

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152623	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/01/2021
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NAME OF PROVIDER OR SUPPLIER  LIBERTY DIALYSIS-HAMMOND LLC	STREET ADDRESS, CITY, STATE, ZIP COD 7214 CALUMET AVE HAMMOND, IN 46324
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V 0000  Bldg. 00	<p>This survey was for an addition of home hemodialysis and a federal complaint survey.</p> <p>Complaint #: IN00159456: Complaint was unsubstantiated. Federal deficiencies unrelated to the complaint were cited.</p> <p>Survey Dates: 11/30/2021 to 12/1/2021</p> <p>Facility: 011530</p> <p>Provider: 152623</p> <p>Stations: 16, no isolation rooms</p> <p>ICHD Patients: 58</p> <p>Home Peritoneal Dialysis patients: 8</p> <p>Home Hemodialysis patients: 1</p> <p>Total Census: 67</p>	V 0000		
V 0113  Bldg. 00	<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 had completed appropriate hand hygiene according to hand hygiene policies and procedures in 3 of 5 hand washing observations completed. (PCT E, PCT F, RN B)</p>	V 0113	<p>On December 1, 2021 the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies:</p> <ul style="list-style-type: none"> <li>Hand Hygiene Policy version</li> </ul>	01/06/2022

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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	<p>The findings include:</p> <p>1. An agency policy titled "Hand Hygiene," revised 11/4/2019, stated " ... Hand hygiene includes either washing hands with soap and water or using a waterless alcohol-based antiseptic rub with 60-90% alcohol content. Hands will be washed with antimicrobial soap and water when hands are visibly dirty or contaminated with proteinaceous material, blood, or other bodily fluids ... 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 the treatment area. Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medications. Immediately after removing gloves. After contact with bodily fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled. When moving from a contaminated body site to a clean body site of the same patient. After contact with the dialysis wall box, concentrate, drain or water lines ...."</p> <p>2. An agency procedure titled "Hand Hygiene," revised 9/26/2018, stated, "... Procedure for Decontaminating Hands with Alcohol Based Hand rubs 1. If gloves are worn, remove and discard in appropriate waste container. Exposes the skin for decontamination. 2. Apply alcohol-based hand rub to the palm of one hand using the amount recommended by the product manufacturer. Adequate amount of product must be used for maximum effectiveness. 3. Rub hands together covering all surfaces of the hands and fingers until hands are dry. Allowing alcohol to dry completely allows adequate contact time to kill germs, allows alcohol to evaporate, and prevents</p>		<p>6</p> <ul style="list-style-type: none"> <li>· Hand Hygiene Procedure version 3</li> </ul> <p>Emphasis was placed on:</p> <ul style="list-style-type: none"> <li>· Hand will be decontaminated using alcohol-based hand rub or by washing hands with antimicrobial soap and water <ul style="list-style-type: none"> <li>o Before and after direct contact with patients</li> <li>o Entering and leaving the treatment area</li> <li>o Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medications</li> <li>o Immediately after removing gloves</li> <li>o After contact with body fluids or excretion, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.</li> <li>o After contact with inanimate objects near the patient.</li> <li>o When moving from a contaminated body site to a clean body site of the same patient <ul style="list-style-type: none"> <li>· Apply alcohol-based hand rub to the palm of one hand using the amount recommended by the product manufacturer. Adequate amount of product must be used for maximum effectiveness.</li> <li>· Rub hands together covering all surfaces of the hands and fingers, until hands are dry. Allowing alcohol to dry completely allows adequate contact time to</li> </ul> </li> </ul> </li> </ul>	

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	<p>risk of igniting flames due to alcohol is flammable properties. Duration of the entire procedure: 20 to 30 seconds...."</p> <p>3. During an observation on 11/30/2021 at 9:11 AM, PCT [patient care technician] E was observed sanitizing his hands before disconnecting patient #8 at station #14. PCT E applied the alcohol-based hand rub to the palms and backs of his hands and waved his hands to dry them. PCT E failed to sanitize all surfaces of his hands (including between his fingers). PCT E also failed to rub his hands using friction until the alcohol-based hand rub was dry.</p> <p>4. During an observation on 11/30/2021 at 10:35 AM, PCT F was observed adjusting dialysis lines for patient #7 at station #12. PCT F removed her gloves and walked to the clean cart by the nurse's station removed supplies from the cart and removed a pair of gloves from the box on top of the cart. PCT F failed to wash her hands before taking supplies and gloves from the clean cart.</p> <p>5. During an observation on 11/30/2021 at 10:20 AM, RN (registered nurse) B was observed sanitizing her hands before assessing patient #8. RN C applied an alcohol-based hand rub to her hands and applied her gloves while the alcohol-based hand rub was still wet. RN C failed to use friction until the alcohol-based hand rub was dry before she applied her gloves.</p> <p>During an interview on 12/1/2021 at 12:35 PM, the facility administrator indicated all surfaces of the hands should be sanitized using friction until the alcohol-based hand rub is dry.</p>		<p>kill germs, allows alcohol to evaporate, and prevents risk of igniting flames due to alcohol's flammable properties.</p> <p>Effective December 6, 2021, Clinical Manager or designee will conduct weekly visual audits with focus on ensuring staff complete appropriate hand hygiene according to policy and procedure utilizing Clinical Practice Checklist Audit Tool for 4 weeks or until 90% compliance is achieved. The Governing Body will determine on-going frequency of the audits based on compliance. Once compliance sustained monitoring will be done through the Clinic Audit Checklist per QAI calendar. Any ongoing non-compliance by staff, per the Conditions for Coverage and the FMC policy, will be addressed with corrective action as appropriate.</p> <p>The Clinical Manger 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.</p> <p>The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate.</p> <p>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</p>	

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V 0122 Bldg. 00	<p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL</p> <p>[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, for the-]</p> <p>(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>Based on observation record review, and interview, the facility failed to ensure staff had completed appropriate disinfection of dialysis stations in 2 of 3 disinfection of stations observed. (stations #12, #15)</p> <p>These findings include:</p> <p>1. An agency policy titled "Cleaning and Disinfection of the Dialysis Station," revised 11/2/2020, stated, "Purpose: The purpose of this policy is to provide guidelines to prevent the spread of infectious disease in accordance with appropriate regulations, and to maintain, a clean, safe aesthetically pleasant environment for patients, staff, in visitors ... Definition: Dialysis station Area including the dialysis machine, chair/bed and other reusable equipment utilized during the dialysis treatment. Equipment in the dialysis station may include but is not limited to) the following: Dialysis machine an attachments</p>	V 0122	<p>of the issues. The in-service sheets are available in the clinic for review. The deficiency was corrected on 1/6/22.</p> <p>On December 1, 2021, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies:</p> <ul style="list-style-type: none"> <li>· Cleaning and Disinfection of the Dialysis Station Policy version 11</li> <li>· Cleaning and Disinfection of the Dialysis Station Procedure version 3</li> </ul> <p>Emphasis was placed on:</p> <ul style="list-style-type: none"> <li>· The dialysis station could become contaminated with blood and other body fluids during treatment. After use, all non-disposable equipment and supplies must be disinfected with 1:100 bleach or manufacturer's recommendations or discarded.</li> <li>· Externally disinfect the dialysis machine with 1:100</li> </ul>	01/06/2022
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	<p>such as IV [intravenous] pole, BP [blood pressure] cuff and hand sanitizer/holder, chair, individual television and remote ... the dialysis station could become contaminated with blood or other body fluids during treatment. After use, all non- disposable equipment and supplies must be disinfected with 1:100 bleach or manufacturer's recommendations or discarded ... Externally disinfect the dialysis machine with 1:100 bleach solution after each dialysis treatment...."</p> <p>2. An agency procedure titled "Cleaning and Disinfection of the Dialysis Station " revised 3/20/2013, stated, " ... 3. Use a cloth wetted with 1:100 bleach solution or EPA-approved disinfectant to clean and disinfect the dialysis station (chair/bed, tables, machine, television, IV pole, BP cuff, hand sanitizer dispenser, and holder etc.). Place the chair in Trendelenburg position and open side panels if chair has swing open sides do all the surfaces are visible 4. Clean all surfaces, Make sure the surfaces are glistening wet and allow to air dry ... 5. Give special attention to the cleaning of the control panel on the dialysis machine and other surfaces that are frequently touched and potentially contaminated with the patient's blood and/or bodily fluids. While wiping, remember, remember to wipe all surfaces of the machine including the air detector chamber, blood pump casing, IV pole and wherever the extracorporeal circuit was in contact with the machine...."</p> <p>3. During an observation on 11/30/2021 at 10:15 AM, PCT (patient care technician) E was observed at station #15 cleaning the station after patient use. PCT E was observed cleaning the chair. During the cleaning process, PCT E cleansed the chair and put the dirty blood pressure cuff on the chair. PCT E failed to</p>		<p>bleach solutions after each dialysis treatment.</p> <ul style="list-style-type: none"> <li>o Use a cloth wetted with 1:100 bleach solution or EPA-approved disinfectant to clean and disinfect the dialysis station (chair/bed, tables, machine, television, IV pole, B/P cuff, hand sanitizer dispenser and holder, etc.). Place the chair in Trendelenburg position and open side panels if chair has swing open sides so all surfaces of the chair are accessible.</li> <li>o Clean all surfaces. Make the surfaces glisteningly wet and allow to air dry unless otherwise specified by the manufacturer</li> <li>o Give special attention to the cleaning control panel on the dialysis machine and other surfaces that are frequently touched and potentially contaminated with patient's blood and/or body fluids. While wiping, remember to wipe all surfaces of the machine including the air detector chamber, blood pump casing, IV pole and wherever the extracorporeal circuit was in contact with the machine.</li> </ul> <p>Effective December 6, 2021, Clinical Manager or designee will conduct weekly visual audits with focus on ensuring staff complete appropriate disinfection of the dialysis station utilizing Cleaning and Disinfection of the Dialysis Station Audit Tool for 4 weeks or until 90% compliance is achieved. The Governing Body will determine</p>	

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	<p>disinfect the blood pressure cuff before placing it on the clean chair. During the cleaning of the station, PCT E failed to clean the remote control for the television.</p> <p>4. During an observation on 11/30/2021 at 10:37 AM, PCT E was observed at station #12 cleaning the station after patient use. PCT E was observed cleaning the blood pressure cuff with a wipe soaked in bleach. PCT E failed to clean all surfaces of the blood pressure cuff.</p> <p>During an interview on 12/1/2021 at 12:41 PM, the facility administrator indicated all surfaces of the blood pressure cuff, TV remote, chair, and dialysis machine needed to be cleaned after patient use.</p>		<p>on-going frequency of the audits based on compliance. Once compliance sustained monitoring will be done through the Clinic Audit Checklist per QAI calendar. Any ongoing non-compliance by staff, per the Conditions for Coverage and the FMC policy, will be addressed with corrective action as appropriate.</p> <p>The Clinical Manger 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.</p> <p>The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate.</p> <p>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>The in-service sheets are available in the clinic for review.</p> <p>The deficiency was corrected on 1/6/22.</p>	