

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  312567	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/02/2020
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OK  
CP  
7/31/20

NAME OF PROVIDER OR SUPPLIER  NEPTUNE DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2180 BRADLEY AVENUE NEPTUNE, NJ 07753
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V 000	INITIAL COMMENTS  This was a Federal COVID-19 Focused Infection Control Survey (NJ00137171) conducted on 7/2/2020. Neptune Dialysis is not in compliance with 42 CFR, Part 494, Conditions for Coverage (CfC) for End Stage Renal Disease Facilities. A Standard level deficiency was evident.	V 000	V000 The Governing Body of DaVita Neptune has reviewed the statement of deficiency resulting from a COVID-19 Focused Infection Control survey completed on 07/02/20. The Governing Body has approved and respectfully submits this plan of correction.	07/31/2020
V 147	IC-STAFF EDUCATION-CATHETERS/CATHETER CARE CFR(s): 494.30(a)(2)  Recommendations for Placement of Intravascular Catheters in Adults and Children  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	V 147	The Facility Administrator (FA) held mandatory in-service(s) for all Clinical Teammates (TMs) starting on 7/13/20. Surveyor observations were reviewed. Education included but was not limited to a review of Policy 1-05-01 Infection Control for Dialysis Facilities and 1-04-02B: Central Venous Catheter (CVC) with Clearguard HD Antimicrobial End Caps Procedure emphasizing: 1) Disposable supplies, such as saline, will not be opened until time of use. 2) Contaminated/ used supplies will be discarded immediately after use and not place in clean area. 3) TMs will set-up clean field with supplies on a clean moisture proof barrier then place a second moisture proof barrier under catheter limbs. With clean-gloved hands remove old dressing, discard without reaching over patient, and contaminating clean field, assess CVC exit site for infection. Remove and discard gloves, conduct hand hygiene, don new gloves. TMs must hold catheter with the non-dominant hand using aseptic technique, clean exit site with 2% Chlorhexidine Gluconate/70% Isopropyl Alcohol swab for a minimum of 30 seconds, and apply to CVC exit site in a "back and forth" pattern, using gentle friction progressing from insertion site to periphery using both sides of the swab. Then wait 60	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Denise Brucyo, RN</i>	TITLE <i>Facility Administrator</i>	(X8) DATE
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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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V 147	<p>Continued From page 1 [catheter related blood stream infections].</p> <p>This STANDARD is not met as evidenced by: Based on observation conducted on 7/2/2020, staff interview, and review of facility documents, it was determined that the facility failed to ensure staff follow aseptic technique when accessing a Central Venous Catheter (CVC) on one (1) out of one (1) patient (Patient [redacted]).</p> <p>Findings include:</p> <p>Reference #1: Facility policy 1-05-01, titled Infection Control for Dialysis Facilities, states, "...TEAMMATE/PATIENT SAFETY ... 22. Disposable supplies, such as saline and blood lines, will not be opened until time of use. ... 30. All procedures involving blood or other body fluids will be performed in a manner to minimize splashing, spraying, spattering or generation of droplets. ..."</p> <p>Reference #2: Facility procedure 1-04-02A, titled Central Venous Catheter (CVC) Procedure, states, "... Procedure ... 4. Set-up clean field with supplies ... 27. Then attach sterile 10 ml syringes to the arterial and venous limbs. 28. Aspirate an amount greater than the catheter limb lumen, generally about 5 ml from each limb. Proceed to step 32 if both limbs are patent. If they are not patent, proceed with step 29. ... 32. Draw lab specimens if applicable ... 33. Aseptically discard syringe containing indwelling solution from arterial limb and attach a saline filled syringe. Repeat step for venous limb. ..."</p>	V 147	<p>V147 Continued</p> <p>seconds for air-dry time. 4) Clean each CVC limb with new alcohol prep pad; starting close to exit site and down to the end cap removing accumulated biological matter. 5) Remove and discard gloves, conduct hand hygiene, don new gloves. Place sterile gauze over catheter and exit site leaving catheter limbs accessible. 6) Using aseptic technique, remove each cap. One at a time, disinfect each CVC hub with a new alcohol prep pad. Scrub each CVC hub for 15 seconds including the sides, threads and end of hub thoroughly with friction making sure to remove any residue, for example blood. Hold the limbs until the antiseptic has dried then attach sterile 10ml syringes to the arterial and venous limbs to aspirate 5 ml from each limb. Verification of attendance at in-service will be evidenced by TMs signature on in-service sheet.</p> <p>The FA or designee will conduct observational audits for CVC care daily for two (2) weeks (expected compliance 95%), then weekly for two (2) weeks (expected compliance 98%) then ongoing monthly during internal infection control audits to verify compliance (expected compliance 100%). Instances of non-compliance will be addressed immediately. The FA will review the results of the audits with TMs during homeroom meetings and with the Medical Director during monthly Facility Health Meetings (FHM-QAPI) with supporting documentation included in the meeting minutes. The FA is responsible for compliance with this plan of correction.</p>		

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V 147	<p>Continued From page 2</p> <p>1. During observation on the hemodialysis treatment floor in [REDACTED] on 7/2/20, Staff #6 initiated hemodialysis treatment to Patient [REDACTED].</p> <p>a. At [REDACTED] AM, Staff #6 placed a clean, disposable pad on a bedside table. Staff #6 removed the outside packaging and the inside end cap on two (2) empty syringes and two (2) pre-filled saline syringes. Staff #6 placed the syringes on the disposable, clean pad.</p> <p>(i) Staff #6 stated that this was his/her procedure to get supplies ready for initiating hemodialysis through a CVC.</p> <p>b. After changing the catheter dressing, Staff #6 removed the red cap from the catheter and connected an empty syringe. Staff #6 aspirated approximately eight (8) ml of blood, removed the syringe from the catheter, and placed it onto the clean, disposable pad, next to the two (2) open pre-filled saline syringes. This was not in accordance with facility procedure.</p> <p>(i) Staff #6 then connected a vacutainer adapter to the red CVC line and collected lab samples. After obtaining the samples, Staff #6 connected one of the pre-filled saline syringes onto the red catheter line.</p> <p>c. Staff #6 removed the blue cap from the catheter and connected the second empty syringe. Staff #6 aspirated approximately eight (8) ml of blood into the syringe, removed it from the catheter, and placed it on the disposable pad, next to one (1) open pre-filled saline syringe. Staff #6 then used the pre-filled saline syringe to flush the blue catheter line. This was not in accordance with facility procedure.</p>	V 147			

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V 147	Continued From page 3  2. During an interview at 1:00 PM, Staff #1 and Staff #4 confirmed the above was not in accordance with facility procedure.	V 147		