

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

PRINTED: 06/26/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  152607		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/06/2024	
NAME OF PROVIDER OR SUPPLIER  US RENAL CARE NORTH MUNCIE DIALYSIS				STREET ADDRESS, CITY, STATE, ZIP COD 800 S TILLOTSON STE 1 MUNCIE, IN 47303			
(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: June 4, 5, 6, 2024  Complaint: IN00435267 with unrelated deficiencies cited.  Census by Service Type:  In Center Hemodialysis: 115 Home Hemodialysis: 2 Home Peritoneal dialysis: 20 Total Active Census: 137  Isolation Room: 1  QR 6/13/24 A2			V 0000	The Governing Body of USRC N. Muncie take all deficiencies serious and will educate, monitor, track and trend to meet compliance with the Cfc regulations.		
V 0147  Bldg. 00	494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children  I. Health care worker education and training A. Educate health-care workers regarding the ... appropriate infection control measures to prevent intravascular catheter-related infections. B. Assess knowledge of and adherence to guidelines periodically for all persons who manage intravascular catheters.						

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

TITLE

(X6) DATE

Merry Naude RN, CDN

Director Clinical Services

06/14/2024

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 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 30 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>II. Surveillance</p> <p>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</p> <p>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 dialysis facility failed to ensure the central venous catheter (CVC) exit site was disinfected per facility policy for 1 of 1 patient care technicians (PCTs) observed performing CVC exit site care (PCT 2).</p> <p>Findings include:</p> <p>1. An agency document on The Dialysis Catheter Dressing Change Procedure indicated "Using aseptic technique, cleanse the skin surrounding the exit site with the appropriate skin antiseptic ... Povidone iodine ... Use the 'bullseye' technique, applying in a circular motion around the insertion site while progressing outward for 2-3 minutes."</p> <p>2. During an observation on 6/05/24 at 12:13 PM, PCT 2 was observed providing CVC exit site care for Patient #6. PCT 2 disinfected around the CVC exit site with povidone-iodine swabs for a total of 15 seconds. PCT 2 failed to disinfect the area</p>			V 0147	<p>Facility Administrator (FA) or designee will in-service all direct patient care staff (DPC) regarding USRC Policy C-TI-0070 Dialysis Catheter Dressing Change Procedure. In-service will include but not limited to: using aseptic technique, cleansing the skin surrounding the exit site with the appropriate skin antiseptic; cleaning process, contact time and dry time. (i.e.: Povidone iodine-bullseye technique, applying in a circular motion around the insertion site while progressing outward for 2-3 minutes and allow to dry for 2 minutes before applying dressing). FA or designee will audit all catheter patients dressing changes daily x 2 weeks or until</p>		07/06/2024

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	around the CVC exit site for at least 2 to 3 minutes with povidone-iodine.  During an interview on 6/05/24 at 12:24 PM, PCT 2 relayed she should disinfect the CVC exit site for 60 seconds.  During an interview on 6/06/24 at 4:42 PM, the Administrator relayed the CVC exit site should be disinfected with povidone-iodine for 2 minutes and allowed to dry before placing the dressing.				compliance is met, then 2 days/week x 2 weeks or until compliance is met, then monthly x 2 and then per the Quality Management Workbook audit schedule. FA is responsible to review all education and audit results in monthly Quality Assessment Performance Improvement (QAPI) and Governing Body (GB) meetings for tracking and trending. If compliance is not progressing in a favorable direction, re-education (if indicated), corrective action for staff (if indicated), and monitoring will continue until compliance is met.		