Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330 To Report Adult Abuse: (800) 564-1612

April 29, 2021

Mr. Jayesh Shukla, Renal Center Director Fletcher Allen Health Care - S 160 Allen St Rutland, VT 05701

Dear Mr. Shukla:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 17, 2021**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Segene E. Louth RU, ms

Suzanne Leavitt, RN, MS State Survey Agency Director Assistant Division Director

cc: Carol Muzzy, FAHC Regulatory Director

IBMENT (OF DEFICIENCIES FORRECTION	MEDICAID SERVICES	ÇC2) MULTI A. GUILDIN	LE CONSTRUCTION	(C) DATE	D. 0938-0391 BURVEY FLETED
		473601	B. WING			17/2021
NAME OF P	ROWDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZP COD	and the second party of th	11/2021
PLETCHER ALLEN HEALTH CARE - 8		tE - 8		100 ALLEN ST RUTLAND, VT 48701		
(X4) ID PREFIX TAG	(EACH DERCIE)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DERCIENCY MUST BE PRECEDED BY FULL PREFOX (EACH CORRECTIVE ACTION SHOULD BE REBULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY DEFICIENCY DEFICIENCY		SHOULD IE	DED COMPLETION CATE	
E 000	Initial Comments		EC	0		
	survey from 3/15/21 of Licensing and Pn the facility's Emerge The facility was four	nced on-elle re-certification through 3/17/21, the Division dection conducted a review of moy Preparedness Program. In to be in substantial eargency Preparedness			x 1	
V 000	INITIAL COMMENT	5	VOC		U	
	was conducted by the Protection from 3/10 compliance with 42 Part 405 Subpart U, End Stage Renal D following regulatory	n-site re-certification survey the Division of Licensing and 3/21 to 3/17/21 to determine Code of Federal Regulations Condition of Participation: seese Services. The violations were identified.		Bue. Utild Pol., c	Ay.	4pizi
V 111	IC-SANITARY ENVI CFR(s): 494.30	RONMENT	V 11	1		
	sanitary environment transmission of infe	must provide and monitor a at to minimize the cticus agents within and d any adjacent hospital or .	1			
	Based on observati review, the facility fa	not met as evidenced by: an, interview, and record liled to provide a sanitary mize the transmission of			,	
	Findings Include:		1	•		
1	8 was wearing a yel opening in the front right shoulder, expo	on 3/16/20 at 11:15 AM, Staff low protective gown with the that was hanging off her/his sing his/her potentially		1	1	
ORATORY	DIRECTOR'S DR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	æ	• mie		STAD CATE
C	and Mas			Dudan	4	22/21
a neleguar	ds provide sufficient protec de of survey whether or a the cisis (hese decuments	tion to the patients . (See Instructions.) E t a plan of correction is provided. For nu	scept for numbing raing hormon, the	be excused from correcting providing it is d (normee, the lindings stated above are clack above findings and plans of correction are an approved plan of correction is requisite an approved plan of correction is requisite	intermined that iceable 80 days disclosable 14 to continued	po carcepte 123121 Di la deauxe

STATEMENT	S FOR MEDICARE	(X1) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CX A. BUILDING	DINSTRUCTION	(X3) DA	NO, 0938-039 TE SURVEY MPLETED
		473501	473501 B. WING		03/17/2021	
	Rovider or Supplier R Allen Health Ca	ARE - 8	160	EET ADDRESS, CITY, STATE, ZIP CO Allen St Land, VT 05701	DE	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE	(X5) Completion Date
V 111	back length hair tit disinfected the chi she/he was clean ecross surfaces o already disinfecte as S/He placed th came in direct cor- street clothes. Th resulted in re-com treatment chair. 2.) Per observatio B was seen bringi dlalysis Station #2 gown was noted the exposing the front assisted the patien dialysis treatment 3.) Per observatio 3:10 PM, Staff B (observed to be we hanging off his/he contaminated stree length hair was loo potential contamin other patients. Sta Station # 9 approp of the chair was ci clean the open sid his/her long hair si chair which had al action re-contamin chair. Per Interview on 0	et clothes. S/He also had mid hat was not secured. Staff B air of Station #6, however, as ing the chair that S/He had d. Staff B unfolded a sheet and e sheet over the chair the sheet that with his/her uncovered lesse infection control breeches tamination of the patient n on 3/15/21 at 12:00 PM, Staff ing a patient via wheelchair to 8. His/her yellow protective o be wide open and fully to f his/her clothing. Staff B then int from the wheelchair to the chair. In on 03/15/21 at approximately Welcoming Specialist) was bearing a yellow protective gown in chest exposing potentially et clothing. His/her mid back ose providing another vehicle of nation toward surfaces and aff B disinfected the chair of oriately, however, after the seat learned, Staff B proceeded to le arms and while doing so, wept across the seat of the ready been disinfected. This nated the seat of the patient 3/17/21 at 3:20 PM, the Unit d that all caregivers must wear	V 111	Su por	ned	LIPHEI

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CENTER	S FOR MEDICAR	E d mEDio ab CEltino Ed		- Construction of the second	OMB NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	NSTRUCTION	(CO) DATE SURVEY COMPLETED
		473501	B. WING		03/17/2021
	ROWDER OR SUPPLIER		160 4	ET ADDRESS, CITY, STATE, ZIP CODE ALLEN ST LAND, VT 05701	
(X4) ID PREFIX TAG	(EACH DEFIC	RY STATEMENT OF DEFICIENCIES HENCY MUST BE PRECEDED BY FULL ? OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
	when cleaning an areas. Per review of the Policy: Hemodialy Care Sites" (effectind indicates that "Affi patient has been clean environm station, including and external surfa- including contains waste clean us bleachOnce us discarded". The j "2. Staff members gloves, masks, ar IC-WEAR GLOVE CFR(s): 494.30(ar	pay attention to the steps taken ad disinfecting patient care facilities "Infection Prevention ysis Out-patient and In-patient titve 7/12/2020) - Section B-1. ter each patient treatment, After discharged from the station entral surfaces at the dialysis the bed, or chair, countertops, acces of the dialysis machine, ens associated with the prime singdilution of household are the bleach cloth is policy also states in Section I-A, swill wear clean gowns, nd eye protection". ES/HAND HYGIENE X(1)	V 111 V 113	54 astacht	494
	patient or touchin dialysis station. S wash hands betw This STANDARD Based on observ review, facility sta gloves and perfom provision of care f (Patient #5, Patier dialysis (The proc solutes, and toxin:	gloves when caring for the g the patient's equipment at the taff must remove gloves and een each patient or station. is not met as evidenced by: ation, interview and policy ff failed to consistently wear m hand hygiene during the for 3 of 13 applicable patients int #10, Patient #18) during their ess of removing excess water, s from the blood in people in no longer perform these			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		TE SURVEY MPLETED
		473501	B. WING			3/17/2021
	ROVIDER OR SUPPLIER	1E - S	160	EET ADDRESS, CITY, STATE, ZIP COI Allen St Tland, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(75) COMPLETIO DATE
V 113	D (Registered Nurse (Station #6), touche his/her bare hand, m patient station. At 1 into Station #6, touc bare hand to obtain 2.) Per observation E (Hemodialysis Ter- station (Station #4) common cart, perfor solution (solution of salts used to pull too his/her gloves and w hands, flipped the lig area for Station #4. surveyors observing missed step of hand her/his gloves, nor of after touching it with 3.) Per observation of D, listened to Patient Patient #5's extremit gloves and without a touched the comput the blood pressure of santizing his/her han another pair of gloves the table in the patien pack that contained that is inserted into a	ge 3 on 3/15/21 at 11:19 AM, Staff a) entered a patient station d the dialysis machine with esset an alarm, and left the 1:20 AM, Staff D went back shed the machine with his/her Patient #10's blood pressure. on 3/15/21 at 11:45 AM, Staff chnician-HT) left a patient with gloves on, walked to a rmed a test on the dialysis pure water, electrolytes and dins from the blood), removed without sanitizing his/her ght switch on in the common Staff E acknowledged to both that S/He did not correct the I hygiene after removing lid S/He clean the light switch his/her un-sanitized hand. on 3/15/21 at 12:00 PM, Staff t #5's lungs and checked ties for fluid, removed his/her vanitizing his/her hands, er mouse and then applied suff to Patient #5. Without nds, s/he then applied suff to Patient #5. Without nds, s/he then applied so and touched the computer, nt's station, and opened the clean catheter (A thin tube a vein to exchange blood for supplies for Patient #5's	V 113	Stowerst		1 Photo

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	S FOR MEDICARE	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	NSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED
		473501	B. WING		03/17/2021
	Rovider or Supplier R Allen Health Ca	RE - \$	160 A	ET ADDRESS, CITY, STATE, ZIP CODE Allen St Land, VT 05701	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
V 113	a dressing change Patient #5, Staff D dressing and clean donned new gloves site to dry, the dialy (Station #6) alarms at 12:17 PM with th starile dressing over 5.) Per observation (Registered Nurse) (Station #2) with a used to thin the blo proceeded to attack line on the dialysis Per interview on 3/ Nurse Manager, S/ machines should m and that prior to pur removing gloves, s wash/sanitize their know this". Per review of the pu Policy: Hemcdlalys Care Sites"-effective Infection Prevention A. 1. During the p exposure to blood a items can be routin are required whene touching the patient hygiene will be perfiremoved and in bet	tion on 3/15/21 at 12:15 PM of for a catheter exit site for removed the old catheter sed the exit site. Staff D then a and while waiting for the exit visis machine in the station d. Staff D reset the alarm and ne same gloves applied the per the catheter exit site. on 3/15/21 at 3:20 PM, Staff F entered a dialysis station syringe of heparin (medication od) and without gloves on h the syringe to the heparin machine. 16/21 at 3:21 PM with the Unit He confirmed that dialysis of be touched with bare hands tting gloves on and when taff were expected to hands; and stated the "staff olicy "Infection Prevention is Out-patient and In-patient e 7/12/20, it states, "I. In Precautions for All Patients process of hemodialysis, and potentially contaminated ely anticipated; thus, gloves ver caring for a patient or f's equipment4. Hand formed after gloves are ween patient contacts, as well bod, body fluids, secretions,	V 113	Ju obrachie	7/6/2

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CENTER	S FOR MEDICARE	E & MEDICAID SERVICES			OMB NO. 0938-03	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	INSTRUCTION	(X3) DATE SURVEY COMPLETED	
		473601	B. WING		03/17/2021	
	Rovider or Supplier R Allen Health C		160 4	ET ADDRESS, CITY, STATE, ZIP CODE Allen St Land, VT 05701		
(X4) ID PREFDX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHK CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETIC	
V 115	EAT/DRINK CFR(s): 494.30(a) Staff members she eye wear, or mass prevent soiling of o procedures during blood might occur termination of dial centrifugation of b not eat, drink, or s area or in the labo This STANDARD Based upon obse review, the facility wore protective fa while preparing fo dialysis patients. Findings include: 1.) Per observation laminated poster v plexiglass panel at station. The poster care: [wear] protect gown, and gloves. 2.) Per observation face shield titted uf floor, not covering patient area. Staff, patient at Station at care of the patient.	ould wear gowns, face shields, is to protect themselves and clothing when performing which spurting or spattering of (e.g., during initiation and ysis, cleaning of dialyzers, and lood). Staff members should moke in the dialysis treatment oratory. is not met as evidenced by: rvation, interview, and record failed to ensure staff properly ce shields, eye wear, or gowns r and administering treatment to non 3/16/21 at 11:59 PM, a vas attached to the center the Dialysis Unit's nurses' r read, "During direct patient trive mask with fluid shield," non 3/16/21 at 11:40 AM, Staff urse) was observed with the p on threr forehead, parallel to h/her eyes or face while in the A was observed going to the 3 and performing hands-on s hemodialysis access site.	V 115	St act	ikaba	

Poc accepted 4/23121 D. W. dearake RN

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473501	(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION	(X3) DATE SURVEY COMPLETED 03/17/2021
	Rowder or Supplier R Allen Health Ca	RE - S	160 A	et address, city, state, zip code Llen St Land, vt 05701	•
(X4) ID PREFDX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DEE COMPLETIO
	administering IV m Station #5 at 12:02 Per interview with t 3/16/21 at 3:13 PM "The face shield ne at the [patient's dia what they [staff] an protection-face shi when at the [patient's Per review of the fa Policy: Hemodialys Care Sites [policy et 1: Infection Preven Patients"-It states, hemodialysis, expo contaminated items Staff members masks & eye prote and prevent soiling procedures during to blood might occur . IC-HANDLING INF CFR(s): 494.30(a)(di standard infection of implementing-] (4) And maintaining with applicable Staff	h the face shield up while edications to the patient at PM. The Dialysis Unit Manager on , the Unit Manager stated ueds to be down when you are bysis) station. It doesn't matter a doing. Some sort of eye ald or goggles, must be worn it's station." The office of the source of the source is Out-patient and In-patient effective date 7/12/20]-Section tion Precautions for All 1. During the process of sure to blood and potentially a can be routinely anticipated will wear clean gowns, gloves, cition to protect themselves of clothing when performing which spurting or spattering of " ECTIOUS WASTE 4)(f) emonstrate that it follows control precautions by procedures, in accordance e and local laws and accepted	V 115 V 121	Su B. Ch	Lipha

Polaccapted 4/13/21 D. In deaueke Ro

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	NSTRUCTION	(X3) DATE SURVEY COMPLETED
		473501	B. WING	03/17/2021	
	ROVIDER OR SUPPLIER R ALLEN HEALTH CA	RE - S	160 A	ET ADDRESS, CITY, STATE, ZIP CO Allen 8t Land, VT 05701	DE
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE COMPLET DATE DATE
V 121	Based on observa review, facility staff infectious waste in treatment area for (Patient #2 and Pat Findings include: 1.) Per observation 3:10 PM, Staff C di treatment for Patie removed two need access site, howev discard the needles ware placed on top after about 5 minut into an appropriate 2.) During observat dialysis treatment to Staff C (HT) asepti needles from his/hu the contaminated r machine. Staff C to aids to the patient? Per interview on 3/ Nurse Manager, S/ expectation that at treatment when a p removed from their himmediately. S/He	is not met as evidenced by: tion, Interview, and policy I failed to dispose of potentially a timely manner in the dialysis 2 of 3 applicable patients tient #13). In on 3/15/21 at approximately iscontinued a dialysis nt #2. Staff C aseptically les from the patient's fistula er, Staff C did not immediately is into a sharp's container. They of the dialysis machine and tes they were then discarded	V 121	be all	ilaia

Pocarcybes 4/23/21 D. b. denustard

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473501	(X2) MULTIPLE CO A. BUILDING	NSTRUCTION	(C3) DATE SURVEY COMPLETED
	ROVIDER OR SUPPLIER R ALLEN HEALTH CA		STRE 160 A	ET ADDRESS, CITY, STATE, ZIP COU LLEN ST LAND, VT 05701	DE 03/17/2021
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETIO E APPROPRIATE DATE
	Placement and Re New AVF"-effective Remove the needle directions for use a into 'sharps contain IC-ASEPTIC TECH CFR(s): 494.30(b)([The facility must-] (2) Ensure that clir compliance with cu dispensing and add	olicy "Vascular Access: Needle moval, Including Managing 5/10/18, it states, "STEPS: 8. e according to manufacturer ind discard needle Immediately ner". INIQUES FOR IV MEDS	V 121 V 143	gr opposed	
	Based on observa review, facility staff (free from contamin drawing up intrave for 1 of 3 applicable	is not met as evidenced by: tion, Interview, and policy failed to demonstrate aseptic nation) technique while nous (in the vein) medications e patients (Patient #16).		3 Ø	1918
	5:02 PM, Staff D pr Epogen (medicatio count) for a patient septum (disk of rub seal a vial) of the m	medication pass on 3/16/21 at repared to draw up a dose of n used to treat low blood and did not clean/disinfect the ber or similar material used to nulti-use vial with alcohol needle to withdraw the proper			
	PM, the Unit Manag	16/21 at approximately 5:20 ger confirmed that prior to a to withdraw medication from			

Por allepted 4/23121 D. Li deancke RN

	DRRECTION	IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION		JE SURVEY MPLETED
		473501	B. WING		03/17/2021	
	MDER OR SUPPLIER	RE - S	160	REET ADDRESS, CITY, STATE, ZIP COD) Allen St ITLAND, VT 05701	E	
(X4) ID PREFTX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XIS) COMPLETION DATE
a b C C (1 M d t t C C C T (1 i i i (1 i i m (1 i i m m	e cleaned with an er review of the p lelivery, Administr MODAR)" - effecti ledication Admini raw up the medic achnique" OC-COMPLETEI FR(s): 494.90(b) the patient's plan d b cluding the patien b Be completed by cluding the patien be signed by th atient or the patie hooses not to sign ust be document	e septum of the vial needs to alcohol wipe. Policy "Medication Order, ration and Recording the 6/4/2019, it states, under stration, 11. Vials and ampules: ation using aspetic [sic] D/SIGNED BY IDT & PT (1)	V 143 V 556	le contra de la co		19/01
E fa pi Te sc de re Fi Pr he m ur	Based on staff inter cility failed to ensight an of care was on earn (IDT) member octal worker), inclu- selignee's signatur asons for their re- ndings include: er record review F er record review F er record review F er record review F	Patient #6 started on cember of 2019. Patient #6 the facility's satellite dialysis dialysis unit in February/March are plan for Patient #6 was				
RM CMS-2587(02	1-89) Previous Versions (beolete Event ID: D5XT11	Facilit	y ID: 473501	If continuation she	at Page 10 of 15

D. Widcawake Rd

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	of Deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	NSTRUCTION	(X3) DATE SURVEY COMPLETED
		473501	B. WING		03/17/2021
	Rovider or supplier	ARE - S	160 A	ET ADDRESS, CITY, STATE, ZIP CODE Allen St Land, VT 05701	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
V 556	dietitian, and social no evidence that the signed off on the of indication that Patt information regard	age 10 Ined off on 5/8/20 by the nurse, al worker; however, there was he physician had completed or care plan. There was also no tient #6 had received the ling his/her plan of care and/or y documentation of Patient #6's	V 556		
V 760	Administrator and stated that the exp of the IDT complet that the patient was attend and/or deci- his/her care plan. physician did not of care plan on 5/8/2 indication that Pati- plan of care.	V17/21 at 11:20 AM with the Patient Care Coordinator, they bectation was that all members te and sign the care plan; and as given the opportunity to line a meeting and/or to sign They both confirmed that the complete and sign Patient #6's 20; and that there was no tent #6 was involved in his/her OR STAFF ORIENTATION b)(3)	V 760	the contract of the second	81949,
	responsible must (3) All staff, includ appropriate orients work responsibilitie This STANDARD	ing the medical director, have ation to the facility and their			
	review, the facility	failed to ensure that 1 of 5 staff had appropriate orientation			

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	OCO MULTIPLE CO		All Date	
	IDENTIFICATION NUMBER:	A BLILDING			TE SURVEY MPLETED
	473501	B. WING		0	3/17/2021
NAME OF PROVIDER OR SUPPLI	ER	STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
FLETCHER ALLEN HEALTH	CARE - S		LLEN ST LAND, VT 05701		
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	iD PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(XB) Completic Date
approximately 3 (Station #9) bei cleaning the ch removed gloves station. S/He di This surveyor a responsible for treatment and a been cleaned b screener is not machines." Stat about 5 minutes B stated, "I'm sc had to tend to a come back and and disinfected 2.) Per observa 3:40 PM, Staff 0 Staff B with a m bilateral lower if his/her wheelch guide the sling w On 3/15/21 at a Administrator pr email referring t duties were. Th states, "Screen door, take temp (Electronic Med taught); weigh p station, disinfecc inventory stockd patients in/out o assigned within	A page 11 during observation at 5:15 PM of a patient care station ing cleaned, Staff B completed air, television, and call light cord; 6, used hand sanitizer, and left the d not clean the dialysis machine. pproached Staff C who was the patient that completed his/her sked why the machine had not y Staff B. Staff C stated, "the supposed to touch the dialysis if B returned to the station after a and conversed with Staff C. Staff ony I did not clean the machine, I nother patient and was going to do it." Staff C then went ahead the dialysis machine. tion on 3/15/21 at approximately 5 requested the assistance from echanical lift transfer for a mb amputee from the bed to air. Staff G asked Staff B to help with the patient into his/her chair. opproximately 4:00 PM, the ovided the survey team with an o what the dialysis screener e email was from 7/8/20 and patients and visitors at the front erature, document in EMR cal Record-CyberRen-will be attents & walk them to their surfaces & equipment, help with ng, answer phones, assist f wheelchairs, other duties as scope of license."	V 760	A A A		1965

Poc accepted 4/23/21 D. W. deawak RN -

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(C3) DATE SURVEY COMPLETED	
		473501	8. WING		03	17/2021	
	ROVIDER OR SUPPLIER RALLEN HEALTH CAR	E - S	STREET ADDRESS, CITY, STATE, ZIP CODE 160 ALLEN ST RUTLAND, VT 05701			17/2021	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		8D PREFX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(45) Completio Date	
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University of Vermont MEDICAL CENTER

Jeffords Institute for Quality Accreditation and Regulatory Affairs Department 111 Colchester Avenue Burlington, VT 05401

April 8, 2021

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060

Re: CMS Certification Number (CCN): 473501 Conditions of Participation for 42 CFR Part 405.2150

Dear Suzanne Leavitt,

Please find the attached Plan of Corrections and form CMS-2567 in response to the Statement of Deficiencies and Findings in regards to survey number 473501.

The University of Vermont Medical Center is committed to continuously improving the quality of services we provide to respond to the regulatory deficiencies that were cited.

If you have questions regarding the attached Plan of Correction or require further clarification, please do not hesitate to contact me.

Sincerely,

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Carol Muzzy, Director Accreditation & Regulatory Affairs The University of Vermont Medical Center 111 Colchester Avenue Burlington, VT 05401 Telephone: 802-847-5007 Fax: 802847-6274 Carol.Muzzy@UVMHealth.org

CC: Jayesh Shukla, Director Renal Services and Endoscopy

E 000 INITIAL COMMENTS

During an unannounced on-site re-certification survey from 3/15/21 through 3/17/21, the Division of Licensing and Protection conducted a review of the facility's Emergency Preparedness Program. The facility was found to be in substantial compliance with Emergency Preparedness planning.

V000 INITIAL COMMENTS

An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection from 3/15/21 to 3/17/21 to determine compliance with 42 Code of Federal Regulations Part 405 Subpart U, Condition of Participation: End Stage Renal Disease Services. The following regulatory violations were identified

V111 IC-SANITARY ENVIRONMENT CFR(s): 494.30

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.

This STANDARD is not met as evidenced by; based on observation, interview, and record review, the facility failed to provide a sanitary environment to minimize the transmission of infectious agents.

Findings include:

1.) Per observation on 3/15/20 at 11:15 AM, Staff B was wearing a yellow protective gown with the opening in the front that was hanging off her /his right shoulder, exposing his/her potentially contaminated street clothes. S/He also had mid back length hair that was not secured. Staff B disinfected the chair of Station #6, however, as she/he was cleaning the chair his/her hair swept across surfaces of the chair that S/He had already disinfected. Staff B unfolded a sheet and as S/He placed the sheet over the chair the sheet came in direct contact with his/her uncovered street clothes. These infection control breeches resulted in re-contamination of the patient treatment chair.

2.) Per observation on 3/15/21 at 12:00 PM, Staff B was seen bringing a patient via wheelchair to dialysis Station #6. His/her yellow protective gown was noted to be wide open and fully exposing the front of his/her clothing. Staff B then assisted the patient from the wheelchair to the dialysis treatment chair.

3.) Per observation on 03/15/21 at approximately 3:10 PM, Staff B (Welcoming Specialist) was observed to be wearing a yellow protective gown hanging off his/her chest exposing potentially contaminated street clothing. His/her mid back length hair was loose providing another vehicle of potential contamination toward surfaces and other patients. Staff B disinfected the chair of Station # 9 appropriately, however, after the seat of the chair was cleansed, Staff B proceeded to clean the open side arms and while doing so, his/her long hair swept across the seat of the chair which had already been disinfected. This action re-contaminated the seat of the patient chair.

Per interview on 03/17/21 at 3:20 PM, the Unit Manager confirmed that all caregivers must wear personal protective equipment (PPE) appropriately and pay attention to the steps taken when cleaning and disinfecting patient care areas.

Per review of the facilities "Infection Prevention Policy: Hemodialysis Out-patient and In-patient Care Sites" (effective 7/12/2020) - Section B-1. indicates that "After each patient treatment, After patient has been discharged from the station clean environmental surfaces at the dialysis station, including the bed, or chair, countertops, and external surfaces of the dialysis machine, including containers associated with the prime waste clean using dilution of household bleach Once used the bleach cloth is discarded". The policy also states in Section I-A, "2. Staff members will wear clean gowns, gloves, masks, and eye protection

ACTION PLAN

- Under direction of the renal site supervisor, all staff, applicable to their role, received education on the
 expectations outlined in the facility's Personal Protective Equipment (PPE) Policy "SEH10: Personal
 Protective Equipment (PPE").
- Education on this policy occurred through in-person staff meetings led by the renal site supervisor in March 2021.

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- Education will be reinforced in April staff meeting under the direction of the renal site supervisor. The training included policy review on preventing employee exposure to occupational hazards, proper staff use of PPE and disposal of PPE.
- Compliance will be monitored monthly by the renal site supervisor. The results of these audits will be presented at the regular inter-disciplinary QAPI meetings. Monitoring the monthly audit frequency will be re-evaluated by the Renal leadership based on sustained performance.
- Based on leadership review the welcoming job specialist key accountabilities have been updated and no longer contains key elements linked to cleaning dialysis equipment.
- All actions will be completed by May 9th

V113 IC WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1)

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.

This STANDARD is not met as evidenced by: Based on observation, interview and policy review, facility staff failed to consistently wear gloves and perform hand hygiene during the provision of care for 3 of 13 applicable patients (Patient #5, Patient #10, Patient #18) during their dialysis (The process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally.) treatments

Findings include:

1.) Per observation on 3/15/21 at 11:19 AM, Staff D (Registered Nurse) entered a patient station (Station #6), touched the dialysis machine with his/her bare hand, reset an alarm, and left the patient station. At 11:20 AM, Staff D went back into Station #6, touched the machine with his/her bare hand to obtain Patient #10's blood pressure.

2.) Per observation on 3/15/21 at 11:45 AM, Staff E (Hemodialysis Technician-HT) left a patient station (Station #4) with gloves on, walked to a common cart, performed a test on the dialysis solution (solution of pure water, electrolytes and salts used to pull toxins from the blood), removed his/her gloves and without sanitizing his/her hands, flipped the light switch on in the common area for Station #4. Staff E acknowledged to both surveyors observing that S/He did not correct the missed step of hand hygiene after removing her/his gloves, nor did S/He clean the light switch after touching it with his/her un-sanitized hand.

3.) Per observation on 3/15/21 at 12:00 PM, Staff D, listened to Patient #5's lungs and checked Patient #5's extremities for fluid, removed his/her gloves and without sanitizing his/her hands, touched the computer mouse and then applied the blood pressure cuff to Patient #5. Without sanitizing his/her hands, s/he then applied another pair of gloves and touched the computer, the table in the patient's station, and opened the pack that contained clean catheter (A thin tube that is inserted into a vein to exchange blood for dialysis treatments) supplies for Patient #5's treatment.

4.) During observation on 3/15/21 at 12:15 PM of a dressing change for a catheter exit site for Patient #5, Staff D removed the old catheter dressing and cleansed the exit site. Staff D then donned new gloves and while waiting for the exit site to dry, the dialysis machine in the station (Station #6) alarmed. Staff D reset the alarm and at 12:17 PM with the same gloves applied the sterile dressing over the catheter exit site.

5.) Per observation on 3/15/21 at 3:20 PM, StaffF (Registered Nurse) entered a dialysis station (Station #2) with a syringe of heparin (medication used to thin the blood) and without gloves on proceeded to attach the syringe to the heparin line on the dialysis machine.

Per interview on 3/16/21 at 3:21 PM with the Unit Nurse Manager, S/He confirmed that dialysis machines should not be touched with bare hands and that prior to putting gloves on and when removing gloves, staff were expected to wash/sanitize their hands; and stated the "staff know this".

Per review of the policy "Infection Prevention Policy: Hemodialysis Out-patient and In-patient Care Sites"-effective 7/12/20, it states, "I. Infection Prevention Precautions for All Patients A. 1. During the process of hemodialysis, exposure to blood and potentially contaminated items can be routinely anticipated; thus, gloves are required

POC allepted 412312, Deideauskahd whenever caring for a patient or touching the patient's equipment 4. Hand hygiene will be performed after gloves are removed and in between patient contacts, as well as after touching blood, body fluids, secretions, excretions and contaminated items."

ACTION PLAN

- Under direction of the renal site supervisor, all staff, applicable to their role, received education on the expectations outlined in the facility's Infection Prevention Policy "RENL 95: Infection Prevention Policy: Hemodialysis Out-patient and In-patient Care Site's. This policy is related to gloving and hand sanitizing practices.
- Education on this policy occurred through in-person staff meetings led by the renal site supervisor in March 2021.
- Education will be reinforced in April staff meeting under the direction of the renal site supervisor.
- The training included policy review on preventing transmission of infection to hemodialysis patients, infection prevention precautions for all patients and appropriate hand sanitizing and gloving practices.
- Compliance will monitor monthly by the renal site supervisor. The results of these audits will be presented at the regular inter-disciplinary QAPI meetings. Monitoring the monthly audit frequency will be reevaluated by the Renal leadership based on sustained performance.
- All actions will be completed by May 9th.

V115 IC GOWNS, SHIELD/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 upon observation, interview, and record review, the facility failed to ensure staff properly wore protective face shields, eyewear, or gowns while preparing for and administering treatment to dialysis patients.

Findings include:

1.) Per observation on 3/16/21 at 11:59 PM, a laminated poster was attached to the center plexi-glass panel at the Dialysis Unit's nurses' station. The poster read, "During direct patient care: [wear] protective mask with fluid shield, gown, and gloves."

2.) Per observation on 3/16/21 at 11:40 AM, Staff A (a Registered Nurse) was observed with the face shield tilted up on h/her forehead, parallel to floor, not covering h/her eyes or face while in the patient area. Staff A was observed going to the patient at Station #3 and performing hands-on care of the patient's hemodialysis access site. Staff A was again observed with the face shield up at 11:55 AM in the patient area while administering IV medications to the patient at Station #3, and with the face shield up while administering IV medications to the patient at Station #5 at 12:02 PM.

Per interview with the Dialysis Unit Manager on 3/16/21 at 3:13 PM, the Unit Manager stated "The face shield needs to be down when you are at the [patient's dialysis] station. It doesn't matter what they [staff] are doing. Some sort of eye protection-face shield or goggles, must be worn when at the [patient's] station."

Per review of the facility's "Infection Prevention Policy: Hemodialysis Out-patient and In-patient Care Sites [policy effective date 7/12/20]-Section 1: Infection Prevention Precautions for All Patients"-it states, "1. During the process of hemodialysis, exposure to blood and potentially contaminated items can be routinely anticipated Staff members will wear clean gowns, gloves, masks & eye protection to protect themselves and prevent soiling of clothing when performing procedures during which spurting or spattering of blood might occur ..."

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ACTION PLAN

- Under direction of the renal site supervisor, all staff, applicable to their role, received education on the
 expectations outlined in the facility's Personal Protective Equipment (PPE) Policy "SEH10: Personal
 Protective Equipment (PPE").
- Education on this policy occurred through in-person staff meetings led by the renal site supervisor in March 2021.
- Education will be reinforced in April staff meeting under the direction of the renal site supervisor.
- The training included policy review on preventing employee exposure to occupational hazards, proper staff use of PPE and disposal of PPE.
- Compliance will monitor monthly by the renal site supervisor. The results of these audits will be presented at the regular inter-disciplinary QAPI meetings. Monitoring the monthly audit frequency will be reevaluated by the Renal leadership based on sustained performance.
- All actions will be completed by May 9th

V121 IC HANDLING INFECTIOUS WASTE, CFR(s): 494.30(a)(4)(i)

The facility must demonstrate that it follows standard infection control precautions by implementing And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-Handling, storage and disposal of potentially infectious waste;

This STANDARD is not met as evidenced by; Based on observation, interview, and policy review, facility staff failed to dispose of potentially infectious waste in a timely manner in the dialysis treatment area for 2 of 3 applicable patients (Patient #2 and Patient #13).

Findings include:

1.) Per observation on 3/15/21 at approximately 3:10 PM, Staff C discontinued a dialysis treatment for Patient #2. Staff C aseptically removed two needles from the patient's fistula access site; however, Staff C did not immediately discard the needles into a sharp's container. They were placed on top of the dialysis machine and after about 5 minutes, they were then discarded into an appropriate receptacle.

2.) During observation on 3/15/20 at 3:33 PM of a dialysis treatment termination for Patient #13, Staff C (HT) aseptically removed Patient #13's needles from his/her dialysis access and placed the contaminated needles on top of the dialysis machine. Staff C then applied gauze and band-aids to the patient's dialysis access, clamped the needle sites, and then disposed of the needles in the 'sharps' receptacle used for biohazard waste.

Per interview on 3/16/21 at 3:21 PM with the Unit Nurse Manager, S/he stated that it was his/her expectation that at the termination of a dialysis treatment when a patient's needles were removed from their dialysis access, the needles were to be put in the "sharps" container immediately. S/He stated that the needles being placed on top of the dialysis machine "should not be happening".

Per review of the policy "Vascular Access: Needle Placement and Removal, including Managing New AVF"-effective 5/10/18, it states, "STEPS: 8. Remove the needle according to manufacturer directions for use and discard needle immediately into 'sharps container'".

ACTION PLAN

- Under direction of the renal site supervisor, all staff, applicable to their role, received education on the
 expectations outlined in the facility's vascular access needle placement and removal policy "RENL00047:
 Vascular Access: Needle Placement and Removal, Including Managing new AVF".
- Education on this policy occurred through in-person staff meetings led by the renal site supervisor in March 2021.
- Education will be reinforced in April staff meeting under the direction of the renal site supervisor.
- The training included policy review on needle removal and disposal of needles immediately after use.

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- Compliance will monitor monthly by the renal site supervisor. The results of these audits will be presented at the regular inter-disciplinary QAPI meetings. Monitoring the monthly audit frequency will be reevaluated by the Renal leadership based on sustained performance.
- All actions will be completed by May 9th

V143 IC ASEPTIC TECHNIQUES FOR IV MEDS CFR(s): 494.30(b)(2)

The facility must-(2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and

This STANDARD is not met as evidenced by based on observation, interview, and policy review, facility staff failed to demonstrate aseptic (free from contamination) technique while drawing up intravenous (in the vein) medications for 1 of 3 applicable patients (Patient #16).

Findings include:

Per observation of medication pass on 3/16/21 at 5:02 PM, Staff D prepared to draw up a dose of Epogen (medication used to treat low blood count) for a patient and did not clean/disinfect the septum (disk of rubber or similar material used to seal a vial) of the multi-use vial with alcohol before inserting the needle to withdraw the proper dose.

Per interview on 3/16/21 at approximately 5:20 PM, the Unit Manager confirmed that prior to inserting the needle to withdraw medication from a multi-use vial; the septum of the vial needs to be cleaned with an alcohol wipe.

Per review of the policy "Medication Order, Delivery, Administration and Recording (MODAR)" - effective 6/4/2019, it states, under Medication Administration, 11. Vials and ampules: draw up the medication using aspetic [sic] technique."

ACTION PLAN

- Under direction of the renal site supervisor, all staff, applicable to their role, received education on the expectations outlined in the facility's medication order, delivery administration and recording policy, "PHARM10: Medication Order, Delivering, Administration and Recording (MODAR)" policy.
- Education on this policy occurred through in-person staff meetings led by the renal site supervisor in March 2021.
- Education will be reinforced in April staff meeting under the direction of the renal site supervisor
- The training included policy review on aseptic technique for drawing up medications from vials.
- Compliance will monitor monthly by the renal site supervisor. The results of these audits will be presented at the regular inter-disciplinary QAPI meetings. Monitoring the monthly audit frequency will be re-evaluated by the Renal leadership based on sustained performance.
- All actions will be completed by May 9th

V556 POC COMPLETED/SIGNED BY IDT & PT CFR(s): 494.90(b)(1)

The patient's plan of care must-

(i) Be completed by the interdisciplinary team, including the patient if the patient desires; and

(ii) Be signed by the team members, including the patient or the patient's designee; or, if the patient chooses not to sign the plan of care, this choice must be documented on the plan of care, along with the reason the signature was not provided.

This STANDARD is not met as evidenced by: Based on staff interviews and record review, the facility failed to ensure that a patient's (Patient #6) plan of care was completed by all Interdisciplinary Team (IDT) members (physician, nurse, dietitian, social worker), included the patient's and/or their designee's signature, and/or documented reasons for their refusal.

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Findings include:

Per record review, Patient #6 started on hemodialysis in December of 2019. Patient #6 moved from one of the facility's satellite dialysis units to the current dialysis unit in February/March of 2020. An initial care plan for Patient #6 was completed and signed off on 5/8/20 by the nurse, dietitian, and social worker; however, there was no evidence that the physician had completed or signed off on the care plan. There was also no indication that Patient #6 had received the information regarding his/her plan of care and/or that there was any documentation of Patient #6's refusal.

Per interview on 3/17/21 at 11:20 AM with the Administrator and Patient Care Coordinator, they stated that the expectation was that all members of the IDT complete and sign the care plan; and that the patient was given the opportunity to attend and/or decline a meeting and/or to sign his/her care plan. They both confirmed that the physician did not complete and sign Patient #6's care plan on 5/8/20; and that there was no indication that Patient #6 was involved in his/her plan of care.

ACTION PLAN

- Electronic health record tools are being made available to support the care planning process.
- Director of Dialysis Services will create and provide tip sheet on plans of care for all stakeholders. Tip
 sheet includes expectations around timing of care plan generation, signature of both MD and expectations
 on patient participation in care planning. This tip sheet will accompany stakeholder education. This will be
 completed by May 9, 2021. Education on the Expectations around the care plan requirements as outlined
 in the referenced regulation will be completed by May 9th
- Renal site supervisor will review reports on a monthly basis for patient care plans that are due to be created and for signatures that need to be included.
- Lack of appropriate signatures would be escalated to department medical director and department chief for action
- All actions will be completed by May 9th

V760 GOV-GB RESP FOR STAFF ORIENTATION CFR(s): 494.180(b)(3)

The governing body or designated person responsible must ensure that-(3) All staff, including the medical director, have appropriate orientation to the facility and their work responsibilities;

This STANDARD is not met as evidenced by; Based on observation, interview, and policy review, the facility failed to ensure that 1 of 5 staff members (Staff B) had appropriate orientation and training for their job duties and responsibilities.

Findings include:

1.) On 3/15/21 during observation at approximately 3:15 PM of a patient care station (Station #9) being cleaned, Staff B completed cleaning the chair, television, and call light cord; removed gloves, used hand sanitizer, and left the station. S/He did not clean the dialysis machine. This surveyor approached Staff C who was responsible for the patient that completed his/her treatment and asked why the machine had not been cleaned by Staff B. Staff C stated, "the screener is not supposed to touch the dialysis machines." Staff B returned to the station after about 5 minutes and conversed with Staff C. Staff B stated, "I'm sorry I did not clean the machine, I had to tend to another patient and was going to come back and do it." Staff C then went ahead and disinfected the dialysis machine.

2.) Per observation on 3/15/21 at approximately 3:40 PM, Staff G requested the assistance from Staff B with a mechanical lift transfer for a bilateral lower limb amputee from the bed to his/her wheelchair. Staff G asked Staff B to help guide the sling with the patient into his/her chair.

On 3/15/21 at approximately 4:00 PM, the Administrator provided the survey team with an email referring to what the dialysis screener duties were. The email was from 7/8/20 and states, "Screen patients and visitors at the front door, take temperature, document in EMR (Electronic Medical Record-CyberRen-will be taught); weigh patients & walk them to their station, disinfect surfaces & equipment, help with inventory stocking, answer phones, assist

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