For Training Purposes Only

PRINTED: 03/09/2017 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391										
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLET	ED				
		000000	B. WING		11/29/20	018				
			STREE	Γ ADDRESS, CITY, STATE, ZIP CODE	<u>. </u>					
NAME OF I	PROVIDER OR SUPPLIE	R	1234 Main ST							
Rose Dia	alysis Center		Anywhere, US 77000							
1 TOSC DIE	- Critci		Arrywniere, OS 77000							
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EAC		(X5)				
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE (COMPLETION				
TAG		R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY) DATE		DATE				
V-122	` ' ' ' '	CDC RR-05 as Adopted by		The following actions were		01/03/2019				
V-122	Reference.		implemented to correct the		entified 01/	01/03/2019				
		infection of contaminated		non-compliance.						
		I devices, and equipment.		The facility conducted an in-						
	Control	§494.30 Condition: Infection								
	_	minting intermitation		_	service training with all staff					
		rvation, interview, and		members to review the						
	policy review, the facility failed to ensure			facility's policy for cleaning						
	proper cleaning and disinfection of			and disinfecting the wall						
		urfaces, medical devices,		boxes at the dialysis						
	and equipment. The findings include:			The facility nurse manager						
		ember 29, 2018, at 18:30,		conducted routine au						
	_	bservation of the cleaning and		each treatment shift						
		ion of dialysis station #5 on the		sure staff followed facility policy and correctly						
		tment shift of the day, staff								
	member	#28 did not clean and disinfect		performed cleaning a						
	the dialy	rsis wall box once the recipient		disinfection of the wa						
	left the s	station, per facility policy. During		the end of the treatm						
	an inter\	view on November 29, 2018, at		 Additional training ar 						
	18:33 wi	th staff member #28, he		reinforcement of faci						
	confirme	ed that the wall box at the		policy was provided	to staff					
	dialysis	station should be cleaned daily		members who were						
	at the er	nd of the treatment day once the		observed not following	ng					
	recipient	t has vacated the dialysis		facility policy for clea	ining					
	station.	Staff member #28 admitted he		and disinfection of th	ie wall					
	forgot to	clean the wall box once the		box during the nurse	:					
	recipient	t had vacated the station.		manager's audits.						
	On Nove	ember 29, 2018, at 1845, during								
		tion of the cleaning and								
		ion of dialysis station #8 on the								
		tment shift of the day, staff								
		#14 failed to use an	1							
		mental Protection Agency								
		egistered hospital disinfectant	1							
		ning and disinfection of the wall								
		facility policy.	1							
	20% 901	·								
			1	<u> </u>						

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

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STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	a. building <u>00</u>		COMPLETED		
	000000		B. WING		01/23/2017		
			CTREET	ADDRESS CITY STATE ZIR CODE			
NAME OF P	ROVIDER OR SUPPLIEF	2		ADDRESS, CITY, STATE, ZIP CODE			
D D:			1234 N				
Rose Dia	llysis Center		Anywhere, US 77000				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	DROVIDEDS BLANGE CORRECTION	(X5)		
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	CORRECTIVE ACTION SHOULD BE COMPLETION		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE			
	Staff mer	mber #14 was observed					
		the wall box using a general					
	_	disinfectant that was not					
		ed an EPA-registered hospital					
		ant. During an interview on					
		er 29, 2018, at 18:50 with staff					
	member #14, she confirmed that an EPA-registered hospital disinfectant						
		e used to clean the wall box pe	r]				
		olicy. Staff member #14					
		that she used the wrong					
	disinfecta	ant to clean the wall box.					
	 All 96 dia 	alysis recipients have the					
	potential	to be impacted by the failure of	f				
	the facilit	y to ensure appropriate					
	cleaning	and disinfection of					
		nated surfaces, medical					
		and equipment.					
	,						

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