STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152659	A. BUILDING 00 B. WING	08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SOUTH BEND WEST DIALYSIS	5660 NIMTZ PKWY SOUTH BEND, IN 46628

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E 0000 Bldg. 00	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.62. Survey Dates: 08/28 and 08/29/2023 Census: 44 In-center Hemodialysis: 44 Isolation Room: 1 At this Emergency Preparedness survey, South Bend West Dialysis was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62.	E 0000		
V 0000 Bldg. 00	This visit was for an fully extended complaint survey of an ESRD provider. Survey dates: 08/28 and 08/29/2023 Census by Service Type: In-Center Hemodialysis: 44 Isolation Room: 1 QR: Area 2, 8/31/23	V 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michelle Walter	Facility Administrator	09/08/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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 0113 Bldg. 00	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. Based on observation, record review, and interview the agency failed to ensure staff maintained hand hygiene practices by 3 of 4 Patient Care Technicians (PCT) (Employee: 4 (twice), 6 (twice) and 7 (twice) on the treatment floor. Findings include: 1. On 08-28-2023, Corporate Employee #4 provided a revised April, 2023 DaVita policy titled, "Infection Control for Dialysis Facilities." The policy indicated, but was not limited to, " ... All teammates ... will perform hand hygiene ... prior to gloving and immediately after removal of gloves ... Patients and caregivers will be encouraged to ... perform hand hygiene after treatment before leaving treatment area .... " 2. On 08-28-2023 at 10:23 AM, PCT 4 was observed removing their gloves and reapplying new gloves at Station #1. PCT 4 touched the left arm access site of Patient # 6. PCT 4 did not perform hand hygiene prior to applying new gloves. 3. On 08-28-2023 at 10:25 AM, Patient #4 was observed leaving the treatment floor following their dialysis treatment. Patient #4 was not encouraged to perform hand hygiene. 4. On 08-28-2023 at 10:30 AM, PCT 6 was	V 0113	V113 9/27/23 The Facility Administrator or designee will inservice all clinical teammates on Policy 1-05-01 “Infection Control For Dialysis Facilities” beginning 9/5/23. Verification of attendance will be evidenced by an in-service signature sheet. Teammates will be educated using surveyor observations as examples with emphasis on, but not limited to the following: 1) All teammates…will perform hand hygiene - prior to gloving and immediately after removal of gloves…2) Patients and caregivers will be encouraged to - Perform hand hygiene after treatment before leaving treatment area. The Facility Administrator or designee will conduct observational audits daily x 2 weeks, then weekly x 2 weeks to verify compliance with facility policy for hand hygiene. Ongoing compliance will be verified monthly during the internal infection control audit. Instances of non-compliance will be addressed immediately. The Facility Administrator will review audit results with teammates during homeroom meetings and with the Medical Director during	09/27/2023

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	observed at Station #4 with Patient #3. PCT 6 wore one glove on their left hand while working on the computer with an ungloved right hand. PCT 6 retrieved a glove for their right hand, removed the tubing set up and proceeded to clean the chair. PCT 6 failed to perform hand hygiene when changing their gloves. 5. On 08-28-2023 at 10:33 AM, PCT 4 was observed in the Isolation Room setting up the dialysis machine. PCT 4 removed their gloves and walked to the nurse's station, then opened the door for a patient. No hand hygiene was performed after removing their gloves. 6. On 08-28-2023 at 11:05 AM, PCT 7 was observed at Station 7. PCT 7 used a glove as a barrier to touch the dialysis machine and did not apply the glove to their hand. PCT 7 moved to the computer to write and did not perform hand hygiene. 7. On 08-28-2023 at 11:09 AM, PCT 6 was observed working between Stations 3 and 4 with Patients 2 and 5. PCT 6 moved between the two computers without performing hand hygiene. PCT 6 applied a pair of gloves adjusted the dialysis machine at station #4, removed their gloves and applied a new pair. PCT 6 proceeded to access the site of Patient #5. PCT 6 did not perform hand hygiene. 8. On 08-28-2023 at 11:15 AM, PCT 7 was observed at Station #1. PCT 7 took blood tubes to the lab area and returned to the station. PCT 7 removed their gloves and reapplied a new pair. No hand hygiene was performed. PCT 7 used a glove as a barrier, touched the dialysis machine, moved to the computer to document and used the thermometer. No hand hygiene was performed.		monthly Quality Assurance Performance Improvement meetings, known as Facility Health Meetings, with supporting documentation included in the meeting minutes. The Facility Administrator is responsible for ongoing compliance with the Plan of Correction.. The Facility Administrator is responsible for ongoing compliance with the Plan of Correction.	

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	9. On 08-28-2023, PCT 7 was queried on hand hygiene. PCT 7 indicated they should wear gloves when touching the machine and wash their hands after the removal. When asked if using a glove as a barrier versus applying the glove, PCT 7 indicated they could use a glove as a barrier if they did not touch the machine.			
V 0122 Bldg. 00	494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing- (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. Based on observation, record review and interview the agency failed to ensure the proper cleaning and disinfection of equipment following patient by 2 of 4 Patient Care Technicians (PCT) on the treatment floor. Findings include: 1. On 08-28-2023, Corporate Employee 4, provided a revised April 2023 DaVita policy titled, "Infection Control for Dialysis Facilities". The policy indicated but was not limited to, " ... 12. Cleaning and/or disinfection of equipment ... will be performed as soon as possible following exposure to blood or other potentially infectious materials ... and prior to returning to a lean area ... 13. At the end of each treatment, the dialysis station will be cleaned and disinfected ... b.	V 0122	V122 9/27/23 The Facility Administrator or designee will inservice all clinical teammates on Policy 1-05-01 “Infection Control For Dialysis Facilities” beginning 9/5/23. Verification of attendance will be evidenced by an in-service signature sheet. Teammates will be educated using surveyor observations as examples with emphasis on, but not limited to the following: 1) Cleaning and/ or disinfection of equipment… will be performed as soon as possible following exposure to blood or other potentially infectious materials…2) Dialysis station must be completely vacated by the previous patient before	09/27/2023

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	Dialysis station must be completely vacated by the previous patient before teammates can begin to bring disinfection supplies to the station ... " 2. On 08-28-2023 at 11:37, PCT 4 was observed cleaning Station #3. PCT 4 emptied the contents of the prime container into the back chase wall; they did not clean the interior of the prime container, the blood pressure cuff or the top and sides of the dialysis machine. 3. On 08-28-2023 at 12:55 PM, PCT 6 was observed cleaning the dialysis machine at Station #2 while Patient #1 remained in their chair following their treatment. PCT 6 set the tubing and plugs in a container of fluid at the base of the machine. 4. On 08-28-2023 at 1:20 PM, PCT 4 assisted Patient #1 into a Hoyer lift (device used to transfer a patient). Following the transfer, PCT 4 returned the Hoyer lift to a clean area without disinfecting the equipment. 5. On 08-28-2023 at 1:38 PM, PCT 4 was observed cleaning the dialysis machine at Station #8. PCT 4 emptied the contents of the prime container at the chase wall. Patient # 6 remained in their chair following their treatment. PCT 4 used the blood pressure cuff attached to the cleaned machine and released the patient following their treatment. PCT 4 did not disinfect the blood pressure cuff after using the cuff. On 08-28-2023 at 2:15 PM, Corporate Employee #2 described the accurate process of cleaning and disinfecting the station following a dialysis treatment. Corporate Employee #2 indicated the patient should vacate the dialysis chair prior to disinfection.		teammates can begin to bring disinfection supplies to the station…3) Non-disposable items are to be disinfected after each patient use, prior to removal from treatment area/station and if contaminated between uses. The Facility Administrator or designee will conduct observational audits daily x 2 weeks, then weekly x 2 weeks to verify compliance with facility policy. Ongoing compliance will be verified monthly during the internal infection control audit. Instances of non-compliance will be addressed immediately. The Facility Administrator will review audit results with teammates during homeroom meetings and with the Medical Director during monthly Quality Assurance Performance Improvement meetings, known as Facility Health Meetings, with supporting documentation included in the meeting minutes. The Facility Administrator is responsible for ongoing compliance with the Plan of Correction.	

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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. II. Surveillance 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. Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients. VI. Catheter and catheter-site care B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections]. Based on observation, record review and interview the agency failed to ensure the proper care and treatment of a central venous catheter (CVC) (a vessel placed into a vein to administer fluids) by 2 of 7 patient care technicians (PCT)	V 0147	V147 9/27/23 The Facility Administrator or designee will inservice all clinical teammates on Policy 1-04-02B “Central Venous Catheter (CVC) With CLEARGUARD HD Antimicrobial	09/27/2023

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	(PCT 7 and 5). Findings include: 1. On 08-28-2023, Corporate Employee #4 provided a revised April 2023 DaVita policy titled, "Central Venous Catheter (CVC) with Clearguard HD Antimicrobial End Caps Procedure". The policy indicated but was not limited to, " ... Procedure 1. ... Put on PPE (sic) and provide a mask to the patient ... 3. ... Verify patient's clothing is secured away from the exit site/work area ... " 2. On 08-28-2023, PCT 7 was observed initiating the treatment for Patient #7 at Station #1. PCT 7 failed to ensure the patient wore a mask when removing the old dressing and cleaning the insertion site of the CVC. 3. On 08-29-2023, PCT 5 was observed initiating the treatment for Patient #12 at Station #5. PCT 5 failed to ensure the Patient's shirt did not encounter the insertion site after cleaning the area of the CVC. PCT 5 was queried about the cleaning of a CVC. PCT 5 indicated patients were to wear a mask and their clothing should be pulled away from the insertion. When asked if the clothing encountered the insertion, PCT 5 indicated they felt they had not breached the site cleaning.		End Caps Procedure" beginning 9/5/23. Verification of attendance will be evidenced by an in-service signature sheet. Teammates will be educated using surveyor observations as examples with emphasis on, but not limited to the following: 1) Put on PPE and provide a mask to the patient. 2) Verify patient's clothing is secured away from the exit site/work area. 1) The Facility Administrator or designee will conduct observational audits of CVC care daily x 2 weeks, then weekly x 2 weeks to verify compliance with facility policy. Ongoing compliance will be verified monthly during the internal infection control audit. Instances of non-compliance will be addressed immediately. The Facility Administrator will review audit results with teammates during homeroom meetings and with the Medical Director during monthly Quality Assurance Performance Improvement meetings, known as Facility Health meetings, with supporting documentation included in the meeting minutes. The Facility Administrator is responsible for ongoing compliance with the Plan of Correction.	