A. BUILDING PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012617

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

B. WING _____________________________

DATE SURVEY COMPLETED 07/04/2012

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

FRESENIUS MEDICAL CARE ALEXANDER CITY
3316 HIGHWAY 280 BYPASS, SUITE G1
ALEXANDER CITY, AL  35010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V 113</td>
<td>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</td>
<td>V 113</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, interviews and facility policy review, it was determined the facility failed to ensure the staff wore gloves, washed hands and handled clean supplies appropriately during patient care. This had the potential to affect all patients served by this facility and all staff who provided patient care.

Findings include:

Facility Policy
FMS-CS-IC-II-155-080A
Personal Protective Equipment

Purpose
The purpose of this policy is to identify Personal Protective Equipment (PPE) potential areas for use.

Gloves
A supply of clean, non-sterile gloves and a waste container shall be placed near each dialysis station or treatment area.

Disposable gloves must be used:
... When handling contaminated dialysis equipment and accessories...
When touching any part of the dialysis machine

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

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.
### Summary Statement of Deficiencies

**V 113** Continued From page 1 or equipment at the dialysis station...

1. Change gloves and practice hand hygiene between each patient and/or station to prevent cross-contamination.
2. Remove gloves and wash hands after each patient contact, and after exposure to blood and body fluids...
3. Avoid touching surfaces with gloved hands that will be touched with ungloved hands (for example) patient charts and computers. ...

Facility Policy

**FMS-CS-IC-II-155-090A**

**Hand Hygiene**

**Purpose**

The purpose of this policy is to prevent transmission of pathogenic microorganisms to patients and staff through cross contamination.

**Policy: Hand Hygiene**

Hands will be...

Decontaminated using alcohol based hand rub or by washing hands with antimicrobial soap and water.

When...

Before and after direct contact with patients

Entering and leaving the treatment areas...

Immediately after removing gloves...

After contact with inanimate objects near the patient.

Observations of the treatment floor were...
### Statement of Deficiencies and Plan of Correction

**Provider or Supplier:** FRESENIUS MEDICAL CARE ALEXANDER CITY  
**Location:** 3316 HIGHWAY 280 BYPASS, SUITE G1  
**City, State, Zip Code:** ALEXANDER CITY, AL 35010  
**Date:** 07/04/2012

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Description</th>
</tr>
</thead>
</table>
| V 113 | Continued From page 2  
conducted on 7/02/12 from 9:30 AM to 10:00 AM and on 7/03/12 from 10:00 AM to 12:00 PM. During this observation time, the surveyor observed the following:  
Employee Identifier (EI) # 3, Patient Care Technician (PCT) was observed on 7/02/12 at 9:30 AM and on 7/03/12 at 10:35 AM to reset a machine without gloves and then enter data into a computer without washing hands.  
EI # 3 was observed on 7/02/12 at 9:40 AM holding a glove in her hand to reset a machine and enter data into a computer.  
On 7/03/12 at 10:45 AM, EI # 4, PCT, was observed to remove a roll of tape from her scrub pants pocket, tear off two pieces and place them on a patient's chairside table.  
An interview conducted on 7/03/12 at 12:00 PM with EI # 1, Operations Manager, confirmed the above.  
**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 on observation, review of facility policy

---

**Deviations:**

V 113

**Correction:**

V 113

---

**Completion Date:**

07/04/2012
### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V 122</td>
<td>Continued From page 3 and staff interview, it was determined the facility failed to ensure the work station areas were cleaned according to standard infection control precautions and facility policy. This had the potential to affect all patients served in this facility. Findings include: FMC-CS-IC-II-155-110A Cleaning and Disinfection Policy 10-Oct-2008 Cleaning the Dialysis Station Between Patient Treatments Steps: 3. Clean and disinfect the dialysis station or treatment area (chair, bed, table, machine, television, IV (intravenous) pole, B/P (blood pressure) cuff, hand sanitizer dispenser and holder, etc. (and so forth) after each patient treatment with 1:100 bleach solution. Observations of the treatment floor were conducted on 7/03/12 from 10:00 AM to 12:00 PM. During these observations the staff failed to clean television sets, which patients had been watching during treatments, prior to the next patients’ treatments. An interview with Employer Identifier # 1, Operations Manager, on 7/03/12 at 12:00 PM confirmed the policy for cleaning and disinfection was not followed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V 147</td>
<td>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children</td>
<td>V 147</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Event ID:** HU2911

**Facility ID:** S6202

**If continuation sheet Page:** 4 of 8
### I. Health care worker education and training

A. Educate health-care workers regarding the appropriate infection control measures to prevent intravascular catheter-related infections.

B. Assess knowledge of and adherence to guidelines periodically for all persons who manage intravascular catheters.

### II. Surveillance

A. Monitor the catheter sites visually of individual patients. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or BSI [blood stream infection], the dressing should be removed to allow thorough examination of the site.

Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients.

### VI. Catheter and catheter-site care

B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].

This STANDARD is not met as evidenced by:

Based on observations, interviews and facility policy review, it was determined the facility failed to ensure central venous catheter (CVC) care was performed according to the facility policy for 1 of 1 catheter dressing changes observed. This affected Patient Identifier (PI) # 2 and had the potential to negatively affect all patients with a CVC.
## Facility Policy
### Hemodialysis Catheter Dressing Change

**Policy Number:** 24-VA-1.04  
**Revised:** 5/10/05

**I. Purpose:** To provide a catheter insertion site that remains infection-free.

**VI. Procedure:**

- E. Put on gloves.
- F. Remove old dressing and discard in biohazard waste container...
- H. Remove soiled gloves and wash hands.
- I. Put on clean gloves.
- J. ...Choice of Antiseptic: Use providone-iodine, 2% chlorhexidine, or equivalent antiseptic.

**VIII. Documentation:**

Document dressing change and condition of exit site in health information record.

---

On 7/03/12 at 11:00 AM, during an observation of CVC care for PI # 2, the surveyor observed Employee Identifier (EI) # 2, Registered Nurse (RN), provide catheter care. EI # 2 donned gloves, removed the old dressing and cleaned the catheter insertion site without changing gloves or washing hands.
During an interview on 7/03/12 at 12:00 PM, EI # 1, Operations Manager, confirmed the policy for catheter care was not followed.

The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.

This STANDARD is not met as evidenced by: Based on medical record reviews and interview, it was determined the facility staff failed to document the specific catheter care orders and the specific catheter care treatment provided for 1 of 1 patients with central venous catheters (CVC). This affected Patient Identifier (PI) # 2 and had the potential to affect all patients with catheters who dialyzed at this facility.

The findings include:

1. PI # 2 was admitted to the hemodialysis facility on 5/29/12 with Diabetes Mellitus and Hypertension. PI # 1 had a CVC.

Review of the physician orders, dated 5/29/12, revealed no specific CVC care orders.

The treatment flow sheets from 6/09/12 through 6/30/12 were reviewed. A review of the treatment flow sheets dated 6/09/12, 6/12/12, 6/14/12, 6/19/12, 6/23/12, 6/28/12 and 6/30/12 had
| V 726 | Continued From page 7  
|       | documentation that catheter dressing changes 
|       | were performed but there was no documentation 
|       | of the specific catheter care provided. 
|       | An interview on 7/03/12 at 3:00 PM, with 
|       | Employee Identifier (EI) # 1, Operations Manager, 
|       | confirmed the aforementioned findings. |
| V 726 | |