Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
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

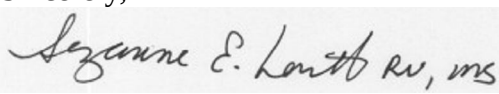
Mr. Jayesh Shukla, Renal Center Director
Fletcher Allen Health Care - S
160 Allen St
Rutland, VT 05701

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,



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

cc: Carol Muzzy, FAHC Regulatory Director

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

PRINTED: 03/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	473501	A. BUILDING _____ B. WING _____	03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLETCHER ALLEN HEALTH CARE - S	160 ALLEN ST RUTLAND, VT 05701

(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 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.	E 000		
V 000	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.	V 000	See Attached POC -CH	4/9/21
V 111	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 3/16/20 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	V 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carol Mac — TITLE: Director — (X6) DATE: 4/22/21

POC accepted 4/23/21 D. Whittemore RN

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 111	Continued From page 1 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)	V 111	See attached POC - CM 4/9/21	

POC accepted
4/23/21
D. Underwood RN

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V 111	Continued From page 2 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 ...".	V 111	3 attached POC - CM	4/9/21
V 113	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.	V 113		

POC accepted
4/23/21
D. Wideawake RN

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V 113	Continued From page 3 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.	V 113	3e accepted POC-RM 4/19/21	

POC accepted
4/23/21
D. Wideawake RN

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V 113	Continued From page 4 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 #8) 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, Staff F (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 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."	V 113	3u attached POC - CW	4/9/21

POC accepted
4/23/21
D. Widewicz RN

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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 upon observation, interview, and record review, the facility failed to ensure staff properly wore protective face shields, eye wear, 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 plexiglass 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	V 115	See attached POC-CM	4/9/21

POC accepted
4/23/21
D. Wildenstein RN

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V 115	Continued From page 6 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 ..."	V 115	See attached POC-CM	4/19/21
V 121	IC-HANDLING INFECTIOUS WASTE CFR(s): 494.30(a)(4)(i) [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- (i) Handling, storage and disposal of potentially infectious waste;	V 121		

POC accepted
4/23/21
D. Underwood RN

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V 121	Continued From page 7 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".	V 121	See attached POC. CM	4/9/21

POC accepted
4/23/21
D. Widenhofer RN

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V 121	Continued From page 8 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'".	V 121		
V 143	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	V 143	Sw corrected POC - DW 4/9/21	

POC accepted
4/23/21
D. Widewicke RN

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V 143	Continued From page 9 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....."	V 143		
V 556	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. 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	V 556	See attached POC - CH	4/19/21

POC accepted
4/23/21
D. Widdowson RN

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V 556	Continued From page 10 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.	V 556	See attached POC - CH	4/19/21
V 760	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:	V 760		

POC accepted
4/23/21
D. Wideawake RN

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V 760	Continued From page 11 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 patients in/out of wheelchairs, other duties as assigned within scope of license." Per review on 3/16/21 at approximately 1:30 PM	V 760	In-serviced DC RN 4/9/21	

POC accepted
4/23/21
D. Wildenrath RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	473501	A. BUILDING _____ B. WING _____	03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLETCHER ALLEN HEALTH CARE - S	160 ALLEN ST RUTLAND, VT 05701

(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
V 760	Continued From page 12 of Staff B's personnel file, Staff B was hired on 9/21/20 as a "Welcoming Specialist". Per review of the "Job Summary" from the "Job Description" dated 5/27/20, "The Welcoming Specialist serves as an ambassador ...by greeting, screening, directing and assisting patients, families and guests .... The Welcoming Specialist provides exterior entry point screening and entry authorization for all individuals seeking entry" to the facility. The Welcome Specialist's "Job Accountabilities" were to "Conduct appropriate screening of all individuals entering" the facilities. "Complete duties as assigned according to department policies and procedures .... d) Maintain knowledge of screening guidelines, policies, and procedures ...e) Maintain knowledge of PPE policies and equipment cleaning guidelines". There was no evidence that Staff B was trained to perform the dialysis related duties/tasks and/or that S/He had any type of license referred to in the email from the Administrator. Per policy review, Safe Patient Handling and Transfer, effective 5/18/2019 on the 3rd page, under Definitions #7 "Total Body Transfer is a fully assisted patient transfer by two or more persons to and from:....." Per interview on 3/16/21 at 2:10 PM with the Unit Nurse Manager and Regulatory Specialist, they confirmed that there was no evidence of training for Staff B related to dialysis and his/her job duties and responsibilities.	V 760	See attached POC - CH 4/19/21	

POC accepted
4/23/21
D. W. Beauvais RN

THE
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,

Carol Muzzy

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.**

POC accepted
4/23/21
D Widdecombe RN

- **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, Staff F (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 accepted
4/23/21
D Widawski RN

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 re-evaluated 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 ..."

POC accepted
4/23/21
D. Widdowson

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 re-evaluated 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.**

PLC accepted
4/23/21
D. Widenhouse, RN

- **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**

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.

POC accepted
4/23/21
D. Wisdom RN

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

POC accepted
4/23/21
D. Widawski RN