STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152676	A. BUILDING _____ B. WING _____	06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THREE RIVERS DIALYSIS	6721 OLD TRAIL RD FORT WAYNE, IN 46809

(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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62. Survey Dates: June 20, 21, and 22, 2022 Census: 69 At this Emergency Preparedness survey, Three Rivers Dialysis was found to be in compliance with the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, at 42 CFR 494.62. QR: Area 2 June 29, 2022	E 000		
V 000	INITIAL COMMENTS This visit was for a Federal recertification CORE survey of an ESRD provider. Survey dates: June 20, 21, and 22, 2022 Facility #: 013947 CCN#: 152676 Census: ICHD: 55 Home PD: 14 Total: 69 Isolation Room: 1 QR: Area 2 June 29, 2022	V 000		
V 113	IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1) Wear disposable gloves when caring for the	V 113	V113 The Facility Administrator or designee will conduct mandatory in-service(s) for all clinical teammates on Policy 1-05-01 "Infection Control Continued on page 2	7/21/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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V 113	Continued From page 1 patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. This STANDARD is not met as evidenced by: Based on observation, interview, and document review, the agency failed to ensure employees completed hand hygiene, per facility policy, before providing direct patient care, during 2 of 3 observation periods, with the potential to affect all 55 active in center hemodialysis patients. Findings include: 1. During an Observation Period 1 on 6/20/2022 from 9:24 AM to 10:02 AM: Observed Patient Care Technician (PCT) #1 in dialysis station #8. PCT #1 was observed with their hands on the dialysis machine, touching the dialysis settings, then PCT #1 completed a hand rub with the facility supply of alcohol hand gel for 8 seconds, then donned gloves and pushed a saline flush into a dialysis line. Patient # 20 requested for dialysis to be stopped ,briefly. PCT #1 was observed to take Patient #20's blood pressure, then completed a hand rub with the facility product for 6 seconds, then PCT #1 applied a cap to Patient #20 dialysis line to enable Patient #20 to briefly leave the in-center. 2. During Observation Period 2 on 6/20/2022 from 10:43 AM to 3:35 PM: a. Observed PCT #2 at 11:24 AM, in dialysis station #11 with gloved hands, to position Patient 9's dialysis chair in an upright position, PCT # 2	V 113	V113 Continued from page 1 for Dialysis Facilities" and 1-05-01A "Use of Alcohol-Based Hand Rubs" starting on 7/5/2022. 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) Hand hygiene is to be performed…prior to gloving, after removal of gloves, after contamination with blood or other infectious material, after patient and dialysis delivery system contact, between patients even if the contact is casual, before touching clean areas such as supplies…2) If hands are not visibly contaminated, use of an alcohol-based hand rub may be substituted for handwashing. Refer to procedure: Use of Alcohol-Based Hand Rubs. 3) Gloves should be worn when: … Touching the blood lines, dialyzer or dialysis delivery system during or after a dialysis treatment…Administering medications, checking vital signs…4) Gloves should be changed when: …When going from a "dirty" area or task to a "clean" area or task…5) Use of Alcohol-Based Hand Rubs - Rub hands together covering all surfaces of hands and fingers until hand rub has evaporated and hands are dry. The Facility Administrator or designee will conduct observational infection control audits daily for two (2) weeks then weekly for two (2) weeks to verify compliance with facility policy. Ongoing compliance will be verified monthly during internal infection control audits. 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 Quality Assurance 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.	

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V 113	Continued From page 2	V 113		

then, without hand hygiene, placed a clean barrier under the central venous catheter (CVC, tubing inserted into a large vein above the heart) and then removed the dressing from the CVC exit site and proceeded to clean the CVC exit site, then removed their gloves, completed a hand rub with facility supply for 6 seconds, and then applied a new dressing to Patient 9's CVC exit site.

b. Observed PCT #2 at 11:34 AM completed a hand rub with facility sanitizer for 3 seconds, then cleaned the access site of Patient #12, a fistula. PCT #2 left Patient #12's station and returned wearing gloves on both hands. PCT #2 used one of their gloved hands to move a stool closer to Patient #12's, then PCT #2 sat on the stool and then inserted a needle into Patient' 12's dialysis access site (a vein).

3. During an interview on 6/20/2022 at 12:03 PM, PCT #2 indicated a hand rub with sanitizer should be completed until the hands are dry.

4. During an interview on 6/21/2022 at 2:55 PM, Administrative Employee #1 confirmed the hand rub should be until the hands are dry, a minimum of 15 seconds. During the same interview, Administrative Employee #2 confirmed a hand rub of at least 15 seconds was required prior to administering a saline flush, cleaning a site, and accessing a dialysis site.

5. Review of Purell Advanced Hand Sanitizer Gel instructions for use, revealed the directions for use, " ... 2. Rub hands together briskly until dry. Should take approximately 15 seconds," retrieved from https://www.gojo.com/en/Product/3659-12.

6. On 6/20/2022 at 2:25 PM, observed RN

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V 113	Continued From page 3 (registered nurse) #1 in Station #11, after injecting a solution by syringe, the syringe fell to the floor. RN #1 picked up the syringe from the floor and placed into a sharps container, then RN #1 picked up another prepared syringe and injected the syringe contents, into patient's injection port, without completing hand hygiene. 7. During an interview on 6/21/2022 at 2:25 PM, the home program manager indicated a glove change and hand hygiene should be done after picking up a syringe from the floor and before providing patient care.	V 113		
V 115	IC-GOWNS, SHIELDS/MASKS-NO STAFF EAT/DRINK CFR(s): 494.30(a)(1)(i) Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure employees wore personal protective equipment (face mask) correctly in the treatment area while providing patient care in 1 of 3 observation periods with the potential to affect all patients. Findings include: 1. During observation period #3 on 06/21/2022	V 115	V115 The Facility Administrator or designee will conduct mandatory in-service(s) for all clinical teammates on Policy 1-05-01 “Infection Control for Dialysis Facilities” and Policy 4-06-08 “COVID-19 Vaccination Policy For Dialysis Facilities and Programs”, and Davita “Monthly Infection Control Audit” beginning on 7/5/2022. 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) Appropriate PPE will be worn whenever there is the potential for contact with body fluids, hazardous chemicals, contaminated equipment and environmental surfaces, for example, patient care areas. 2) Contingency plan for teammates that are not fully vaccinated: teammates with approved exemptions, or who are not yet fully vaccinated, or who have a temporary delay will be required to abide by all applicable DaVita guidance related to COVID precautions (e.g. … masking…3) …mask worn over nose and mouth…The Facility Administrator or designee will conduct observational infection control audits daily for Continued on page 5	7/21/22

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V 115	Continued From page 4 from 10:30 AM-11:30 AM, observed PCT #1 (patient care technician) at 11:00 AM at Station #6 wearing a face mask below the nose while accessing the dialysis fistula (cleaning and inserting needle) to initiate dialysis. 2. Review of an agency document that included employee COVID-19 vaccination status, indicated PCT #1 was with an approved exemption status. 3. Review of an agency policy titled "Policy: 1-05-01 Infection Control for Dialysis Facilities" dated 10/2021, indicated " ... appropriate PPE [personal protective equipment designed to protect the spread of infection] will be worn whenever there is the potential for contact with body fluids ...." 4. Review of an agency policy titled "Policy: 4-06-08 COVID-19 Vaccination Policy for Dialysis Facilities and Programs" dated 03/2022, indicated " ... contingency plan for teammates that are not fully vaccinated ... teammates with approved exemptions ... will be required to abide by all applicable guidelines ... masking ...." 5. During an interview on 6/21/2022 at 2:25 PM, the administrator indicated employees are to wear the face mask fit tightly on the bridge of the nose.	V 115	V115 Continued from page 4 two (2) weeks then weekly for two (2) weeks to verify compliance with facility policy. Ongoing compliance will be verified monthly during internal infection control audits. 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 Quality Assurance 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.	