STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	152605	A. BUILDING 00 B. WING	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BALL DIALYSIS AT FOREST RIDGE	101 EMERSON AVE NEW CASTLE, IN 47362

(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
V 0000 Bldg. 00	This visit was for a Federal Complaint Survey of an ESRD provider. Survey Dates: 01-02-2024 and 01-04-2024 Complaint: IN00422785 with unrelated Federal deficiencies cited. Facility #: 010644 CCN #: 152605 Stations: 21 includes 1 isolation room. Census by Service Type: In-Center Hemodialysis: 45 No Home Peritoneal and Hemodialysis Program QR completed by Area 3 on 1-07-2024.	V 0000		
V 0117 Bldg. 00	494.30(a)(1)(i) IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS 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. When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Valerie Noah	RN Area Team Leader	01/18/2024

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	(centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station. 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. Based on observation and interview, the agency failed to ensure supplies were stored appropriately for 1 of 1 in stand alone dialysis centers. Findings include: 1. An agency policy titled, "Storage of Supplies" received from the Facility Administrator on 01-04-2024 at 11 AM contained but was not limited to, " Proper storage conditions are necessary to provide a safe environment and to ensure supplies are not expired, contaminated or damaged. All clean supplies must be stored off the floor ...."2. During the flash tour of the agency's treatment area on 01-02-2024, the clean sink next to station 6 evidenced a blue bucket under the sink. The clean sink at the Patient Care Technician (PCT) station evidenced a glass vase with a yellow ribbon, 4 screws, 2 washers, drain plug, an orkin commercial box cover, magic eraser, and a container of extra soap. 3. During the flash tour of the agency's supply room on 01-02-2024, 5 chemosafe boxes were stored on the floor next to the door to the treatment room. A brown box filled with 10 ml (milliliter) syringes of Normal Saline was on the floor next to the shelves. An ice melter box, Ginger Ale bottle box, Apple bottle box, and 2 light blue	V 0117	**V117** On 01/08/2024, the Facility Administrator and Area Team Lead met with the staff to re-educate and reinforce the expectations and responsibilities of the facility staff on policy. Any staff member not present, for the meeting will be educated upon their return to the facility. Storage of Supplies Emphasis was placed on: Proper storage conditions are necessary to provide a safe environment and to ensure supplies are not expired, contaminated, or damaged. All clean or sterile supplies, except drums of concentrate, must be stored off the floor and a minimum of eighteen inches in a sprinklered facility from the ceiling. All supplies must be stored in a clean, well lit, and climate-controlled environment. Storage of supplies	02/03/2024

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	and 2 dark blue boxes with a Medegen Medical products box were on the floor next to the back door and water softener. 4. During an interview with Biomed on 01-02-2023 at 3:30 PM, they indicated the boxes with sterile syringes and blood culture tubes on the floor by the shelf and the Citracal jugs by the salt on the floor were not to be on the floor and moved them to the shelf. On 01-04-2024 at 7:30 AM, the boxes of sterile syringes and blood cultures were evidenced on the floor next to the shelf. The agency failed to ensure boxes with supplies were not stored on the floor. 5. During an interview with the Area Team Lead on 01-04-2023 at 2:18 PM, they indicated there was not to be anything under the sinks.		outdoors is strictly prohibited. All supplies must be stored and handled in accordance with manufacturer's instructions for use and Safety Data Sheets. Review hazardous communication program for addition instruction. Sterile supplies must be stored above clean supplies. All liquid supplies must be stored separate from dry supplies to minimize damage from accidental breakage or spills. Supplies must be stored in a manner that does not present a safety hazard to staff such as slip and fall or trip hazard. Supplies must be rotated First in-First Out (FIFO) to ensure products maintain quality and do not expire. Appropriately dispose of items that have reached the expiration date. Store acid concentrates in accordance with the Acid Concentrate Storage and Handling policy. Bleach and vinegar should not be stored next to each other to minimize the potential for reaction leading to harmful vapors in the case of accidental breakage or spills. Bleach must be stored below other supplies to prevent contamination if leakage occurs Use proper body mechanics when handling, lifting, and moving supplies as outline in the Back-Injury Prevention Program	

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			Effective 01/10/24, Facility Administrator will conduct infection control audits 3X/ per week, with alternating shifts with focus on ensuring no supplies stored on the floor to provide a safe environment utilizing Infection Control Audit Tool for 2 weeks and then weekly, 1 X/ per week for an additional 4 weeks. 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. 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 of all identified issues. The QAI Committee is responsible	

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			for providing oversight, reviewing findings, and taking 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 for providing 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. Completion 2/03/24	
V 0403 Bldg. 00	494.60(b) PE-EQUIPMENT MAINTENANCE-MANUFACTURER'S DFU The dialysis facility must implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations. Based on observation, record review and interview the facility failed to ensure all sink drainage pipes were functioning properly for 1 of 1 stand alone dialysis centers. Findings include:	V 0403	**V403** On 01/08/2024, the Facility Administrator and Area Team Lead met with the staff to re-educate and reinforce the expectations and responsibilities	02/03/2024

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	1. A document titled "Biomedical Technician III" received from the Area Team Lead on 01-04-2024 at 7:50 AM contained but was not limited to "PRINCIPAL DUTIES AND RESPONSIBILITIES: Performs and oversees effective, timely management troubleshooting, repair activities ... of the physical plant ...." 2. During the flash tour on 01-02-2024 at 12:42 PM observed a sink next to the entrance of the storage area marked "dirty sink". The cabinet underneath the sink contained a bucket under the drain pipe and a pink and purple crystal like sediment and rust colored dust on the cabinet floor. 3. During an interview on 01-02-2024 at 3:30 PM with the facility Biomedical Technician, they reported being aware of the leaking pipe and said the debris under the sink was a result of staff emptying water testing chemicals down the dirty sink causing the drain pipe to erode. When queried if a work order was made for repairs, they reported " no " but they were looking for quotes and would clean up the sink now and remove the bucket. When queried how long this has been leaking, they reported a few months. 4. During an observation on 01-04-2024 at 7:25 AM observed the sink with the leak to have no sediment, water, or bucket under the pipe in the cabinet.5. During a flash tour of the agency on 01-02-2024, the clean sink at the Patient Care Technician (PCT) station evidenced a green, blue stain with powder in the center of the cabinet under sink. The agency failed to ensure the cabinets under the sinks were clean and the pipes were not leaking.		of the facility staff on policy. Any staff member not present, for the meeting will be educated upon their return to the facility. Equipment Installation - Operation - Maintenance - Repair - And Disposal Emphasis was placed on: Any equipment or device that is not fully functioning in accordance with manufacturer's instructions for use (IFU), or company policy, must be repaired or replaced as soon as reasonably possible. If the faulty equipment poses a risk to the patient or staff, the device will be immediately removed from service. Identified issues may include fluid leaks; nonfunctional, broken, or misadjusted parts and components; or aesthetic damages. Any equipment awaiting repair must be tagged in accordance with Use of Hemodialysis and Ancillary Machine Repair/Return Tag Policy. Only Original Equipment Manufacturer (OEM) parts may be used to repair medical equipment unless approved by Corporate	

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			Biomedical Support Services Effective 01/10/24, the Facility Administrator will conduct physical environment inspection audits weekly with focus on ensuring no drain/pipes leaking for safety and functionality of the facility to maintained for patients and facility staff utilizing Building Interior Physical Environment Inspection Audit for 4 weeks or until 100% compliance is achieved. Once compliance is sustained, the Governing Body will decrease frequency to resume regularly scheduled audits based on the QAI calendar. Monitoring will be done through the Clinic Audit Checklist Tool per QAI calendar. 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	

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			through to the sustained resolution of all identified issues. The QAI Committee is responsible for providing oversight, reviewing findings, and taking 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 for providing 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. Completion 2/03/24	