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

PRINTED: 08/14/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	K2) MULT PLE CONSTRUCTION  BUILDING		(X3) DATE SURVEY COMPLETED	
		312612	B. WING			1	C ( <b>09/2020</b>
	ROVIDER OR SUPPLIER  JS MEDICAL CARE LINE	EN		630 V	EET ADDRESS, CITY, STATE, ZIP CODE VEST ST GEORGES DEN, NJ 07036	1 017	03/2020
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL .SC IDENT FY NG INFORMATION)	D PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
V 000	INITIAL COMMENTS		V	000			
V 113	Control Survey (NJ00 7/9/2020. Fresenius in compliance with 42 for Coverage (CfC) for Facilities. A Standard evident. IC-WEAR GLOVES/FCFR(s): 494.30(a)(1)  Wear disposable glov patient or touching the dialysis station. Staff	·	V	113			
	Based on observation and review of facility that the facility failed connect the patients in one (1) out of one themodialysis through (AVF).	not met as evidenced by: n conducted on 7/9/2020 policy, it was determined to ensure all staff aseptically to the hemodialysis machine (1) observations of initiating an arteriovenous fistula					
	states, " Hands Wi using alcohol-based I hands with antimicrob	Policy titled, Hand Hygiene, Il Be Decontaminated nand rub or by washing oial soap and water et with inanimate objects					
	Treatment with a 200	y policy titled, Initiation of 8 Series Hemodialysis eriovenous Graft or Fistula					
LABORATORY I	D RECTOR'S OR PROV DER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	 RE		TITLE		(X6) DATE

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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	312612	B. WING _			C 07/09/2020	
NAME OF PROVIDER OR SUPPLIER  FRESENIUS MEDICAL CARE LINDEN			STREET ADDRESS, CITY, STATE, ZIP CODE 630 WEST ST GEORGES LINDEN, NJ 07036		1110312020	
(EACH DEFIC EN	CY MUST BE PRECEDED BY FULL	D PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE	
and Optiflux Single I Replacement of F Bloodline 2. Con the arterial fistula nearterial fistula neadle Remove syringe or oneedle. [bullet] Corarterial fistula needle. [bullet] Corarterial fistula needle.  1. At 10:42 AM, Stahemodialysis treatment in Station #1.  a. Staff #7 inserted the of the patient arpre-filled saline syringe and connect arterial bloodline. Sthygiene after touching machine's touch scraseptic connection. IC-CLEAN/DIRTY; MCOMMON CARTS CFR(s): 494.30(a)(1)  Clean areas should preparation, handling and unused supplies should be clearly seareas where used subandled. Do not handled.  When multiple dose	Jse Ebeam Dialyzer, states, " luid/Connecting Arterial nect the arterial bloodline to edle: [bullet] Ensure the e is clamped. [bullet] cap from the arterial fistula nect arterial bloodline to e using aseptic technique"  Iff #7 was observed initiating ent through an on the d.  wo needles into the needles into the need to each access site. Staff touch screen on the ne prior to removing the ing the access site to the aff #7 did not perform hand ng the hemodialysis een and before making the  IED PREP AREA;NO  I(i)  be clearly designated for the g and storage of medications and equipment. Clean areas parated from contaminated upplies and equipment are dle and store medications or e same or an adjacent area to inpment or blood samples are  medication vials are used					
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY S (EACH DEFIC EN' REGULATORY OR  Continued From page and Optiflux Single I Replacement of F Bloodline 2. Con the arterial fistula needle Remove syringe or oneedle. [bullet] Cor arterial fistula needle Remove syringe or oneedle. [bullet] Cor arterial fistula needle 1. At 10:42 AM, Sta hemodialysis treatm patient in Station #1.  a. Staff #7 inserted to of the patient ar pre-filled saline syrin #7 then pressed the hemodialysis machin syringe and connect arterial bloodline. St hygiene after touchin machine's touch scre aseptic connection. IC-CLEAN/DIRTY;M COMMON CARTS CFR(s): 494.30(a)(1  Clean areas should preparation, handling and unused supplies should be clearly se areas where used so handled. Do not han clean supplies in the that where used equi handled.  When multiple dose (including vials conta	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)  Continued From page 1 and Optiflux Single Use Ebeam Dialyzer, states, " Replacement of Fluid/Connecting Arterial Bloodline 2. Connect the arterial bloodline to the arterial fistula needle: [bullet] Ensure the arterial fistula needle is clamped. [bullet] Remove syringe or cap from the arterial fistula needle. [bullet] Connect arterial bloodline to arterial fistula needle using aseptic technique"  1. At 10:42 AM, Staff #7 was observed initiating hemodialysis treatment through an on the patient in Station #14.  a. Staff #7 inserted two needles into the of the patient and connected a sterile pre-filled saline syringe to each access site. Staff #7 then pressed the touch screen on the hemodialysis machine prior to removing the syringe and connecting the access site to the arterial bloodline. Staff #7 did not perform hand hygiene after touching the hemodialysis machine's touch screen and before making the aseptic connection.  IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS  CFR(s): 494.30(a)(1)(i)  Clean areas should be clearly designated for the 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	ROVIDER OR SUPPLIER  IS MEDICAL CARE LINDEN  SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)  Continued From page 1  and Optiflux Single Use Ebeam Dialyzer, states, " Replacement of Fluid/Connecting Arterial Bloodline 2. 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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	ROUNDER OR SUPPLIER  312612  STREET ADDRESS. CITY. STATE, ZIP CODE 530 WEST ST GEORGES LINDEN, N J 07036  SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)  Continued From page 1  and Optiflux Single Use Ebeam Dialyzer, states, " Replacement of Fluid/Connecting Arterial Bloodline 2. Connect the arterial bloodline to the arterial fistula needle: [Dullet] Remove syringe or cap from the arterial bloodline to arterial fistula needle isolamped. [Dullet] Remove syringe or cap from the arterial bloodline to arterial fistula needle using asseptic technique"  1. At 10:42 AM, Staff #7 was observed initiating hemodialysis treatment through an on the patient in Station #14.  a. Staff #7 inserted two needles into the afterial bloodline. Staff #7 did not perform hand hygiene after touching the access site to the arterial bloodline's touch screen and before making the aspite connection.  IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS:  CCRISS Staff #3 43,0(a)(1)(i)  Clean areas should be clearly designated for the 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. 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Staff #7 did not perform hand hygiene after touching the hemodialysis machine's touch screen on the hemodialysis machine prior to removing the syringe and connecting the access site to the arterial bloodline. Staff #7 did not perform hand hygiene after touching the hemodialysis machine's touch screen and before making the aseptic connection.  IC-CLEAN/DIRTY/MED PREP AREA:NO COMMON CARTS CFR(s): 494.30(a)(1)(i)  Clean areas should be clearly designated for the 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 area to that where used equipment or blood samples are handled.  When multiple dose medication vials are used (including valas containing diluents), prepare	

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V 117	Continued From page 2 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 conducted on 7/9/2020, staff interview, and review of facility policy, it was determined that the facility failed to ensure all staff do not wear protective gowns into the medication preparation area in one (1) out of one (1) observations of medication preparation.  Findings include:  Reference: Facility policy titled, Coronavirus Disease Screening and Infection Control Practices in Fresenius Kidney Care (FKC) Dialysis Clinics, states, " Policy FKC Staff, Physician and Physician Extender PPE: PPE Exception: In the medication preparation area, staff are required to only wear a surgical face mask and will be expected to remove PPE (except face masks) prior to entry to the medication preparation area"  1. At 10:54 AM, Staff #4 was observed preparing an intravenous medication for patient administration. Staff #4 was wearing a protective gown in the medication preparation area.  a. During an interview at 10:55 AM, Staff #4 stated that he/she was wearing the gown because a patient had called him/her over to the		V	117			
	chairside just prior to and that he/she shou	preparing the medication ld not be wearing the					

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V 117	protective gown inside area.	e the medication preparation the above practice was not cility policy during an	V 1				