PCT) #3 assisted the patient from the scale to the station with gloved hands and began documenting on the computer. PCT #3 failed to change gloves and perform hand hygiene upon entering the station.</p> <p>4. During an observation on 12/1/21 at 9:54 AM at dialysis station 15, PCT #2 was observed caring for Patient #9. The employee was observed leaving the station, performed hand hygiene with alcohol based hand sanitizer (ABHS), obtained supplies, then returned to the station and donned gloves. PCT #2 failed to perform hand hygiene when entering the station and prior to donning gloves.</p> <p>5. An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Training Nurse #1. During the interview, the Administrator confirmed hand hygiene should be performed prior to donning gloves.</p> <p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing-</p> <p>(4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures,</p>		(GB) meetings for tracking and trending. If compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.		

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	<p>for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>Based on observation, record review, and interview, the dialysis facility failed to ensure staff cleaned and disinfected contaminated surfaces, medical devices, and equipment after treatment for 1 of 2 post treatment cleaning and disinfection observations (Patient Care Technician #1).</p> <p>Findings include:</p> <p>A facility policy numbered C-IC-0080, titled "Disinfection and Cleaning of Dialysis Machine Equipment" and revised 7/2021, indicated but was not limited to " ... Policy: ... Complete surface disinfection at the end of each dialysis treatment after the patient has vacated the station ... Disinfection Procedure: ... 7. Clean all external surfaces of the dialysis machine to include top ... blood pressure cuffs ... IV pole ... attached computer monitors and keyboard/mouse"</p> <p>A facility policy numbered C-IC-0010, titled "Infection Control and Precautions for all Patients" and revised 1/2020, indicated but was not limited to " ... Procedure: ... 8. Clean and disinfect the dialysis station (e.g., chairs, beds, tables, integrated keyboards, machines, ancillary equipment) after patient has vacated the station"</p> <p>During an observation at 12/1/21 at 9:05 AM at dialysis station 3, Patient Care Technician (PCT) #1 was observed cleaning and disinfecting the dialysis station after a dialysis treatment. The PCT failed to clean the IV pole, keyboard mouse, top of the dialysis machine, and side of the reusable blood pressure cuff.</p>	V 0122	<p>FA or designee will in-service all direct care staff on policy C-IC-0080: Disinfection and Cleaning of Dialysis Machine/ Equipment as it relates to staff properly disinfects patient station including all surfaces and ancillary equipment as part of the dialysis machine. FA or designee will conduct infection control audit for 25% of staff during cleaning and disinfection of the patient station daily x2 weeks, then weekly x4, monthly x3. Resume quarterly auditing per the Quality Management Workbook audit schedule.</p> <p>FA is responsible to review all education and audit results in the monthly QAPI and governing body (GB) meetings for tracking and trending. If compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.</p>	01/17/2022

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V 0143 Bldg. 00	<p>An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Training Nurse #1. During the interview, the Administrator confirmed all contaminated surfaces, medical devices, and equipment should be thoroughly cleaned and disinfected post dialysis treatment.</p> <p>494.30(b)(2) IC-ASEPTIC TECHNIQUES FOR IV MEDS [The facility must-] (2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and</p> <p>Based on observation, record review, and interview, the dialysis facility failed to ensure staff followed aseptic technique when dispensing and administering parenteral medication for 2 of 3 intravenous medication observations (Registered Nurse #1).</p> <p>Findings include:</p> <p>A facility policy numbered C-MA-0070, titled "Preparation and Administration of IV/SubQ/IM Medications" and revised 10/2020, indicated but was not limited to " ... Preparation of Medications ... Procedure ... 1. Perform hand hygiene and assemble supplies ... Administration of IV Bolus Medications ... Procedure: ... 2. Administer the medication primarily via the medication port ... a. Wipe the medication port with an alcohol pad ..."</p> <p>A facility policy numbered C-IC-0060, titled "Hand Hygiene" and revised 8/2020, indicated but was not limited to " ... Policy: ... Hand Hygiene will be performed: ... 5. Before medication preparation</p>	V 0143	<p>FA or designee will in-service all direct care staff on policy C-MA-0070: Preparation and Administration of IV/SubQ/IM Medications as it relates to ensuring medication is administered per policy and policy C-IC-0060: Hand Hygiene as it relates to ensuring staff complete hand hygiene per policy. FA or designee will conduct infection control audit for 50% of nurses daily x2 weeks, then weekly x4, then monthly x3. Auditing as needed thereafter.</p> <p>FA is responsible to review all education and audit results in the monthly QAPI and GB meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if</p>	01/17/2022

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V 0401 Bldg. 00	<p>...."</p> <p>During an observation at 12/1/21 at 8:43 AM at the medication preparation area, Registered Nurse (RN) #1 was observed preparing parenteral medication. The RN failed to perform hand hygiene prior to preparing the medication.</p> <p>During an observation on 12/1/21 at 9:16 AM at Station #15, RN #1 was observed administering intravenous (IV) medication by IV bolus to Patient #7. RN #1 failed to clean the injection port prior to administration of medication.</p> <p>An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Training Nurse #1. During the interview, the Administrator confirmed the injection port should be cleaned prior to IV medication administration.</p> <p>494.60 PE-SAFE/FUNCTIONAL/COMFORTABLE ENVIRONMENT The dialysis facility must be designed, constructed, equipped, and maintained to provide dialysis patients, staff, and the public a safe, functional, and comfortable treatment environment.</p> <p>Based on observation, record review, and interview, the dialysis facility failed to ensure a safe treatment area which contained no expired supplies and all multi-use medications were dated, which had the potential to affect all in-center hemodialysis patients.</p> <p>Findings include:</p> <p>1. A facility policy numbered C-MA-0010, titled "Guidelines for Administration of Medication"</p>	V 0401	<p>indicated) and monitoring will continue until substantial compliance is met.</p> <p>FA or designee will in-service all direct care staff on policy C-MA-0010: Guidelines for Administration of Medication as it relates to multidose medication vials/bottles dated after opening and policy C-AD-0380: Facility Space/ Design and Safety Requirements as it relates to ensuring expired supplies are disposed of properly and timely. FA or designee will conduct</p>	01/17/2022	

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	<p>and revised 11/2020, indicated but was not limited to " ... Procedure: ... 19. Multi-dose vials: a. Opened multi-dose vials may be used until the manufacturer's expiration date noted on each individual vial. For medications with no specific manufacturer's instructions regarding expiration of opened multi-dose vials, discard at the end of 28 days"</p> <p>2. A facility policy numbered C-AD-0380, titled "Facility Space/Design and Safety Requirements" and revised 9/2020, indicated but was not limited to " ... Policy: ... 8. Patient treatment area will be designed and equipped to provide proper and safe treatments as well as privacy and comfort for patients ... 16. Ensure all supplies, medications and testing strips are checked at least monthly for expiration. Expired items will be discarded appropriately"</p> <p>3. A self-guided tour of the facility was conducted on 11/30/21 at 1:47 PM. During the tour, a package of 26 black laboratory collection tubes with the expiration date 8/21/21 was observed in the supply room, and 7 peritoneal dialysis (PD) minicaps with the expiration date 3/31/21, 1 peritoneal dialysis minicap with the expiration date 6/30/2020, and 13 vacutainer blood collection sets with the expiration date 1/31/21 were observed in PD Training Room #2.</p> <p>4. During an observation on 12/1/21 at 8:34 AM at the medication preparation area, an opened multidose bottle of Tylenol (medication given to treat pain and fever) was observed without a date of opening.</p> <p>5. An interview was conducted on 11/30/21 at 4:19 PM with the Administration and Training Nurse #1. During the interview, the Administrator</p>		<p>medication administration audit daily x2 weeks, then weekly x4, then resume monthly auditing per the Quality Management Workbook. FA or designee will conduct supply audit weekly x4 weeks, then resume monthly auditing per the Quality Management Workbook audit schedule.</p> <p>FA is responsible to review all education and audit results in the monthly QAPI and GB meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.</p>	

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V 0407 Bldg. 00	<p>confirmed all supplies and equipment should be discarded when expired.</p> <p>6. An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Training Nurse #1. During the interview, the Administration confirmed all multidose medications should be dated when opened.</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).</p> <p>Based on observation, record review, and interview, the dialysis facility failed to ensure site access was visible for the duration of the treatment for 2 of 11 station observations (Patient #12, 13).</p> <p>Findings include:</p> <p>1. An agency policy numbered C-ID-0010, titled "Intradialytic Monitoring of Patient" and revised 9/2020, indicated but was not limited to " ... Monitoring: Direct patient care staff will monitor the following parameters during each dialysis treatment: Patient: ... 5. Ensure patient's access ... are visible at all times"</p> <p>2. During an observation on 12/1/21 at 8:40 AM at Station 11, Patient #12 was observed with their site access covered.</p> <p>3. During an observation on 12/1/21 at 8:40 AM at Station 13, Patient #13 was observed with their site access covered.</p>	V 0407	<p>FA or designee will in-service all direct care staff on policy C-ID-0010: Intradialytic Monitoring of Patient as it relates to staff properly monitoring and documenting of patient access and/or face being uncovered. FA or designee will conduct Chairside Treatment Verification audit for 10% of patients daily x2 weeks, then weekly x4. Resume bi-monthly auditing per the Quality Management Workbook audit schedule.</p> <p>FA is responsible to review all education and audit results in the monthly QAPI and GB meetings for tracking and trending. If compliance is not progressing in a favorable direction, the POC will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will</p>	01/17/2022

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V 0504 Bldg. 00	<p>4. An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Training Nurse #1. During the interview, the Administrator confirmed patient site access should remain uncovered and visible throughout the treatment.</p> <p>494.80(a)(2) PA-ASSESS B/P, FLUID MANAGEMENT NEEDS The patient's comprehensive assessment must include, but is not limited to, the following:</p> <p>Blood pressure, and fluid management needs.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the Registered Nurse (RN) and Medical Director were notified of blood pressure readings above call parameters for 1 of 5 active patient record reviews (#2) and failed to ensure the RN notified the Medical Director of a new wound for 1 of 1 central venous catheter dressing change observations (#9).</p> <p>Findings include:</p> <p>1. A facility policy numbered C-ID-0010, titled "Intradialytic Monitoring of Patient" and revised 9/2020, indicated but was not limited to " ... Monitoring: Direct patient care staff will monitor the following parameters during each dialysis treatment: Patient: ... 2. Vital signs: Obtained and documented at least every 30 minutes and reported to charge nurse if outside of standing orders and/or reportable parameters ... Intervention: ... 3. Notify patient's physician of any significant change or problem"</p>	V 0504	<p>continue until substantial compliance is met.</p> <p>FA or designee will in-service all direct care staff on policies C-NU-0050: Vital Signs; C-TP-0060: Post Dialysis Assessment of Patient; C-ID-0010: Intradialytic Monitoring of Patient; and Reportable Parameters tool as it relates to ensuring all vital signs outside of clinic approved ranges are reported to the charge nurse; documentation by the RN and physician notification if indicated. FA or designee will in-service all direct care staff on policy C-TI-0070: Dialysis Catheter Dressing Procedure as it relates to notification being given to RN and MD of redness, swelling, tenderness or drainage. FA or designee will conduct Machine Setting audit for 25% of patients daily x2 weeks, weekly x4 and resume monthly auditing per the</p>	01/17/2022

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	<p>2. A facility policy numbered C-TP-0060, titled "Post Dialysis Assessment of Patient" and revised 1/2020, indicated but was not limited to " ... Assessment: 1. Post dialysis patient assessment includes but is not limited to: Vital signs - blood pressure sitting and standing ... Intervention: ... 2. Per facility specific reportable parameters, notify patient's physician of any significant changes or problems"</p> <p>3. A facility policy numbered C-FORMS-0081, titled "Reportable Parameters to CN [Charge Nurse]" and revised 01/2020, indicated but was not limited to " ... PCT [Patient Care Technician] ... Report to Charge Nurse. Pre-dialysis: ... B/P [blood pressure] Systolic [first number of blood pressure reading] > 180 ... Nurse must complete assessment before treatment initiated if any parameters not met. PCT ... Report to Charge Nurse. Intra-dialysis: B/P: Systolic > 180 ... PCT ... Report to Charge Nurse. Post-dialysis: ... B/P Systolic > 180"</p> <p>4. A facility policy numbered C-TI-0070, titled "Dialysis Catheter Dressing Change Procedure" and revised 01/2020, indicated but was not limited to " ... Procedure: ... 5. Observe catheter exit site for redness, swelling, tenderness or drainage ... Notify nurse in charge of findings. Nurse in charge will notify physician as indicated"</p> <p>5. During an observation on 12/1/21 at 9:54 AM at dialysis station #15, PCT #2 was observed providing care for Patient #9. The employee was observed changing the patient's central venous catheter (CVC) dressing. During the dressing change, PCT #2 noted an area of open skin underneath the CVC lumen. PCT #2 notified RN #1 of the new wound, and RN #1 came to the station</p>		<p>Quality Management Workbook audit schedule. FA or designee will conduct Flow Sheet audit for 10% of patents daily x2 weeks, weekly x4 and resume monthly auditing per the Quality Management Workbook audit schedule.</p> <p>FA is responsible to review all education and audit results in the monthly QAPI and governing body (GB) meetings for tracking and trending. If compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.</p>	

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	<p>to assess the site. RN #1 visibly observed the wound and directed PCT #2 on how to change apply the new dressing to cover the area. RN #1 failed to measure the wound and failed to notify the patient's physician of the change in CVC assessment.</p> <p>6. The clinical record of Patient #2 was reviewed on 12/3/21. The record indicated the patient's admit date was 10/13/21 and included a plan of care from the patient's previous dialysis facility dated 11/25/2020. The plan of care indicated the patient had a history of high blood pressure, and the patient's blood pressures from the dates 8/28/2020 - 9/9/2020 ranged from 84/48 - 220/122. The record included a "Hemodialysis Flowsheet for the patient's treatment completed on 11/22/21. PCT #4 documented the patient's pre-treatment sitting blood pressure at 10:04 AM was 255/119, blood pressure at the time of treatment initiation (10:11 AM) was 242/107, and intra-treatment blood pressure readings were 235/108 at 10:32 AM, 227/119 at 11:01 AM. The record failed to evidence the PCT notified the nurse of the patient's elevated blood pressures until 11:31 AM. RN #2 documented an assessment of the patient at 10:56 AM however the record failed to evidence the nurse notified Medical Director #1 of the elevated blood pressure until 12:21 PM. The patient's post-dialysis blood pressure was documented by RN #2 at 2:54 PM as 228/124. The documentation failed to evidence the nurse notified the medical director the patient's blood pressure post-treatment remained above policy parameters.</p> <p>The record included a "Hemodialysis Flowsheet" for the patient's treatment completed on 11/26/21. PCT #4 documented the patient's pre-treatment blood pressure at 10:18 AM was 220/129, blood</p>			

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NAME OF PROVIDER OR SUPPLIER US RENAL CARE KOKOMO DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP COD 3760 S REED ST KOKOMO, IN 46902
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	<p>pressure at the time of treatment initiation (10:23 AM) was 219/132, and blood pressure at 10:31 AM was 226/133. The nurse (Administrator) did not document an assessment of the patient until 10:53 AM, and indicated Patient #2 was given clonidine at that time (medication given to lower blood pressure) for their systolic blood pressure above 200. The patient's blood pressure remained elevated, and was documented as 231/132 at 11:01 AM, 232/133 at 11:31 AM, 233/132 at 12:01 PM, 231/135 at 12:31 PM, 234/133 at 1:01 PM, 240/127 at 1:32 PM, 227/132 at 1:53 PM (the end of dialysis). The patient's post treatment sitting blood pressure was documented as 227/132 by PCT #4. The Administrator indicated in "Post-Dialysis Comments" the "patient remains hypertensive. Continues to deny symptoms. Says has BP medications at home." The treatment flowsheet failed to evidence the PCT notified the nurse of the elevated blood pressure prior to treatment initiation and throughout the treatment, and failed to evidence the nurse notified the medical director of the patient's continued elevated blood pressure.</p> <p>The record included a "Hemodialysis Flowsheet" for the patient's treatment completed on 11/29/21. PCT #2 documented Patient #2's pre-treatment blood pressure at 10:32 AM was 193/108 and blood pressure at the time of treatment initiation (10:39 AM) was 206/114. The nurse (Administrator) documented an assessment at 10:52 AM, however the documentation failed to evidence the nurse rechecked the patient's blood pressure and failed to evidence an intervention was performed for the elevated blood pressure until 11:43 AM.</p> <p>7. An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Training Nurse #1.</p>			

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V 0715 Bldg. 00	<p>During the interview, the Administrator confirmed the nurse should notify the patient's physician if a new wound which had signs of infection was found during a CVC dressing change.</p> <p>8. An interview was conducted on 12/3/21 at 2:55 PM with the Administrator, Medical Director, Dietician #1, Social Worker #1, and Educator #1. During the interview, the Medical Director confirmed the nurse should notify the physician if the patient's blood pressure is above call parameters.</p> <p>494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P The medical director must- (2) Ensure that- (i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p> <p>Based on observation, record review, and interview, the Medical Director failed to ensure all policies and procedures were followed by staff for 1 of 1 observations of cannulation of an arteriovenous (AV) fistula site (Patient #8), 1 of 3 observations of decannulation of an AV fistula site (Patient #6), and 1 of 1 observation of venipuncture (Patient #14).</p> <p>Findings include:</p> <p>1. A facility policy numbered C-TI-0030, titled "Assessment and Needle Placement for Existing and New AV Fistula and Graft" and revised 5/2021, indicated but was not limited to " ... Procedure: ... 3. Access preparation: ... b. Locate</p>	V 0715	FA or designee will in-service all clinical staff on policies C-TI-0030: Assessment and Needle Placement for Existing and New AV Fistula and Graft, C-IC-0060: Hand Hygiene, and C-TP-0010 Termination of Dialysis Treatment and HT-MA-0090: Venipuncture as it relates to access preparation for cannulation site, glove changes, hand hygiene during treatment termination and removal of needles. FA or designee will conduct infection control audit daily x2 weeks, weekly x4 and resume monthly auditing per the Quality Management Workbook.	01/17/2022

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	<p>and palpate the needle cannulation sites prior to skin disinfection; remove gloves, perform hand hygiene and don clean gloves ... Note: Repeat access preparation if cannulation area has been touched/decontaminated. 4. Locate arterial site for puncture and stabilize but do not obliterate the vessel (do no re-palpate vessel) ... 5. Locate the venous site for puncture and stabilize but do not obliterate the vessel (do not re-palpate vessel)"</p> <p>2. A facility policy numbered C-IC-0060, titled "Hand Hygiene" and revised 8/2020, indicated but was not limited to " ... Policy: ... Hand Hygiene will be performed: ... 4. Prior to adjusting or removing cannulation needles ... 6. Before clean/aseptic procedure (e.g., vascular access cannulation/decannulation ...)"</p> <p>3. A facility policy numbered HT-MA-0090, titled "Venipuncture" and revised 1/2020, indicated but was not limited to " ... Procedure: Insertion: ... 4. Locate vein and disinfect the skin with alcohol prep pad in a rubbing motion for at least 30 seconds ... 6. Hold vein in place by applying pressure on the vein ... Do not re-palpate vessel, if this occurs repeat disinfection"</p> <p>4. A facility job description titled "Medical Director" and revised 6/18/2010, indicated but was not limited to " ... Essential Duties and Responsibilities: ... B. Policies and Procedures ... Ensure that all policies and procedures relative to ... patient care, infection control, and safety are adhered to by all individuals who treat patients in the Facility"</p> <p>5. During an observation at 12/1/21 at 9:38 AM at dialysis station 3, PCT #1 was observed caring for Patient #8. While accessing the patient's</p>		<p>FA is responsible to review all education and audit results in the monthly QAPI and governing body (GB) meetings for tracking and trending. If compliance is not progressing in a favorable direction, the Plan of Correction (POC) will be re-evaluated, revisions made, re-education (if indicated), corrective action for staff (if indicated) and monitoring will continue until substantial compliance is met.</p>	

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	<p>arteriovenous (AV) fistula for initiation of dialysis, PCT #1 applied antiseptic to the skin, accessed the first cannulation site, palpated with a gloved hand the second cannulation site, and accessed the second cannulation site. PCT #1 failed to change gloves and perform hand hygiene in between preparing the cannulation sites and cannulation and failed to clean the venous cannulation site after it was decontaminated.</p> <p>6. During an observation on 12/1/21 at 9:46 AM at dialysis station 2, PCT #1 was observed caring for Patient #6. The employee was observed discontinuing dialysis and performing post dialysis access care for an AV fistula. PCT #1 disconnected the patient's blood lines then decannulated the access sites. The PCT failed to remove gloves, perform hand hygiene, and don new gloves in between disconnecting the bloodlines and decannulating.</p> <p>7. During an observation on 12/2/21 at 11:39 AM in Peritoneal Dialysis (PD) Training Room #2, Training Nurse #1 was observed conducting a clinic visit with Patient #14. The employee was observed performing venipuncture (drawing blood from a vein for laboratory testing) on Patient #14. Training Nurse #1 palpated the vein, disinfected the site, repalpated the vein, and inserted the needle. Training Nurse #1 failed to repeat disinfection after repalpating the vein.</p> <p>8. An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Training Nurse #1. During the interview, the Administrator confirmed staff should change gloves and perform hand hygiene in between preparing the AV fistula cannulation sites and cannulation, clean the venous cannulation site when decontaminated, and change gloves and perform hand hygiene in</p>			

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

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	<p>between disconnecting the dialysis bloodlines and decannulating an AV fistula.</p> <p>9. An interview was conducted on 12/1/21 at 2:11 PM with the Administrator and Educator #1. During the interview, the Administrator confirmed staff should disinfect a site if the vein was re-palpated during venipuncture.</p>				