STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	312658	A. BUILDING _____ B. WING _____	C 07/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE	**2441 STATE HWY 33 AT FORTUNATO PLACE NEPTUNE, NJ 07753**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 000	INITIAL COMMENTS This was a COVID-19 Targeted Infection Control Survey (NJ00137169) conducted on June 2, 2020. The facility is in compliance with 42 CFR Part 494 Conditions For Coverage (CfC) For End-Stage Renal Disease Facilities. Standard level deficiencies were evident.	V 000		
V 113	IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1) 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 observation, review of facility policy, and staff interview, it was determined that the facility failed to implement consistent hand hygiene procedures for patients while using the scale. Findings include: Reference: Facility policy titled, Hand Hygiene, states, "... Hand Hygiene: Patients ... Patients should perform hand hygiene if able, prior to and after each dialysis treatment. As needed, direct patient care staff will demonstrate how to operate the sinks, demonstrate hand washing to patients who are able to perform hand washing, and explain risk of contamination with regard to their vascular access and hands to all patients. ... To help ensure the prevention of cross contamination to their family members or other patients, hand hygiene must be performed. ..."	V 113		

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/20/2020

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE	**2441 STATE HWY 33 AT FORTUNATO PLACE NEPTUNE, NJ 07753**

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V 113	Continued From page 1 1. During observation on the hemodialysis treatment floor on 7/2/20, the following was observed at the patient scale nearest the patient entrance: a. At [redacted], a patient grasped the handrail above the scale to obtain a pre-treatment weight. The patient then returned to his/her wheelchair and was assisted by staff to Station #13. The patient did not perform hand hygiene after touching the handrail and the handrail was not cleaned after patient use. c. At [redacted], a patient grasped the handrail above the scale to obtain a pre-treatment weight before entering Station #15. The patient then returned to the sink and performed hand hygiene. The handrail was not cleaned after patient use. d. At [redacted], another patient entered the treatment floor and washed his/her hands. The patient then proceeded to grasp the handrail above the scale to obtain a pre-dialysis weight. The patient did not perform hand hygiene again after touching the handrail. 2. During an interview at 12:30 PM, it was confirmed with Staff #1 and Staff #3 that the handrail above the scale was not consistently cleaned after patient use and that handwashing procedures associated with touching the surface were inconsistent.	V 113		
V 117	IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS CFR(s): 494.30(a)(1)(i) Clean areas should be clearly designated for the	V 117		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE	**2441 STATE HWY 33 AT FORTUNATO PLACE NEPTUNE, NJ 07753**

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V 117	Continued From page 2	V 117		

preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.

When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.

Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.

This STANDARD is not met as evidenced by:
Based on observation, review of facility policy, and staff interview, it was determined that the facility failed to ensure that clean areas for the storage of unused supplies were kept free from contamination at three (3) out of three (3) designated clean areas.

Findings include:

Reference: Facility policy titled, Dialysis Precautions, states, "... Clean Versus Dirty Areas ... Clean areas should be clearly designated for the preparation and handling and storage of medications and unused supplies and equipment. ..."

1. During observation on the hemodialysis

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MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE	**2441 STATE HWY 33 AT FORTUNATO PLACE NEPTUNE, NJ 07753**

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V 117	Continued From page 3 treatment floor on 7/2/20 at [redacted], the following was observed: a. At the handwashing sink located across from the patient scale that was nearest the entrance, clean cloths used for bleach disinfection were stored uncovered. The cloths were adjacent to the sink and could potentially become contaminated as staff and patients performed hand hygiene. Droplets of water were visible on the cloth's packaging. b. At the handwashing sink across from Station [redacted], visibly wet cloths used for bleach disinfection were stored uncovered on the counter adjacent to the handwashing sink. c. At the handwashing sink across from Station [redacted], visibly wet cloths used for bleach disinfection were stored uncovered on the counter adjacent to the handwashing sink. (i) At 12:04 PM and 12:11 PM, staff members were performing hand hygiene at the sink adjacent to the uncovered cloths. 2. The above findings were confirmed on 7/2/20 at 12:26 PM with Staff #1.	V 117		
V 142	IC-O-SIGHT-MONITOR ACTIVITY/IMPLEMENT P&P CFR(s): 494.30(b)(1) The facility must- (1) Monitor and implement biohazard and infection control policies and activities within the dialysis unit;	V 142		

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MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE	2441 STATE HWY 33 AT FORTUNATO PLACE NEPTUNE, NJ 07753

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V 142	Continued From page 4 This STANDARD is not met as evidenced by: Based on facility document review, review of facility policy, and staff interview, it was determined that the facility failed to implement infection control policies for COVID-19 screening for one (1) out of three (3) Medical Records (#7) selected based on positive screening results. Findings include: Reference: Facility policy titled, Coronavirus Disease Screening and Infection Control Practices in Fresenius Kidney Care (FKC) Dialysis Clinics, states, "... Patient, Visitor, Staff, Physician, and Physician Extender Screening ... Screening requirements: Daily monitoring of patients, visitor, staff, physician and physician extender temperature. ... Inquire whether patients, visitors, staff, or physicians/physician extenders have these symptoms or combination of symptoms: [bullet] cough; [bullet] Shortness of breath; or [bullet] Difficulty breathing. [bullet] Fever ([greater than] 100.0 degrees Fahrenheit) [bullet] Chills [bullet] Repeated shaking with chills [bullet] Muscle pain [bullet] Headache [bullet] Sore throat [bullet] New loss of taste or smell [bullet] Congestion or runny nose [bullet] Nausea or vomiting [bullet] Diarrhea ... All patients, visitors, staff, or physicians/physician extenders should be asked the following questions: [bullet] To their knowledge, have they been within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case? [bullet] Have they had direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on by a COVID-19 positive patient) while not wearing PPE (including	V 142		

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 142	Continued From page 5 face mask)? Management of Symptomatic and Asymptomatic Patients with Potential Exposure: If a symptomatic patient presents with flu-like symptoms including fever ([greater than] 100.0 degrees Fahrenheit), cough, respiratory symptoms, or other symptoms as outlined in this policy, or reports close contact exposure to a COVID-19 positive individual please follow the outlined process. Explain to the patient that because of the symptoms and history the clinic will be taking precautions to protect them and other patients and staff from respiratory illness. Escort the patient to an exam room or other location with a door. Patient should wait in the closed location while further activities take place and should continue to wear surgical face mask. ... Clinic staff should do the following: 1. Notify patient nephrologist of situation and status of patient. 2. Arrange for patient to be transferred to Isolation clinic/shift for dialysis treatment. 3. Complete Patient COVID-19 Online Intake form. 4. Complete COVID Status Assessment in eCube Clinicals. ..." 1. A review of the "COVID-19 Patient Screening Form" log dated 4/15/20, revealed that the answer to the above referenced screening questions was marked "YES" for Patient [redacted]. 2. A review of Medical Record #7, in the presence of Staff #1, revealed that Patient [redacted] received hemodialysis treatment at the facility on [redacted]. Staff #1 confirmed that the medical record lacked evidence of actions taken by staff in response to the affirmative answers to the screening questions. Staff #1 stated that he she believed that staff marked the wrong boxes in error.	V 142		

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V 715	Continued From page 6	V 715		
V 715	MD RESP-ENSURE ALL ADHERE TO P&P CFR(s): 494.150(c)(2)(i) The medical director must- (2) Ensure that- (i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers; This STANDARD is not met as evidenced by: Based on observation, review of facility policy, and staff interview, it was determined that the medical director failed to ensure that policy for the preparation and storage of medications are implemented by all staff for one (1) out of two (2) medication carts observed. Findings include: Reference: Facility policy titled, Medication Preparation and Administration, states, "... Labeling Vials ... When preparing medications if the vial is not used immediately in its entirety, the nurse must place the date and time the vial was opened on medication label along with the nurse initials. ..." 1. During observations on the hemodialysis treatment floor on 7/2/20 at 12:30 PM, two (2) vials of multi-dose Hectorol were opened and available for use in the medication cart across from Station [redacted]. The vials were not labeled to reflect the date and time they were opened and the initials of the nurse opening them. 2. This was confirmed with Staff #9 on 7/2/20 at	V 715		

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 715	Continued From page 7 12:30 PM.	V 715		

MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE
Plan of Correction for
Infection Control
Provider Identification Number: 31-2658
Date of Survey: 7/2/20

V113 IC-Wear gloves/hand hygiene

Beginning 7/6/2020. the Clinical Manager (CM) or designee held staff meetings, elicited input, and reinforced the expectations and responsibilities of the facility staff on the following Policies & Procedures:

FMS-CS-IC-II-155-090A - Hand Hygiene

FMS-CS-IC-II-155-090C - Hand Hygiene Procedure

FMS-CS-IC-II-155-221A Coronavirus Disease Screening and Infection Control Practices in Fresenius Kidney Care (FKC) Dialysis Clinics

Emphasis was placed on:

- Ensuring patients are performing hand hygiene after touching the handrail by the scale.
- Facility will ensure cleaning and disinfection of frequently touched surfaces.
- Ensuring cleaning of the handrail by the scale is disinfected after patient use.

The in-services will be completed by 7/24/2020 with documentation of the training on file at the facility.

For ongoing compliance, Beginning 7/20/2020 the Clinical Manager or designee will conduct daily audits on all shifts to ensure patients are performing hand hygiene after touching the handrail and staff are disinfecting the handrail after patient use until 100% compliance is observed. A POC specific auditing tool will be used for the audits. Once compliance is sustained, the Governing Body will decrease frequency to weekly for 4 weeks then resume regularly scheduled audits based on QAI calendar. Monitoring will be done through the Clinic audit checklist.

The Medical Director will review the results of audits each month at the QAI Committee meeting monthly. The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.

Documentation of education, monitoring, QAI, and Governing Body is available for review.

The Clinic Manager is responsible for overall compliance.

QL ES
7/21/20

Completion Date: 7/27/20

MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE
Plan of Correction for
Infection Control
Provider Identification Number: 31-2658
Date of Survey: 7/2/20

V117 IC-Clean/dirty;med prep area;no common med carts

Beginning 7/6/2020, the Clinical Manager (CM) or designee held staff meetings, elicited input, and reinforced the expectations and responsibilities of the facility staff on the following Policies & Procedures:

FMS-CS-IC-II-155-070A - Dialysis Precautions

Emphasis was placed on:

Ensuring direct patient care staff (DPC) are aware of the facility's designated clean and dirty areas.

Clean supplies/equipment, including clean cloths will be protected from potential contamination.

For immediate compliance on, 7/16/2020, clean cloths used for bleach disinfection were stored in a closed container.

The in-services will be completed by 7/24/2020 with documentation of the training on file at the facility.

For ongoing compliance, Beginning 7/20/2020 the Clinical Manager or designee will conduct daily audits on all shifts to ensure clean cloths are stored/protected from potential contamination until 100% compliance is observed. A POC specific auditing tool will be used for the audits. Once compliance is sustained, the Governing Body will decrease frequency to weekly for 4 weeks then resume regularly scheduled audits based on QAI calendar. Monitoring will be done through the Clinic audit checklist.

The Medical Director will review the results of audits each month at the QAI Committee meeting monthly. The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.

Documentation of education, monitoring, QAI, and Governing Body is available for review.

The Clinic Manager is responsible for overall compliance.

Completion Date: 7/27/20

OK GS
7/21/20

MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE
Plan of Correction for
Infection Control
Provider Identification Number: 31-2658
Date of Survey: 7/2/20

V142 IC-O sight: monitor activities & implement P&P

Beginning 7/6/2020, the Clinical Manager (CM) or designee held staff meetings, elicited input, and reinforced the expectations and responsibilities of the facility staff on the following Policies & Procedures:

FMS-CS-IC-II-155-221A Coronavirus Disease Screening and Infection Control Practices in Fresenius Kidney Care (FKC) Dialysis Clinics.

Emphasis was placed on:

- Facility will ensure screening requirements are adhered to including daily monitoring of the following:
  - Temperature screening of patients, visitor, staff, physician and physician extender.
  - Evaluation of individual presenting or is experiencing flu-like symptoms or any combination of the following symptoms: cough, shortness of breath, difficulty breathing, fever >/=100.0 degrees Fahrenheit, chills, repeated shaking with shills, muscle pain, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea.
  - Close contact exposure.
- In the event the patients, visitor, staff, physician and physician extender experiences flu like symptoms or a combination of any of the following symptoms, the facility will take precaution and adhere to policies and procedure to protect them and others from the respiratory illness.
- Ensuring suspected COVID positive staff, patients and visitors are immediately identified and isolated.
- Ensuring Registered Nurse (RN) staff evaluates the symptomatic and asymptomatic patient with potential exposure at the exam room or area in the lobby isolating the patient.
- Clinic staff are to notify the nephrologist and arrange for patient to be dialyzed in a designated isolation shift or unit.

The in-services will be completed by 7/24/2020 with documentation of the training on file at the facility.

For ongoing compliance, Beginning 7/20/2020 the Clinical Manager or designee will conduct daily audits on all shifts to ensure screening forms are completed appropriately and symptomatic or close contact exposure responses are evaluated until 100% compliance is observed. A POC specific auditing tool will be used for the audits. Once compliance is sustained, the Governing Body will decrease frequency to weekly for 4 weeks then resume regularly scheduled audits based on QAI calendar. Monitoring will be done through the Clinic audit checklist.

The Medical Director will review the results of audits each month at the QAI Committee meeting monthly. The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.

Documentation of education, monitoring, QAI, and Governing Body is available for review.

The Clinic Manager is responsible for overall compliance.

Completion Date: 7/27/20

dc ES 7/21/20

MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE
Plan of Correction for
Infection Control
Provider Identification Number: 31-2658
Date of Survey: 7/2/20

V715 MD resp-Ensure all adhere to P&P

On 7/6/2020, the Clinic Manager (CM) and the Director of Operations (DO) met with the Medical Director to discuss Medical Director Responsibilities as defined in the Conditions for Coverage. Emphasis will be placed on the Medical Director responsibilities to ensure staff adherence to policy and procedure as it relates particularly to ensure preparation and storage of medications are implemented by all staff. The policies reviewed with the Medical Director were:

FMS-CS-IC-II-120-040A Medication Preparation and Administration Policy

FMS-CS-IC-II-120-040C Medication Preparation and Administration Procedure

Emphasis was placed on:

- Ensuring any open multi dose vials are labeled appropriately with the name of the medication, route, dose, name of patient, date, time and initials of the person who prepared the medication.

The in-service with the RN staff will be completed by 7/24/2020 with documentation of the training on file at the facility.

For ongoing compliance, Beginning, 7/20/2020, Clinical Manager or designee will conduct daily audits to ensure proper labeling of medications is adhered to until 100% compliance is observed. A POC specific auditing tool will be used for the audits. Once compliance is sustained, the Governing Body will decrease frequency to weekly for 4 weeks then resume regularly scheduled audits based on QAI calendar. Monitoring will be done through the Clinic audit checklist.

The Medical Director will review the results of audits each month at the QAI Committee meeting monthly. The Clinical Manager is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The Director of Operations is responsible to present the status of the Plan of Correction and all other actions taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues. The QAI Committee is responsible to provide oversight, review findings, and take actions as appropriate. The Governing Body is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective and is providing resolution of the issues.

Documentation of education, monitoring, QAI, and Governing Body is available for review.

The Clinic Manager is responsible for overall compliance.

Completion Date: 7/27/20

AC ES
7/21/20