

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

PRINTED: 07/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152625		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE RENAL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 602 SAWYER RD KENDALLVILLE, IN 46755			
(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	<p>This visit was for a first Post Condition Revisit survey of an ESRD provider after the CORE Federal recertification survey that was completed on May 19, 2023.</p> <p>Survey date: 06/28/2023</p> <p>Census by Service Type: 60 In Center Hemodialysis: 60 Home Hemodialysis: 0 Home Peritoneal dialysis: 0 Total Active Census: 60</p> <p>Isolation Room: 1</p> <p>During this Post Condition Revisit survey, one (1) condition level deficiency and eight (8) standard level deficiencies were found corrected, one (1) standard level deficiency was re-cited, and one (1) deficiency was newly cited.</p> <p>QR completed by Area 3 on 7-7-2023</p>			V 0000			
V 0113 Bldg. 00	<p>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.</p> <p>Based on observation and record review, the provider failed to ensure all staff followed hand hygiene policies during the provision of patient dialysis for 1 of 2 observations of a registered</p>			V 0113	<p>V113 The Facility Administrator or designee held mandatory in-service(s) for all Clinical Teammates starting on 6/30/2023.</p>		07/28/2023

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

TITLE

(X6) DATE

Trina Gross-Pfaffman

Facility Administrator

07/13/2023

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.

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

PRINTED: 07/14/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152625		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE RENAL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 602 SAWYER RD KENDALLVILLE, IN 46755			
(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
	<p>nurse (RN) during the provision of hemodialysis care (RN 3).</p> <p>Findings include:</p> <p>Review of provider policy #1-05-01, titled "Infection Control for Dialysis Facilities," revision date of April 2023, indicated staff should perform hand hygiene prior to gloving, immediately after removal of gloves, and between patient contact, between patients even if the contact was casual, after patient and dialysis delivery system contact, and before touching clean areas, such as chair side keyboard and or mouse.</p> <p>During an observation on 6//28/23 beginning at 5:25 AM, observed RN 3 adjusting the dialysis lines with Patient #26, who was receiving dialysis via a central venous catheter [CVC]. RN 3 was observed to disconnect and reconnect the lines. After RN 3 provided care to Patient #26, he/she removed their gloves, applied alcohol hand gel to palms of hands, failed to apply the hand gel to their entire hands, rubbed only their palms together. RN 3 then moved to another station where Patient # 27 was being prepared for dialysis via an artiovenous fistula. RN 3 was observed to obtain alcohol hand gel and rub only to palms of hands, no additional hand hygiene was performed. RN 3, then moved to station 14, where RN 3 was observed with a glove in her bare right hand, used the glove she held, as a barrier while pushing buttons on the dialysis machine, RN 3's left hand and arm rested on the dialysis machine at times through out the observation.</p> <p>During an interview on 6/28/23 beginning at 10:30 AM, the administrator relayed when staff perform hand hygiene, gel should be applied and involve their entire hands.</p>				<p>Surveyor observations were reviewed. Education included but was not limited to a review of Policy # 1-05-01 Infection Control for Dialysis Facilities with the emphasis on but not limited to: All teammates, Physicians and Non-Physician (NPP) will perform hand hygiene... prior to gloving and immediately after removal of gloves, between patients even if the contact is casual, before touching clean areas such as supplies, supply cart and chairside keyboard/mouse.</p> <p>Verification of attendance at in-service will be evidenced by teammates signature on in-service sheet. The Facility Administrator or designee will conduct infection control audits daily for two (2) weeks then weekly for two (2) weeks then monthly during internal infection control audits to verify compliance. Instances of non-compliance will be addressed immediately. The Facility Administrator or designee will review the results of the audits with teammates during homeroom meetings and with Medical Director during monthly Facility Health Meetings with supporting documentation included in the meeting minutes. The Facility Administrator is responsible for compliance with this plan of correction. 7/28/2023</p>		

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

PRINTED: 07/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE RENAL CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 602 SAWYER RD KENDALLVILLE, IN 46755		
(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 0147 Bldg. 00	<p>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children</p> <p>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.</p> <p>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.</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 B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>Based on observation, interview and record review, the agency failed to ensure the care provided to patients with central venous lines (CVC, a tube that goes in a vein near the heart as part of the dialysis process) were cleaned</p>	V 0147	<p>V147 The Facility Administrator or designee held mandatory in-service(s) for all Clinical Teammates starting on 6-30-23. Surveyor observations were</p>	07/28/2023	

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

PRINTED: 07/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152625		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE RENAL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 602 SAWYER RD KENDALLVILLE, IN 46755			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>appropriately to reduce the chance of infection in 1 of 1 CVC dialysis initiation observations (Patient #17), with the potential to affect all patients with a CVC.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility policy #1-04-02 B titled "Central Venous Catheter (CVC) with Clearguard HD Antimicrobial End Caps Procedure," last revision date of April 2023, indicated the "effective contact time" for a CVC hub (end connection) with a 70% alcohol pad was a "15 second scrub" and the hub was to be allowed to air dry. When accessing a CVC prior to initiating dialysis, the policy indicated staff were to "scrub each CVC hub for 15 seconds including the sides, threads, and end of hub thoroughly with friction ... Hold the limbs until the antiseptic has dried." 2. During an observation on 6/28/23 at 6:19 AM, Patient Care Technician (PCT) 7 initiated dialysis for Patient #17. During the disinfection process, PCT 7 used an alcohol pad to scrub the CVC arterial hub for 7 seconds and used a new alcohol pad to scrub the venous hub for 10 seconds. 3. During an interview on 6/28/23 beginning at 10:30 AM, the administrator relayed the hubs should be scrubbed for at least 15 seconds. 				<p>reviewed. Education included but was not limited to a review of Procedure 1-04-02B: Central Venous Catheter (CVC) with Clearguard HD Antimicrobial End Caps Procedure emphasizing: 70% Alcohol Pad effective contact time for CVC Hubs is 15 seconds and allow to air dry. One at a time, disinfect each CVC hub with a new alcohol prep pad. Scrub each CVC hub for 15 seconds including the sides, threads and end of hub thoroughly with friction making sure to remove any residue, for example blood. Hold the limbs until the antiseptic has dried then attach sterile 10ml syringes to the arterial and venous limbs to aspirate 5 ml from each limb. Verification of attendance at in-service will be evidenced by teammates signature on in-service sheet. The Facility Administrator or designee will conduct observational audits for CVC care daily for two (2) weeks then weekly for two (2) weeks then ongoing monthly during internal infection control audits to verify compliance. Instances of non-compliance will be addressed immediately. The Facility Administrator or designee will review the results of the audits with teammates during homeroom meetings and with the Medical Director during monthly Quality Assurance and Performance Improvement meetings known as</p>		

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

PRINTED: 07/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE RENAL CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 602 SAWYER RD KENDALLVILLE, IN 46755		
(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	
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 and interview, the facility failed to maintain a safe environment for the patients and staff creating the potential for unauthorized individuals to enter the treatment area and access the facility staff and patients.</p> <p>The findings include:</p> <p>1. Upon arrival at the facility, on 6/28/23 at 5:25 AM, observation noted the door from the waiting area to the in-center treatment floor was wide open; the door was propped open. Upon entry, noted 10 patients and 7 staff on the in-center treatment floor. Patients were observed to enter into the treatment area from outside the facility doors.</p> <p>2. The facility administrator indicated, on 6/28/23 at 11:30 AM, it was not the facility's usual practice to leave the doors to the treatment area open.</p>	V 0402	<p>Facility Health Meetings with supporting documentation included in the meeting minutes. The Facility Administrator is responsible for compliance with this plan of correction. 7/28/2023</p> <p>V402</p> <p>The Facility Administrator or designee held mandatory in-service(s) for all Clinical Teammates starting on 6-30-23. Surveyor observations were reviewed. Education included but was not limited to a review of Policy 8-04-01 Physical Environment. Education included that the dialysis facility will implement and maintain a program to ensure access to patient treatments areas, water treatment systems, supply storage and dialysis equipment is restricted to authorized personnel only. Access limitation does not preclude visitors or tours by individuals authorized and supervised by facility personnel. Verification of attendance at in-service will be evidenced by teammate signature on in-service sheet. The Facility Administrator or designee will conduct daily</p>	07/28/2023	

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

PRINTED: 07/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE RENAL CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 602 SAWYER RD KENDALLVILLE, IN 46755		
(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	
V 0550 Bldg. 00	<p>494.90(a)(5) POC-VASCULAR ACCESS-MONITOR/REFERRALS The interdisciplinary team must provide vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement.</p> <p>Based on observation and record review, the dialysis facility failed to ensure staff followed facility policies and procedures specific to fistula and graft access for 1 of 1 observations of staff who performed cannulation of a fistula or graft (Patient Care Technician [PCT] 4).</p> <p>Findings include:</p>	V 0550	<p>physical plant observational audits for two (2) weeks then weekly for two (2) weeks then monthly during OSHA Safety audits. The Facility Administrator or designee will review the results of the audits with teammates during homeroom meetings and with the Medical Director during monthly Quality Assurance and Performance Improvement meetings known as Facility Health Meetings with supporting documentation included in the meeting minutes. The Facility Administrator is responsible for compliance with this plan of correction. 7/28/2023</p> <p>V550 The Facility Administrator or designee held mandatory in-service(s) for the Interdisciplinary Team members starting on 6-30-23. Surveyor observations were reviewed. Education included but was not limited to a review of Policy 1-04-01D. Teammates were</p>	07/28/2023	

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

PRINTED: 07/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 152625		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE RENAL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 602 SAWYER RD KENDALLVILLE, IN 46755			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>1. During an observation period on 6/28/23, beginning at 5:25 AM, PCT 4 was observed to perform antisepsis of Patient 21's skin. While wearing the same gloves, PCT 4 reached to the computer adjacent to the station, obtained a can of Cryodose, applied to the same area they had prepped for dialysis. Then, PCT 4 palpated the same area again, while wearing the same gloves, and then inserted one needle. PCT 4 then reached for the Cryodose and applied to skin again, and then, while wearing the same gloves inserted the second needle. PCT 4 failed to change gloves and perform skin antisepsis after palpating Patient #21's access site and prior to cannulation.</p> <p>2. A review of facility policy #1-04-01 D titled "AV Fistula or Graft Cannulation with JMS SYSLOC Mini Safety Fistula Needles (SFN) and Administration of Heparin Loading Dose," last revised 10/2022, indicated the insertion site should not be palpated once the area has been prepped and gloves should be removed, hand hygiene performed and clean gloves applied prior to cannulation.</p>				<p>instructed using surveyor observations as examples with emphasis on, but not limited to the following: Teammates do not palpate insertion site once area has been prepped. Once the access site has been prepped, touching it will contaminate the site and possibly allow for the introduction of bacteria during cannulation. Remove gloves, perform hand hygiene and put on clean gloves prior to cannulation. The Facility Administrator or designee will conduct observational audits for AVF/AVG care daily for two (2) weeks then weekly for two (2) weeks then ongoing monthly during internal infection control audits to verify compliance. Instances of non-compliance will be addressed immediately. The Facility Administrator or designee will review the results of the audits with teammates during homeroom meetings and with the Medical Director during monthly Quality Assurance and Performance Improvement meetings known as Facility Health Meetings with supporting documentation included in the meeting minutes. The Facility Administrator is responsible for compliance with this plan of correction. 7/28/2023</p>		