

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

PRINTED: 05/24/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  152591		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/03/2018	
NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE TERRE HAUTE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 315 E SPRINGHILL DR TERRE HAUTE, IN 47802			
(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 State Department of Health in accordance with 42 CFR 494.62.</p> <p>Survey Date: April 30, May 1,2,3 of 2018</p> <p>Facility Number: 004839 Provider Number: 1525591</p> <p>Census = 46</p> <p>At this Emergency Preparedness survey, FMC Terre Haute South was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR choose appropriate program CFR 494.62.</p>			E 0000			
V 0000  Bldg. 00	<p>This survey was for a federal ESRD (Core) recertification and complaint survey.</p> <p>Survey Date: April 30, May 1,2, and 3 of 2018</p> <p>Complaint #IN00219074 was unsubstantiated due to lack of sufficient evidence. Unrelated findings were cited.</p> <p>Facility Number: 004839 Provider Number: 1525591</p> <p>Census: 46 in-center hemodialysis 0 home peritoneal dialysis 0 home hemodialysis</p>			V 0000	<p>The Governing Body of the facility takes seriously the management of the day to day operations of the facility and its responsibility to ensure infection control as related to hand hygiene and patient monitoring and safety checks are completed per policy and procedure Therefore, on May 16, 2018, the Governing Body actively participated in the review of the deficiency statements and plan of corrective action as detailed below.</p>		

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 disclosable 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 0111  Bldg. 00	<p>494.30 IC-SANITARY ENVIRONMENT The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.</p> <p>Based on observation, policy review and interview, the facility failed to minimize the potential transmission of infectious agents from the ESRD (end stage renal disease) unit to other public areas in 1 of 4 patient observations of patients with arteriovenous fistulas (patient #4)</p> <p>Findings include:</p> <p>1. An agency policy titled Hand Hygiene: FMS-CS-IC-II-155-090A states " ... All staff, patients ...must follow the same requirements for hand hygiene ... Hands will be ... decontaminated using alcohol based hand rub or by washing hands with antimicrobial soap and water when ... Entering and leaving the treatment area ... Immediately after removing gloves "</p> <p>2. On 4/30/18 at 2:50 p.m., patient #4 was observed. Employee F, a PCT [personal care technician], instructed the patient to hold pressure to the arteriovenous (connection between blood vessels used for hemodialysis) access site with a gloved hand to obtain homeostasis (blood clotting). Once homeostasis occurred the patient was observed removing the glove and leaving the treatment area and the building without performing hand hygiene. Employee F failed to instruct the patient to perform hand hygiene after glove removal.</p> <p>3. In an interview on 5/1/18 at 8:30 a.m., the</p>			V 0111	<p>On May 1, 2018 at 0600, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies:</p> <p>·FMS-CS-IC-II-155-090A Hand Hygiene</p> <p>Emphasis was placed on:</p> <p>·To help ensure the prevention of cross contamination to their family members or other patients, hand hygiene must be performed post treatment by all patients.</p> <p>Effective May 1, 2018, Clinical Manager or designee will conduct patient observation audits daily in May, weekly in June, and a monthly in July utilizing the patient monitoring tool. The Governing Body will determine on-going frequency of the audits based on compliance. Once compliance is sustained, monitoring will be done through the monthly infection control audits 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 Manager is responsible to review, analyze and trend all data and Monitor/Audit results as</p>		05/29/2018

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V 0407  Bldg. 00	<p>clinical manger acknowledged the staff should instruct and/ or assist the patient regarding hand hygiene after glove removal and that hand hygiene education would be given to all patients.</p> <p>494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement).</p> <p>Based on observation and interview the facility failed to ensure patient access sites were fully in view of the staff during hemodialysis in 3 of 12 (patient #2, 3, 8) patient observations.</p> <p>Findings include:</p> <p>1. A facility policy titled Patient Monitoring During Patient Treatment: FMS-CS-IC I-110-133A, stated that "the access site remains uncovered throughout the treatment."</p> <p>2. On 4/30/18 at 3:30 p.m. patient #3 was observed</p>	V 0407	<p>related to this Plan of Correction prior to presenting to the QAI Committee monthly. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. 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. The in-service sheets are available in the clinic for review. The deficiency will be corrected by May 29, 2018.</p> <p>On May 1, 2018 at 0600, the Clinical Manager held a staff meeting and reinforced the expectations and responsibilities of the facility staff on policies: ·FMS-CS-IC-I-110-133A <b>Patient Monitoring During Patient Treatment</b> ·FMS-CS-IC-I-110-141A <b>Patient Safety Checks</b> Emphasis was placed on: ·Observe at the initiation of dialysis and at every safety check that all connections are secure</p>	05/29/2018	

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	<p>during dialysis treatment. The patient's arms and upper body were covered with a blanket. The facility staff failed to ensure the patient's access site and bloodline connections were able to be seen during dialysis treatment.</p> <p>3. On 4/30/18 at 3:40 p.m. patient #2 was observed during dialysis treatment. The patient's arms and upper body were covered with a blanket. The facility staff failed to ensure the patient's access site and bloodline connections were able to be seen during dialysis treatment.</p> <p>4. On 5/1/18 at 7:46 a.m. patient #8 was observed during dialysis treatment. The patient's right leg access site was partially covered with a blanket for over 26 minutes. The facility staff failed to ensure the patient's access site and bloodline connections were able to be seen during dialysis treatment.</p> <p>5. During an interview at 8:30 a.m. on 5/1/18, the clinical manager acknowledged access sites should not be covered during dialysis treatments.</p>				<p>and visible.</p> <ul style="list-style-type: none"> <li>·Ensure access remains uncovered throughout treatment.</li> <li>·Observe and ensure: <ul style="list-style-type: none"> <li>·tape is secure</li> <li>·needles are intact</li> <li>·no bleeding or infiltration</li> </ul> </li> </ul> <p>is noted</p> <p>Effective May 1, 2018, Clinical Manager or designee will conduct patient observation audits daily in May, weekly in June, and a monthly in July utilizing the patient monitoring tool. The Governing Body will determine on-going frequency of the audits based on compliance. Once compliance is sustained, monitoring will be done through the monthly infection control audits 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 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.</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</p>		

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