

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  000000	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED  11/29/2018
NAME OF PROVIDER OR SUPPLIER  Rose Dialysis Center			STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Main ST Anywhere, US 77000		
(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-122	<p>494.30 (a)(1)(ii) CDC RR-05 as Adopted by Reference. Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. <b>CFR reference:</b> §494.30 Condition: Infection Control Based on observation, interview, and policy review, the facility failed to ensure proper cleaning and disinfection of contaminated surfaces, medical devices, and equipment. The findings include:</p> <ul style="list-style-type: none"> <li>On November 29, 2018, at 18:30, during observation of the cleaning and disinfection of dialysis station #5 on the last treatment shift of the day, staff member #28 did not clean and disinfect the dialysis wall box once the recipient left the station, per facility policy. During an interview on November 29, 2018, at 18:33 with staff member #28, he confirmed that the wall box at the dialysis station should be cleaned daily at the end of the treatment day once the recipient has vacated the dialysis station. Staff member #28 admitted he forgot to clean the wall box once the recipient had vacated the station.</li> <li>On November 29, 2018, at 18:45, during observation of the cleaning and disinfection of dialysis station #8 on the last treatment shift of the day, staff member #14 failed to use an Environmental Protection Agency (EPA)-registered hospital disinfectant for cleaning and disinfection of the wall box per facility policy.</li> </ul>		<p>The following actions were implemented to correct the identified non-compliance.</p> <ul style="list-style-type: none"> <li>The facility conducted an in-service training with all staff members to review the facility's policy for cleaning and disinfecting the wall boxes at the dialysis station.</li> <li>The facility nurse manager conducted routine audits on each treatment shift to make sure staff followed facility policy and correctly performed cleaning and disinfection of the wall box at the end of the treatment day.</li> <li>Additional training and reinforcement of facility policy was provided to staff members who were observed not following facility policy for cleaning and disinfection of the wall box during the nurse manager's audits.</li> </ul>	01/03/2019	

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	<ul style="list-style-type: none"> <li>Staff member #14 was observed cleaning the wall box using a general purpose disinfectant that was not considered an EPA-registered hospital disinfectant. During an interview on November 29, 2018, at 18:50 with staff member #14, she confirmed that an EPA-registered hospital disinfectant should be used to clean the wall box per facility policy. Staff member #14 admitted that she used the wrong disinfectant to clean the wall box.</li> <li>All 96 dialysis recipients have the potential to be impacted by the failure of the facility to ensure appropriate cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</li> </ul>			