

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

PRINTED: 08/16/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152603	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2021
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NAME OF PROVIDER OR SUPPLIER FRANKLIN DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1140 W JEFFERSON ST STE A FRANKLIN, IN 46131
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. 00	<p>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62, for Medicare End Stage Renal Suppliers.</p> <p>Survey dates: 7-7, 7-8, and 7-9-2021</p> <p>Facility #: 011351</p> <p>CCN: 152603</p> <p>In Center Hemodialysis stations: 14</p> <p>Isolation room: 0</p> <p>Total: 14</p> <p>At this Emergency Preparedness survey, Franklin Dialysis (DaVita), was found to have been in compliance with the Emergency Preparedness Requirements for Medicare participating providers and suppliers, staffing and the implementation of staffing during a pandemic at 42 CFR 494.62.</p> <p>Quality Review Completed on 7/15/21 by area 3</p>	E 0000		
V 0000 Bldg. 00	<p>This visit was for a CORE Recertification and a focused infection control survey of a Medicare End Stage Renal Disease Supplier.</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 0122 Bldg. 00	<p>Dates of Survey: 7-7, 7-8, and 7-9-2021</p> <p>Facility Number: 011351</p> <p>CCN: 152603</p> <p>In Center Hemodialysis stations: 14</p> <p>Isolation room: 0</p> <p>Total: 14</p> <p>Quality Review Completed on 7/15/21 by area 3</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, 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 implement infection prevention practices during the administration of parenteral medications for 1 of 2 medication administration observations made, for 1 of 3 days of treatment floor observations; failed to prevent the risk of potential transmission of microorganisms to patients from 2 of 4 "dirty" sinks on the treatment floor that were positioned</p>	V 0122	The Facility Administrator (FA) held mandatory in-service for all Clinical Teammates on Policy 1-05-01 "Infection Control for Dialysis Facilities" starting on 7/12/2021. Verification of attendance is evidenced by a signature sheet.	07/12/2021

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	<p>in close proximity to patient stations #6 and #9; and the facility failed to implement their policy to ensure appropriate infection control measures were maintained within the treatment center for 6 of 12 patient treatment floor observations.</p> <p>The findings included:</p> <p>1. On 7-9-2021 at 9:15 AM, review of a policy, last reviewed/revised in October 2020, titled, "Infection Control for Dialysis Facilities," was provided by the Senior Clinical Services Educator (employee K). Review of the policy evidenced it stated, " ... Equipment including the dialysis delivery system ... television arms ... as well as all work surfaces will be wiped clean with a bleach solution ... before being used on another patient ... "</p> <p>2. During a treatment floor observation on 7-7-2021, at 9:29 AM, employee C, a registered nurse (RN), prepared syringes of parenteral medications of Epogen (treats anemia) and Hecterol (lowers parathyroid hormone to reduce bone mineral disease) at the medication station and went to station #6. The RN set the 2 parenteral medication syringes on the top of the In Center Hemodialysis (ICHD) machine, then opened the alcohol pad, used it to perform antisepsis on the tubing injection port, and administered the 1st medication. The RN then set the alcohol pad back down on the ICHD machine, picked up the 2nd syringe, picked up the alcohol pad from the top of the machine and performed antisepsis of the port, then injected the 2nd parenteral medication into the port.</p> <p>On 7-7-2021, at 11:15, the Group Facility Administrator (GFA), employee A, when queried if the ICHD machine was defined as a "dirty"</p>		<p>Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) Equipment including the dialysis delivery system, the dialysis chair and side tables including opening the chair to reach crevices, blood pressure equipment, television arms and control knobs or remote control devices if accessible to patients and TMs as well as all work surfaces will be wiped clean with a bleach solution of the appropriate strength after completion of procedures, before being used on another patient. 2) Teammates will not handle and store medications in the same or adjacent area to that where used equipment...are handled. The FA or designee will conduct observational infection control audits daily for two weeks then weekly for two weeks to verify compliance with facility policy. Ongoing compliance will be verified with the monthly internal infection control audits.</p>	

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	<p>surface area, responded, "Yes." When the above observations were shared, the GFA stated the parenteral medications should not have been set on top of the ICHD machine, and the alcohol pad, once opened could be reused if it had not been set on top of the ICHD machine, a "dirty" surface. The GFA indicated the ICHD machine was defined as "dirty" due to the potential for the presence blood and other potentially infectious organisms, which may not be visible to the eye.</p> <p>3. On 7-7-2021, at 9:47 AM, 2 patients were observed utilizing the weight scale at the entry of the treatment floor without having the standing scale cleaned after the prior patient's use. One (1) of the 2 patients was using a wheelchair and touched the grab rail.</p> <p>4. On 7-7-2021 at 9:50 AM, at station #3, employee E, a Patient Care Technician (PCT), failed to clean all surfaces of the back chase shelf or the television and arm of the television, prior to use by another patient.</p> <p>5. On 7-7-2021, at 10:35 AM, at station # 3, employee F, a PCT, failed to open the treatment chair to clean the interior surfaces of the chair, prior to use by another patient.</p> <p>6. On 7-7-2021, at 10:00 AM at station #11, employee D, a PCT, failed to clean all surfaces of the back chase shelf or the television and arm of the television, before use by another patient.</p> <p>7. On 7-7-21, at 10:15 AM at station #7, employee D, a PCT, failed to clean all surfaces of the back chase shelf or the television and arm of the television, before use by another patient.</p> <p>8. On 7-9-2021 at 10:20 AM, 3 patients were observed utilizing the standing scale at the entry</p>		<p>Instances of non-compliance will be addressed immediately. The FA will review the results of the audits with TMs during homeroom meetings and with Medical Director during monthly QAPI, known as Facility Health Meetings (FHM) with supporting documentation included in the meeting minutes. The FA is responsible for compliance with this plan of correction.</p>	

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V 0401 Bldg. 00	<p>of the treatment floor without the staff having disinfected the standing scale between patients.</p> <p>9. On 7-9-2021, prior to the exit conference at 3:30 PM, the above concerns were shared with the Facility Administrator and the Senior Clinical Services Educator, employee K. When queried if these observations were in accordance with facility policy and standards of infection control, both replied, "No."</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 and interview, the facility failed to ensure all patient treatment stations (stations #6 and #9) were readily accessible for the use of emergency equipment, care equipment (crash care, Hoyer Lift, etc.,) and personnel access, for 2 of 14 in-center dialysis stations.</p> <p>The findings included:</p> <p>On 7-7, 7-8, and 7-9-2021, during treatment floor observations, the treatment floor contained 4 "dirty sinks," designated for use of items which had been contaminated during direct patient care. Two (2) of the 4 "dirty" sinks were positioned in close proximity to stations #6 and #9, such that they would hinder the ready access to the patients by staff, emergency personnel, and/or impede the use of other care equipment (Hoyer Lift.)</p>			V 0401	<p>V401 100% of facility teammates will be in-serviced on Policy 8-04-01 "Physical Environment". Verification of attendance is evidenced by a signature sheet. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) the dialysis facility will be designed, constructed, equipped, and maintained to provide dialysis patients, teammates, and the public a safe, functional, and comfortable</p>		08/06/2021

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	On 7-9-2021, at 8:50 AM, the Facility Administrator, and the Senior Clinical Services Educator, employee K, when queried if the "dirty" sinks between stations 5 & 6, and stations 9 & 10, were in such close proximity to dialysis stations #6 and #9, such that it might impede access of staff, emergency responders, crash cart, Hoyer Lift, and other care items in the delivery of care, responded, "Yes."		treatment environment. 2) The space for treating each patient will be sufficient to provide needed care and services, prevent cross contamination, and to accommodate medical emergency equipment and teammates. On 7/7/2021, the Facility Administrator (FA), submitted an emergency work order for removal of (1) sink between stations (5) and (6) and (1) sink between stations (9) and (10). On 7/16/21, the sinks were inspected for removal. Anticipated date of removal of the sinks is 8/7/21. The FA of designee will conduct observational audits weekly to verify compliance with facility policy. Ongoing compliance will be verified with the monthly OSHA Safety audit. The FA will review the results of the audits with TMs during homeroom meetings and with Medical Director during monthly QAPI, known as Facility Health Meetings (FHM) with supporting documentation included in the meeting minutes.	

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V 0402 Bldg. 00	<p>494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY</p> <p>The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.</p> <p>Based on observation, record review, and interview, the facility failed to ensure eyewash stations had been installed in areas of risk of bloodborne pathogen and chemical exposure, for 3 (water room, treatment floor, and laboratory area) of 3 areas which required an eyewash station; based on observation and interview, the facility failed to ensure all entry doors (backdoor) in the facility were maintained in good repair and in a safe condition for staff and patients, for 1 (back door) of 2 entry doors, on 1 of 3 days of survey observations, and failed to maintain 1 (the southwest corner of the nurses station) of 4 "dirty" sinks in good repair for use .</p> <p>The findings included:</p> <p>1. Review of a facility policy, "Eyewash station/ sink/ drench shower/ hose checks," last reviewed/ revised April 2021, evidenced the policy stated, "Purpose: To provide guidance for eyewash station/ sink/ drench shower/ hose checks ... All teammates who may be exposed to eye injury or chemical exposure are to be instructed in the proper use of emergency eyewash stations ... The eyewash and drench shower/ hose equipment is to be located in an accessible area as close to the</p>	V 0402	<p>The FA is responsible for compliance with this plan of correction.</p> <p>V402 100% of facility teammates will be in-serviced on Policy 8-04-01 "Physical Environment" and Policy 4-08-09 "Eyewash Station/Sink/Drench Shower/Hose Checks". Verification of attendance is evidenced by a signature sheet. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) Purpose: to provide guidance for eyewash station/sink/ drench shower/hose checks. 2) All teammates who may be exposed to eye injury or chemical exposure are to be instructed in the proper use of emergency eyewash stations/sinks/drench</p>	08/06/2021

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	<p>hazard as possible ...</p> <p>2. During the flash tour on 7-7-2021, at 9:41 AM, the metal and glass back door was observed to be in an unlocked position (deadbolt) at the top lock, and the bottom lock was not functional. A parking area was observed through the predominately glass doors.</p> <p>At 10:06 AM, the back door was observed to still be unlocked in the presence of the Facility Administrator, who stated in the past he had run off 2 young people who came through the temporarily unlocked back door, and were in the back hall of the facility which contained the Biohazard room and the clean supply room. The Facility Administrator when queried if the door was unsafe, answered, "Yes."</p> <p>3. During the inspection of the water room on 7-8-2021 at 10 AM, the room did not have eyewash stations. At 10:40 AM, the treatment floor and the laboratory room were observed not to have eyewash stations installed and the treatment floor presented a risk to staff and patients, because of potential exposure to blood and chemicals. The laboratory room presented a risk of exposure to blood for facility staff.</p> <p>At 10:45 AM, the Group Facility Administrator and the Facility Administrator stated being surprised to learn the facility did not have eyewash stations as it should in 3 areas, and this would be corrected as soon as possible.</p> <p>4. On 7-7, 7-8, and 7-9-2021, during treatment floor observations, the treatment floor contained a "dirty" sink, located at the southwest corner of the nurses station, and the top surface of the counter around the sink was deteriorated by</p>		<p>showers/hoses. 3) The eyewash and drench shower/hose equipment is to be located in an accessible area as close to the hazard as possible...4) The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff, and the public. On 7/7/2021, the Facility Administrator (FA), submitted an emergency work order for removal of (1) sink between stations (5) and (6) and (1) sink between stations (9) and (10); for repair of the eye wash stations in the water room, treatment area, and laboratory area, repair of the lock on the back door, and repair/replacement of the "dirty" sink cabinet and cabinet surface in the southwest corner of the nurses' station in the treatment area. Anticipated date of repair is 8/7/21. The FA or designee will conduct observational audits weekly to verify compliance with facility policy. Ongoing compliance will be</p>	

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V 0404 Bldg. 00	<p>erosion/loss of the counter surface.</p> <p>On 7-9-2021, at 8:50 AM, the Facility Administrator and the Senior Clinical Services Educator, employee K, when queried if the sink at the southwest corner of the nurses station was in poor condition with deterioration of the counter surface, both responded, "Yes." The Facility Administrator stated the cabinet was constructed of particle board and had worn down over the years.</p> <p>494.60(c)(1) PE-PT CARE ENVIRONMENT-SUFFICIENT SPACE</p> <p>The space for treating each patient must be sufficient to provide needed care and services, prevent cross-contamination, and to accommodate medical emergency equipment and staff.</p> <p>Based on observation and interview, the facility failed to prevent the risk of potential transmission of microorganisms to patients from 2 of 4 "dirty" sinks on the treatment floor that were positioned in close proximity to patient stations #6 and #9.</p> <p>The findings included:</p> <p>On 7-7, 7-8, and 7-9-2021, during a treatment floor observation, the treatment floor was observed to contain 4 "dirty sinks," designated for use of items which had been contaminated during direct patient care. Two (2) of the 4 "dirty" sinks were positioned in close proximity to stations #6 and #9, such that the dirty sinks posed a potential risk</p>	V 0404	<p>verified with the monthly OSHA Safety audit.</p> <p>The FA will review the results of the audits with TMs during homeroom meetings and with Medical Director during monthly QAPI, known as Facility Health Meetings (FHM) with supporting documentation included in the meeting minutes.</p> <p>The FA is responsible for compliance with this plan of correction.</p> <p>V404</p> <p>100% of facility teammates will be in-serviced on 8/7/21</p> <p>Policy 8-04-01 "Physical Environment".</p> <p>Verification of attendance is evidenced by a signature sheet. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1)</p> <p>The space for treating each patient will be sufficient to provide needed care</p>	08/06/2021

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	<p>of transmission of microorganisms to the patients at those stations.</p> <p>On 7-9-2021, at 8:50 AM, the Facility Administrator, and the Senior Clinical Services Educator, employee K, when queried if the "dirty" sinks between stations 5 & 6, and stations 9 & 10, were in such close proximity to the dialysis station and patients arms, as to present a risk of cross-contamination, responded, "Yes."</p>		<p>and services, prevent cross contamination, and to accommodate medical emergency equipment and teammates. On 7/7/2021, the Facility Administrator (FA), submitted an emergency work order for removal of (1) sink between stations (5) and (6) and (1) sink between stations (9) and (10). On 7/16/21, the sinks were inspected for removal. Anticipated date of removal of the sinks is 8/7/21. The FA or designee will conduct observational audits weekly to verify compliance with facility policy. Ongoing compliance will be verified with the monthly OSHA Safety audit. The FA will review the results of the audits with TMs during homeroom meetings and with Medical Director during monthly QAPI, known as Facility Health Meetings (FHM) with supporting documentation included in the meeting minutes. The FA is responsible for compliance with this plan of correction</p>	

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V 0455 Bldg. 00	<p>494.70(a)(4) PR-PRIVACY & CONFIDENTIALITY-RECORDS The patient has the right to-</p> <p>(4) Privacy and confidentiality in personal medical records;</p> <p>Based on observation, record review, and interview, the facility failed to ensure they protected the personally identifiable information of patients at the treatment center for 1 of 3 survey observation dates, with the potential to affect the current 30 patients.</p> <p>The findings included:</p> <p>Review of a facility policy presented by the Senior Clinical Services Educator (employee K) on 7-9-2021, at 4:20 PM, titled "Patient's Rights," last reviewed/ revised September 2016, evidenced the policy stated, " ... As a DaVita patient I understand I am entitled to the following: ... The right to privacy and confidentiality in all aspects of treatment ... "</p> <p>On 7-7-2021 at 9:30 AM, during the flash tour, patient #7's treatment record was left visible on the treatment table. The treatment record included patient identifiable information and was visible to other patients as they walked to their treatment stations.</p> <p>On 7-7-2021, at 11:30 AM, when queried if this practice protected the patients' confidentiality, the Facility Administrator said, "No, I never thought of it before that it doesn't protect patient confidentiality."</p>	V 0455	<p>V455 100% of facility teammates will be in-serviced on Policy 3-01-07A "Patient Right". Verification of attendance is evidenced by a signature sheet. Teammates were instructed using surveyor observations as examples with emphasis on, but not limited to the following: 1) As a DaVita patient I understand I am entitled to the following: The rights to privacy and confidentiality in all aspects of treatment. The Facility Administrator implemented a new process for storage of patient's treatment records to include placement of the treatment record face down to prevent visibility of patient information. The FA or designee will conduct observational audits for storage of patient treatment information in the treatment area daily x 2 weeks and then weekly</p>	07/12/2021	

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NAME OF PROVIDER OR SUPPLIER FRANKLIN DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP COD 1140 W JEFFERSON ST STE A FRANKLIN, IN 46131		
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			x 2 weeks to verify compliance with facility policy. Ongoing compliance will be verified with observational audits monthly x 3 months. The FA will review the results of the audits with TMs during homeroom meetings and with Medical Director during monthly QAPI, known as Facility Health Meetings (FHM) with supporting documentation included in the meeting minutes. The FA is responsible for compliance with this plan of correction.		