

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 27, 2017

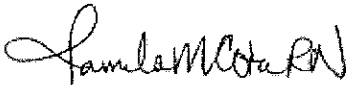
Ms. Carol Conroy, Asst Administrator
Southwestern Vermont Renal Center
100 Hospital Drive
Bennington, VT 05201

Dear Ms. Conroy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 8, 2017**. 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,



Pamela M. Cota, RN
Licensing Chief



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

PRINTED: 02/16/2017
FORM APPROVED
OMB NO. 0938-0391

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|-----------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 472301 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/08/2017 |
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| NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN VERMONT RENAL CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 100 HOSPITAL DRIVE BENNINGTON, VT 05201 |
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| (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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V 000 INITIAL COMMENTS

V 000

An unannounced on site recertification survey was conducted by the Division of Licensing and Protection from 2/6/17 to 2/8/17 to determine compliance with 42 Code of Federal Regulations Part 405, Subpart U, Condition of Participation of End State Renal Disease Services. The following regulatory violations were identified.

V 113 494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE

Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.

This STANDARD is not met as evidenced by:
Based on observations, staff interview and record review staff failed to consistently adhere to the facilities policies regarding infection control practice related to the changing of gloves during the provision of central line care for 2 applicable patients. (Patients # 2, #6). Findings include:

1. Per observation on 2/6/17 at 12:25 PM of a central venous catheter (CVC) exit site care for Patient #2, Staff #2 removed the old CVC dressing, and failed to remove gloves, sanitize hands, and don new gloves prior to performing cleansing around the CVC exit site.
2. Per observation on 2/6/17 at 1:03 PM of a CVC dressing change for Patient #6, Staff #2 removed the old dressing from the right chest catheter site, discarded the old dressing; and proceeded to cleanse the catheter exit site with Chloraprep (A

Southwestern Vermont Medical Center appreciates the opportunity to respond to the findings of the Vermont Division of Licensing and Protection End Stage Renal Dialysis Recertification Survey from 2/6/17 to 2/8/17, and is pleased to submit the following information and plan for correction to demonstrate the hospital's compliance with the Conditions of Participation of End Stage Renal Disease Services.

V 113 494.30(a)(1)

2/20/17

Southwestern Vermont Renal Center Infection Control Policy V113 Wearing Gloves and Hand Hygiene was reviewed and found to be appropriate. Individual staff members identified during this survey received one on one hand hygiene training including the correct process of changing gloves during the provision of central line care and review of current policy. As all patients are potentially impacted by this process, this hand hygiene / glove use training was conducted with 100% of all staff who conduct dressing changes. Continued compliance will be achieved through the implementation of the CDC Dialysis Collaborative Audit Tool: "Catheter Exit Site Care Observations". 100% of employees conducting this task will be audited each month by the Renal Nurse Manager with corrective action as required, until 100% compliance is

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

TITLE

(X6) DATE

David L. McLeod M.D. Admin Director of Ambulatory Services

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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SOUTHWESTERN VERMONT RENAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

100 HOSPITAL DRIVE
BENNINGTON, VT 05201

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V 113 Continued From page 1

topical antiseptic that fights bacteria used to clean the skin to prevent infection). Prior to cleansing the catheter exit site and after removing the old dressing, Staff Nurse #2 failed to remove gloves, sanitize hands, and don new gloves.

Per V113 Subject: Hemodialysis Vascular Access: Central Venous Catheter (CVC) Care and Maintenance last reviewed/updated 9/19/2016 states: Procedure: CVC Site Assessment and Care states: " 7. Dispose of the gloves used to remove the old dressing, perform hand hygiene and don new gloves."

V 122 494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL

[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-]
(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.

This STANDARD is not met as evidenced by:
Based upon observations, interviews, and record review, the facility failed to ensure staff followed standard infection control precautions for cleaning and disinfection of contaminated surfaces for one dialysis station. (Staff #6) Finding includes:

Per observation of discontinuation of dialysis treatment on 02/06/17 at 11:42 A.M. Staff #6 failed to adhere to infection prevention practices to ensure that surfaces contaminated with visible blood were cleaned and disinfected per policy.

V 113 achieved, then random observations of individual practice will occur. Audit results will be reported to the Renal QAPI Team and will be discussed at the Renal Quality Meeting. Results will also be reported to SVMC's Infection Prevention Committee and to SVMC's Quality, Safety and Value Committee.

The Administrative Director of Ambulatory Services is responsible for this plan of correction.

V 122 V 122 492.30(a)(4)(ii)

2/20/17

Southwestern Vermont Renal Center Infection Control Policy V122 Cleaning and Disinfection of Contaminated Surfaces, Medical Devices and Equipment was reviewed and found to be appropriate. Individual staff members identified during this survey received one on one Infection Control training including the correct process of equipment cleaning and review of current policy. As all patients are potentially impacted by this process, this Infection Control training was conducted with 100% of all staff. Continued compliance will be achieved through the implementation of the CDC Dialysis Collaborative Audit Tool: "Hemodialysis station routine disinfection observations". 100% of employees conducting this task will be audited each month by the Renal Nurse Manager with corrective action as required, until 100% compliance is achieved, then random

Ann Marie O'Connell MGRN *Admin Director of Amb Services*

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| V 122 | Continued From page 2 Staff appropriately sanitized and donned new gloves between cleaning surfaces, but did not thoroughly clean all surfaces contaminated with visible blood. Per observation, there was an approximately 1.0 centimeter droplet of blood remaining on the machine between the blood pump and arterial chamber, as well as visible blood on the rim of the garbage receptacle which contained the used blood lines. The Nurse surveyor pointed out the blood on the machine and garbage receptacle to Staff #6 who immediately disconnected the new set, removed the garbage bag, wiped down the machine again and obtained new supplies. Per interview at 12:07 P.M on 2/6/17, Staff #6 acknowledged the breach in infection control precautions as well as the failure to follow the established facility policy regarding the cleaning and disinfection of contaminated surfaces. Per review of Facility's Policy, Cleaning and disinfection of contaminated surfaces, medical devices, and equipment #2.(b), states, "after cleaning up all visible blood, a disinfectant must be applied a second time using a new cloth or towel". The policy also denotes that any wastes contaminated with blood should be considered infections and handled according to medical waste disposal. | V 122 | observations of individual practice will occur. Audit results will be reported to the Renal QAPI Team and will be discussed at the Renal Quality Meeting. Results will also be reported to SVMC's Infection Prevention Committee and to SVMC's Quality, Safety and Value Committee. The Administrative Director of Ambulatory Services is responsible for this plan of correction. | | |
| V 410 | 494.60(d)(1) PE-PT CARE STAFF-CURRENT CPR CERT Staff training must be provided and evaluated at least annually and include the following: Ensuring that, at a minimum, patient care staff maintain current CPR certification This STANDARD is not met as evidenced by: | V 410 | V 410 494.60(d)(1) The employee identified without a current CPR Certification completed her test and passed the CPR test on 2/13/17, and achieved CPR Certification. SVMC Human Resources Department modified the Job Description for the Hemodialysis Technician position to include the requirement to maintain current CPR | 2/23/17 | |

Shirley Ann Allen Admin Director of Amb Services

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| V 410 | Continued From page 3 Based upon interview and record review, the facility failed to ensure that all direct patient care staff maintained current CPR (Cardio Pulmonary Resuscitation) certification for 1 of 5 staff. (Staff #5). Finding includes: Per review of personnel files and confirmed with the Nurse Manager on 2/7/17 at 8:52 AM, direct patient care Staff #5's personnel file did not contain documentation regarding a current CPR certification. In addition, the Nurse Manager confirmed the "SVHC Staff Job Description, Hemodialysis Technician," states "Required skills, knowledge, and abilities, [the technician] recognizes emergent situations, providing immediate intervention and obtains nursing guidance/assistance", and the required job certification section does not include maintaining a current CPR certification. | V 410 | certification. All other Renal Dialysis job descriptions were reviewed to make this change as appropriate. Compliance will be maintained by including CPR certification in the Orientation Documentation requirements which are completed within the Renal Dialysis Department then will be reviewed by the Human Resources Department for verification of completion. The Administrative Director of Ambulatory Services is responsible for this plan of correction. | | |
| V 684 | 494.140(b)(1) PQ-NURSE MANAGER-12 MO RN+6 MO DIALYSIS (1) Nurse manager. The facility must have a nurse manager responsible for nursing services in the facility who must- (i) Be a full time employee of the facility; (ii) Be a registered nurse; and (iii) Have at least 12 months of experience in clinical nursing, and an additional 6 months of experience in providing nursing care to patients on maintenance dialysis. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to evaluate 1 of 2 applicable nurses (Staff Nurse #2) for adherence to the policy for administration of intravenous (in the vein) iron | V 684 | V 684 494.140(b)(1) The individual staff member identified during this observation received one on one medication administration training including the correct rate of administration of this iron replacement therapy and review of current policy. As all patients are potentially impacted by this process, this medication administration training was conducted with 100% of all staff responsible for this task. Continued compliance will be achieved through the implementation of ongoing weekly direct observation of this practice by the Renal Nurse Manager with corrective action as required, until | 2/20/17 | |

Shirley Lynn Clelland MSN RN

Adm. Director of Ambulatory Services

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V 684 Continued From page 4

replacement therapy for 1 of 2 applicable
patients. (Patient#12). Findings include:

During observation of intravenous administration
of Venofer (iron replacement therapy) on 2/7/17
at 9:45 AM for Patient #12, Staff Nurse #2
administered the medication over 10-15 seconds.
Per interview on 2/7/17 at 10:00 AM, the Nurse
Manager confirmed, Venofer is to be given slowly
over 2-5 minutes and the medication was given
too rapidly. Per review of the Southwestern
Vermont Medical Center Renal Services Venofer
protocol for in-center hemodialysis patients;
under Administration it states, "1. IV push:
undiluted 100 mg over 2-5 minutes."

Per review on 2/8/17 of the Venofer package
insert under Dosage and Administration-Adult
Patients with Hemodialysis Dependent-Chronic
Kidney Disease it states, "Administer Venofer 100
mg undiluted as a slow intravenous injection over
2-5 minutes."

V 684

100% compliance is achieved, then random
observations of individual practice will
occur. Audit results will be reported to the
Renal QAPI Team and will be discussed at
the Renal Quality Meeting. Results will
also be reported to SVMC's Quality, Safety
and Value Committee.

The Administrative Director of Ambulatory
Services is responsible for this plan of
correction.

Shirley Lynn Cleland MGRN Admin Director of Ambulatory Services

ADD

Location within unit:

(Use a "✓" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)



Observer:

Day: M W F Tu Th Sa

Shift: 1st 2nd 3rd 4th

Start time:

AM/PM

*This audit tool applies when there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.

[illegible]

Duration of observation period: _____

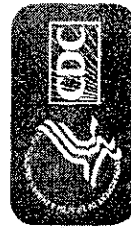
Number of procedures performed correctly = _____

Number of procedures performed correctly ==

Total number of procedures observed during audit =

ADDITIONAL COMMENTS OR EXPLANATIONS:

***Ensure the patient has left the dialysis station before disinfection is initiated.



National Center for Emerging and Zoonotic Infectious Diseases

SVHC Staff Job Description

Hemodialysis Technician

Introduction: This job description is intended to be used in conjunction with an employee's annual performance evaluation documents to establish and verify functional competency on an on-going basis while employed with SVHC. In addition, this will provide job applicants and employees with the job qualifications, physical and mental job requirements and essential functions of the position.

Department: Renal Dialysis

Reports to: Renal Dialysis Nurse Manager

Revision Date:

Affiliate:

MISSION STATEMENT

SVHC exists to provide exceptional health care and comfort to the people we serve.

BASIC PURPOSE OF THE JOB

Provides direct care as part of the Renal team to outpatients under the supervision of the Dialysis RN. Prepares the machines, initiates, monitors, and discontinues Hemodialysis treatments.

CONTACTS

Supervises

☐

Has Supervisory Responsibilities

☒

No Supervisory Responsibilities

Approx. number of direct reports: 0

Approx. number of indirect reports: 0

Customers
(check all
that apply)

☒

Patients and Families

☒

Staff

☐

Regulatory Agencies

☐☒

Providers/Physicians

☐

Vendors

☐

Community Agencies and Advocates

☐

Population Specific/Age Specific
Competencies

☒

Yes (Attach applicable competencies)

☐

No

OVERTIME STATUS

☐ Exempt (salaried - not eligible for overtime)

☒

Nonexempt (hourly - eligible for overtime)

PHYSICAL REQUIREMENTS

The appropriate physical requirements of this job are determined in Occupational Health. Note: Reasonable accommodations may be made for individuals with disabilities to perform the essential functions of this position.

On this date I have read and understood the Employee Health Job Classification for this job.

☐ as written

☐ as written with revisions

Employee Signature:

Date:

Employee Name (Printed):

JOB QUALIFICATIONS

Minimum Education

High School Diploma or GED required.

Minimum Work
Experience

Minimum 3 months as Hemodialysis Technician Trainee.

Required Licenses/
Certifications

Certified Clinical Hemodialysis Technician (CCHT) required with in 18 months of hire. BLS certification and CPR required; Must be obtained by end of orientation.

JOB REQUIREMENTS

| | |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Required Skills, Knowledge, and Abilities | Demonstrates skills, knowledge, and abilities necessary to complete Hemodialysis Technician orientation program; demonstrated ability to care for a three (3) patient assignment per patient shift. Ability to initiate (including cannulation), monitoring, and discontinuing dialysis. Ability to start up, prepare, tear down, and clean Hemodialysis equipment. Recognizes emergent situations, providing immediate intervention and obtains nursing guidance/assistance. Ability to demonstrate integrity, compassion, and respect when working with patients, families, and staff. |
| Required Days Notice upon Resignation | 14 |

Values

Employee's performance produces expected results in a manner that supports SVHC's Mission, Vision, and Values.

| | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUALITY: | Continuously achieving the best possible outcomes and satisfying customers in the most cost-effective manner. |
| EMPATHY: | Treating others in a compassionate and sensitive manner. |
| SAFETY: | Preventing harm to patients and residents from the care that is intended to help them and to staff from a working environment that is intended to support them. |
| TEAMWORK: | Achieving shared goals through collaboration, accountability, and mutual respect and support. |
| STEWARDSHIP: | Conserving resources and making decisions that achieve the highest value at the lowest cost. |

Cultural Competencies

Employee's performance in the area of cultural competencies is at an Accomplished level or above.

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RESPECT: | Treats others fairly and without favoritism. Recognizes the contributions of every individual and the values of inclusion. |
| EXCEPTIONAL EXPERIENCES: | Provides that every interaction with SVHC stakeholders, which include patients, residents, consumers, visitors, and co-workers, is a pleasant and safe experience that concludes with the best outcome possible. |
| SUPERIOR BEHAVIOR: | Holds oneself and others accountable to deliver results in a professional, non-confrontational, mature manner. Acts in a way that demonstrates good Corporate Citizenship. |
| PARTNER NOW: | Physicians and non-physicians will work together to benefit the people we serve. |
| EARN TRUST: | Achieves a working relationship where there are no winners and losers but instead a level of reliance among all parties to achieve agreement and to support each other. Achieved by practicing "trust begins with you and me." |
| COMMUNICATE CLEARLY: | Provides the right message, the right way, to the right person. |
| TOGETHER: | The six cultural competencies are critical to our success and are non-negotiable. Please review the competency descriptors and assess the results of this employee. |

ESSENTIAL FUNCTIONS

Essential functions encompass those tasks, duties, and responsibilities that are critical and fundamental to the job and comprise the means of accomplishing the job's purpose and objectives. They are the major functions for which the person in the job is held accountable. For any employee with population specific/age specific competency requirements a copy of the requirements must be attached to this document.

| Function | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Prepares for Hemodialysis utilizing different supply systems and sets up reprocessed and non-reprocessed dialyzers in accordance with department procedures. |
| 2 | Initiates Hemodialysis carrying a 3 patient assignment under the supervision of an RN, obtaining pre-dialysis vital signs and weights, completing pre-dialysis checklists, and collaborates with assigned RN planning patient-specific treatment parameters. |
| 3 | Monitors Hemodialysis under the supervision of an RN, reports patient and treatment parameters not in accordance with treatment prescriptions; recognizes emergent situations, provides immediate intervention, and obtains nursing guidance/assistance. |
| 4 | Discontinues Hemodialysis under the supervision of an RN and disinfects patient station in accordance with department procedures; completes treatment documentation as required. |
| 5 | Works as contributing member of renal team to meet the needs of patients and their families and to ensure a positive work environment for staff. |
| 6 | Performs clerical tasks as needed, including answering the telephone professionally and with courtesy. |

| | | |
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| 7 | Assists in the transport and transfer of patients. | |
| 8 | Cross trains to the Renal Assistant role in reprocessing dialyzers at remote sites. | |
| 9 | Performs quality control checks on glucometers. | |
| 10 | Evening shift shut-down duties; heat disinfects machines, restock for following day, shut off water supply systems. | |
| On this date I have read, understood and agree with the position description and job-specific functions of my position: | | |
| Employee Signature: | | Date: |
| Employee Name (Printed): | | |