

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

PRINTED: 01/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152604	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2024
NAME OF PROVIDER OR SUPPLIER US RENAL CARE DALEVILLE DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 E 59TH STREET ANDERSON, IN 46013		
(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	INITIAL COMMENTS This visit was for a Federal Complaint survey of a Deemed ESRD Provider. Survey dates: January 10th and 11th of 2024 Complaint #IN00424766 with unrelated deficiencies cited. Census by Service Type: In Center Hemodialysis: 28 Isolation Room: 1	V 000			
V 715	QR Completed on 01/17/2024 by A4 MD RESP-ENSURE ALL ADHERE TO P&P CFR(s): 494.150(c)(2)(i) 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; This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the Medical Director failed to ensure all policies and procedures related to patient care and infection control were followed by staff for 2 of 2 Patient Care Technicians (PCT) observed performing central venous catheter (CVC) exit site care (PCT 2 and 3). Findings include:	V 715			

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 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.

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V 715	Continued From page 1 1. Policy #C-TI-0070, Dialysis Catheter Dressing Change Procedure, relayed that when using a chlorhexidine 2% with 70% alcohol solution to cleanse the skin surrounding the exit site, staff should cleanse from the catheter exit site outwards for 30 seconds. 2. Policy #C-AD-0070, Medical Director, relayed the duties and responsibilities of the Medical Director include ensuring that all policies and procedures relative to patient care and infection control are followed by all individuals who treat patients in the facility. 3. Observed PCT 2 providing CVC exit site care for Patient #6 on 01/10/24 at 11:18 AM. PCT 2 cleansed the skin surrounding Patient #6's CVC exit site with a solution of chlorhexidine 2% with 70% alcohol for 16 seconds. 4. Observed PCT 3 providing CVC exit site care for Patient #1 on 01/10/24 at 11:54 AM. PCT 3 cleansed the skin surrounding Patient #1's CVC exit site with a solution of chlorhexidine 2% with 70% alcohol for 15 seconds. 5. On 01/10/24 at 4:47 PM, the Administrator relayed that the skin around the CVC exit site should be cleansed for 30 seconds when using a solution of chlorhexidine 2% with 70% alcohol.	V 715			