

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

August 5, 2019

Mr. Jayesh Shukla, Renal Dialysis Director  
University Of Vermont Medical Center Dialysis  
111 Colchester Ave  
Burlington, VT 05401

Dear Mr. Shukla:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 16, 2019**. 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, Director

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

PRINTED: 07/30/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  472300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/16/2019
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY OF VERMONT MEDICAL CENTER DIALYSIS		STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401	

(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
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E 000	Initial Comments	E 000		
	An unannounced onsite survey was conducted of the University of Vermont Medical Center Dialysis Burlington for End Stage Renal Dialysis (ESRD) re: requirement for Emergency Preparedness on 7/16/19. As a result of the Emergency Preparedness Survey, no regulatory violations were identified.			
V 000	INITIAL COMMENTS	V 000		
	An unannounced onsite re-certification survey was conducted of University of Vermont Medical Center Dialysis Burlington by the Division of Licensing and Protection from 7/15/19 to 7/16/19 to determine compliance with 42 Code of Federal Regulations, part 405, subpart U, Conditions for Coverage for End Stage Renal Disease. The following regulatory violation was identified.			
V 114	IC-SINKS AVAILABLE CFR(s): 494.30(a)(1)(i)	V 114		
	A sufficient number of sinks with warm water and soap should be available to facilitate hand washing.			
	This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure that there was an adequate number of designated clean area sinks available to facilitate hand washing. Findings include:			
	Per observation on 7/15/19 at 11:11 AM, during disinfection of a dialysis station (designated area where a patient receives dialysis, which is a process in which waste and excess fluid is removed from the body) a Hemodialysis Technician (HT, trained staff member who			

*see attached*

*cm 8/2/19*

*Poc acct 8.5.19  
P.C. / Sll*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Carl [Signature]</i>		<i>8/2/19</i>

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.

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

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NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY OF VERMONT MEDICAL CENTER DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 COLCHESTER AVE BURLINGTON, VT 05401</b>		
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V 114	Continued From page 1 operates the dialysis machines and monitors dialysis patients) walked to a sink in the patient care area and dumped left over dialysis solution (a solution of pure water, electrolytes and salts) down the sink. A few minutes after the HT dumped the solution down the sink, a Registered Nurse (RN) was observed washing his/her hands in the same sink. When the surveyor questioned the HT, the HT stated that s/he always dumped the left over dialysis solution down the sink(s) in the patient care area. Per interview on 7/15/19 at 11:30 AM with the Nurse Manager, s/he confirmed that the sinks in the patient care area were not identified as being clean and/or dirty; and that there were no sinks dedicated for hand washing.  Per review of the policy, "Infection Prevention Practices-Cleanliness of the Environment and Equipment"-effective 4/24/19, it read, "6) Separation of Clean and Soiled; a) The environment provides areas that are designated as clean areas and soiled areas. These designations are to ensure that splash of blood, body fluids, secretions or excretions do not come into contact with clean equipment and patient supplies. Clear labeling to designate separation of clean and dirty is required."	V 114			

*cm  
8/2/19*



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**V 114 IC-SINKS AVAILABLE CFR(s): 494.30(a)(1)(i)**

A sufficient number of sinks with warm water and soap should be available to facilitate hand<sup>1</sup> washing.

This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure that there was an adequate number of designated clean area sinks available to facilitate hand washing. Findings include:

Per observation on 7/15/19 at 11:11 AM, during disinfection of a dialysis station (designated area where a patient receives dialysis, which is a process in which waste and excess fluid is removed from the body) a Hemodialysis Technician (HT, trained staff member who operates the dialysis machines and monitors dialysis patients) walked to a sink in the patient care area and dumped left over dialysis solution (a solution of pure water, electrolytes and salts) down the sink. A few minutes after the HT dumped the solution down the sink, a Registered Nurse (RN) was observed washing his/her hands in the same sink. When the surveyor questioned the HT, the HT stated that s/he always dumped the left over dialysis solution down the sink(s) in the patient care area. Per interview on 7/15/19 at 11:30 AM with the Nurse Manager, s/he confirmed that the sinks in the patient care area were not identified as being clean and/or dirty; and that there were no sinks dedicated for hand washing.

Per review of the policy, "Infection Prevention Practices-Cleanliness of the Environment and Equipment"-effective 4/24/19, it read, "6) Separation of Clean and Soiled; a) The environment provides areas that are designated as clean areas and soiled areas. These designations are to ensure that splash of blood, body fluids, secretions or excretions do not come into contact with clean equipment and patient supplies. Clear labeling to designate separation of clean and dirty is required."

**ACTION PLAN**

- All staff, applicable to their role, received education on the expectations outlined in INFC 00016- Infection Control Practices- Cleanliness of the Environment and Equipment. This included, but was not limited to, dumping dialysis solution in the appropriate hopper.
- Signage to designate clean sinks have been ordered and will be in place by August 15<sup>th</sup>, 2019.
- Education occurred through a combination of in person and electronic communication.
- The education and attendance sheet that document the training and staff participation is available for review at the facility.
- Compliance with the above workflow will be monitored through a combination of Nurse Manager and unit-based infection prevention RN observed audits and Regulatory Readiness Rounds audits.
- All actions will be completed by August 15<sup>th</sup>, 2019.

*POC accepted 8.5.19  
PC/SL*

AUG 5 2019

THE  
University of Vermont  
MEDICAL CENTER

August 2, 2019

Department of Disabilities, Aging and Independent Living  
Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury, VT 05671-2060

Re: CMS Certification Number (CCN): 472300

Dear Suzanne Leavitt,

Please find attached CMS-2567 form and the attached Plan of Correction in response to the Statement of Deficiencies from the survey completed by the Division on July 16, 2019.

The University of Vermont Medical Center is committed to continuously improving the quality of services we provided to our patients. As part of our ongoing performance improvement program, we would like to take this opportunity to response to the regulatory deficiencies that were cited.

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

Sincerely,



Carol Muzzy, Director  
Accreditation & Regulatory Affairs  
University of Vermont Medical Center  
1 South Prospect Street  
Burlington, VT 05401  
Telephone: 802-847-5007  
Fax: 802-847-6274  
[Carol.Muzzy@UVMHealth.org](mailto:Carol.Muzzy@UVMHealth.org)