

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

March 28, 2014

Betty Gilmartin, Nurse Manager  
Fletcher Allen Health Care - M  
111 Colchester Ave  
Burlington, VT 05401

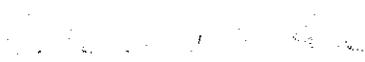
Provider ID #:472300

Dear Ms. Gilmartin:

Enclosed is a copy of your acceptable plans of correction for the dialysis unit survey conducted on **February 12, 2014**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Frances L. Keeler, RN, MSN, DBA  
Assistant Division Director  
State Survey Agency Director

FK:jl

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

PRINTED: 02/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  472300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/14/2014
NAME OF PROVIDER OR SUPPLIER  FLETCHER ALLEN HEALTH CARE - M			STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401	
(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 000	INITIAL COMMENTS	V 000		
V 111	494.30 IC-SANITARY ENVIRONMENT  The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.  This STANDARD is not met as evidenced by: Based upon observation, staff interviews and record review, the facility failed to provide and monitor for a sanitary environment in an area used to store set-up supplies for dialysis sessions and failed to minimize the possibility of transmission of infectious agents from this storage room to within the dialysis unit. Findings include: Per observation on 2/11/14 at 10:15 AM, a storage room (IS closet) used to store supplies and tubing used during the set-up for dialysis sessions was visibly dusty, contained debris on the floor, cracked loose floor tiles, and the overhead pipe insulation was moist/damp to touch with visible brown water drip marks. In addition, overhead pipe insulation had been removed in one section and the pipe was visible. The dialysis session set-up supplies were stacked in baskets on two carts in the IS closet. The baskets were visibly dusty and not covered. In addition, one cart was located directly under	V 111	See ATTACHED PLAN OF CORRECTION  C.M.H.  POC accepted B. Haine / F. Keen NNM/SN 3/27/14 EBA	4/1/14
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Carol M. Haine</i>		TITLE  Director		(X6) DATE  3/12/14

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 111	<p>Continued From page 1</p> <p>the moist/damp pipe insulation with visible brown water drip marks.</p> <p>Per interview on 2/11/14 at 10:25 AM, the Assistant Nurse Manager confirmed that 1) dialysis session set-up supplies were uncovered in baskets on two carts in the IS closet, 2) baskets were dusty, 3) baskets and set-up supplies are brought to the dialysis station, and 4) one cart was located underneath the moist/damp pipe insulation with visible brown water drip marks and set-up supplies were sitting on top of this cart. In addition, the Assistant Nurse Manager stated the baskets should have been covered with a sheet.</p> <p>Per interview on 2/11/14 at 10:45 AM, the Director of Maintenance stated Safety Audits are conducted in the dialysis unit twice a year by a multidisciplinary team and work orders are placed if issues are identified. The Director of Maintenance stated the last audit occurred 1/30/14 and staff from Infection Prevention and Environmental Services were assigned to check the IS closet.</p> <p>Per interview on 2/11/14 at 12:00 Noon, the Director of Maintenance confirmed that a work order had not been placed to fix the pipe insulation in the IS closet.</p> <p>Per review of the Infection Control Audit tool completed on 1/30/14, there are no comments concerning the IS closet where the dialysis set-up supplies are located.</p> <p>Per interview and confirmed with the Infection Preventionist, on 2/11/14 at 1:00 PM, the IS closet had not been visualized during the Safety Audit on 1/30/14. Stated if she/he had seen the insulation pipes and uncovered supplies, a comment would have been made on the audit tool. In addition, the Infection Preventionist was unable to verify that the IS closet had been</p>	V 111	<p>SEE</p> <p>ATTACHED PLAN OF CORRECTION</p> <p>CM</p>	4/1/14

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V 111	Continued From page 2 visualized during the prior six month audit as there was no documentation on the audit tool. Per record review of Infection Control Audits from 2006 to 2010 and confirmed during interview with the Infection Preventionist on 2/11/14 at 1:00 PM, the audits identified the following: 1/26/2006 GS 1.3 Minor Risk, Carts with supplies (IS Closet), need to be cleaned. 1/02/2007 IC 1.2 Negligible Risk, Carts when cleaned need to be covered with sheet in closet, Manager to address. 1/14/2009 IC 1.13 Moderate Risk, In-patient and renal treatment carts should be covered in storage, Manager to address. 1/21/10 IC1.2 Moderate Risk, Cart with dialyzing materials found in storage not covered, Manager to address. Per interview on 2/11/14 at 12:50 PM and confirmed with the Assistant Nurse Manager, the IS closet has been used to store dialysis set-up supplies since 2006. Per interview and confirmed with the Medical Director and Assistant Nurse Manager on 2/12/14 at 3:00 PM, the multidisciplinary Safety Audits are not reviewed during the monthly quality review meeting. The Assistant Nurse Manager stated Safety Audits are reviewed with staff.	V 111	SEE ATTACHED PLAN OF CORRECTION C.M.	4/1/14	
V 117	494.30(a)(1)(i) IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS  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	V 117	SEE ATTACHED PLAN OF CORRECTION	4/1/14	

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V 117	<p>Continued From page 3 handled.</p> <p>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.</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based upon observation, staff interviews and record review, the facility failed to assure that a clean area was clearly designated and separated from a contaminated area for the handling and storage of supplies and tubing used during the start-up of dialysis sessions in one storage room (IS closet). Finding includes: Per observation on 2/11/14 at 10:15 AM, a storage room (IS closet) used to store supplies and tubing used during the set-up for dialysis sessions was visibly dusty, contained debris on the floor, cracked loose floor tiles, and the overhead pipe insulation was moist/damp to touch with visible brown water drip marks. In addition, overhead pipe insulation had been removed in one section and the pipe was visible. The dialysis session set-up supplies were stacked in baskets on two carts in the IS closet. The baskets were visibly dusty and not covered. In addition, one cart was located directly under the moist/damp pipe insulation with visible brown water drip marks. Per interview on 2/11/14 at 10:25 AM, the Assistant Nurse Manager confirmed that 1)</p>	V 117	<p>SEE ATTACHED PLAN OF CORRECTION C.M.</p>	4/10/14	

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V 117	<p>Continued From page 4</p> <p>dialysis session set-up supplies were uncovered in baskets on two carts in the IS closet, 2) baskets were dusty, 3) baskets and set-up supplies are brought to the dialysis station, and 4) one cart was located underneath the moist/damp pipe insulation with visible brown water drip marks and set-up supplies were sitting on top of this cart. In addition, the Assistant Nurse Manager stated the baskets should have been covered with a sheet.</p> <p>Per interview on 2/11/14 at 10:45 AM, the Director of Maintenance stated Safety Audits are conducted in the dialysis unit twice a year by a multidisciplinary team and work orders are placed if issues are identified. The Director of Maintenance stated the last audit occurred 1/30/14 and staff from Infection Prevention and Environmental Services were assigned to check the IS closet</p> <p>Per interview on 2/11/14 at 12:00 Noon, the Director of Maintenance confirmed that a work order had not been placed to fix the pipe insulation in the IS closet.</p> <p>Per review of the Infection Control Audit tool completed on 1/30/14, there are no comments concerning the IS closet where the dialysis set-up supplies are located.</p> <p>Per interview and confirmed with the Infection Preventionist, on 2/11/14 at 1:00 PM, the storage area had not been visualized during the Safety Audit on 1/30/14. Stated if she/he had seen the insulation pipes and uncovered supplies, a comment would have been made on the audit tool. In addition, the Infection Preventionist was unable to verify that the storage area had been visualized during the prior six month audit as there was no documentation on the audit tool. Per record review of Infection Control Audits from 2006 to 2010 and confirmed during interview with</p>	V 117	<p>SEE ATTACHED PLAN of CORRECTION CM</p>	4/11/14

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V 117	Continued From page 5 the Infection Preventionist on 2/11/14 at 1:00 PM, the audits identified the following: 1/26/2006 GS 1.3 Minor Risk, Carts with supplies (IS Closet), need to be cleaned. 1/02/2007 IC 1.2 Negligible Risk, Carts when cleaned need to be covered with sheet in closet, Manager to address. 1/14/2009 IC 1.13 Moderate Risk, In-patient and renal treatment carts should be covered in storage, Manager to address. 1/21/10 IC1.2 Moderate Risk, Cart with dialyzing materials found in storage not covered, Manager to address. Per interview on 2/11/14 at 12:50 PM and confirmed with the Assistant Nurse Manager, the IS closet has been used to store dialysis set-up supplies since 2006. Per interview and confirmed with the Medical Director and Assistant Nurse Manager on 2/12/14 at 3:00 PM, the multidisciplinary Safety Audits are not reviewed during the monthly quality review meeting. The Assistant Nurse Manager stated Safety Audits are reviewed with staff.	V 117	SEE ATTACHED PLAN OF CORRECTION 4/1/14	4/1/14
V 638	494.110(b) QAPI-MONITOR/ACT/TRACK/SUSTAIN IMPROVE  The dialysis facility must continuously monitor its performance, take actions that result in performance improvements, and track performance to ensure that improvements are sustained over time.  This STANDARD is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to assure that actions taken to correct a previously identified deficient practice were monitored to ensure that	V 638	SEE ATTACHED PLAN OF CORRECTION CW	4/1/14

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V 638	Continued From page 6 performance improvement was sustained and the deficient practice did not recur. Findings includes: Per observation on 2/11/14 at 10:15 AM, a storage room (IS closet) used to store supplies and tubing used during the set-up for dialysis sessions was visibly dusty, contained debris on the floor, cracked loose floor tiles, and the overhead pipe insulation was moist/damp to touch with visible brown water drip marks. In addition, overhead pipe insulation had been removed in one section and the pipe was visible. The dialysis session set-up supplies were stacked in baskets on two carts in the IS closet. The baskets were visibly dusty and not covered. In addition, one cart was located directly under the moist/damp pipe insulation with visible brown water drip marks. Per interview on 2/11/14 at 10:25 AM, the Assistant Nurse Manager confirmed that 1) dialysis session set-up supplies were uncovered in baskets on two carts in the IS closet, 2) baskets were dusty, 3) baskets and set-up supplies are brought to the dialysis station, and 4) one cart was located underneath the moist/damp pipe insulation with visible brown water drip marks and set-up supplies were sitting on top of this cart. In addition, the Assistant Nurse Manager stated the baskets should have been covered with a sheet. Per interview on 2/11/14 at 10:45 AM, the Director of Maintenance stated Safety Audits are conducted in the dialysis unit twice a year by a multidisciplinary team and work orders are placed if issues are identified. The Director of Maintenance stated the last audit occurred 1/30/14 and staff from Infection Prevention and Environmental Services were assigned to check this storage area. Per interview on 2/11/14 at 12:00 Noon, the	V 638	SEE ATTACHED PLAN OF CORRECTION CMJ	4/1/14

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V 638	Continued From page 7 Director of Maintenance confirmed that a work order had not been placed to fix the pipe insulation in the IS closet. Per review of the Infection Control Audit tool completed on 1/30/14, there are no comments concerning the IS closet where the dialysis set-up supplies are located. Per interview and confirmed with the Infection Preventionist, on 2/11/14 at 1:00 PM, the storage area had not been visualized during the Safety Audit on 1/30/14. Stated if she/he had seen the insulation pipes and supplies uncovered, a comment would have been made on the audit tool. In addition, the Infection Preventionist was unable to verify that the storage area had been visualized during the prior six month audit as there was no documentation. Per record review of Infection Control Audits from 2006 to 2010 and confirmed during interview with the Infection Preventionist on 2/11/14 at 1:00 PM, the audits identified the following: 1/26/2006 GS 1.3 Minor Risk, Carts with supplies (IS Closet), need to be cleaned. 1/02/2007 IC 1.2 Negligible Risk, Carts when cleaned need to be covered with sheet in closet, Manager to address. 1/14/2009 IC 1.13 Moderate Risk, In-patient and renal treatment carts should be covered in storage, Manager to address. 1/21/10 IC1.2 Moderate Risk, Cart with dialyzing materials found in storage not covered, Manager to address. Per interview on 2/11/14 at 12:50 PM and confirmed with the Assistant Nurse Manager, the IS closet has been used to store dialysis set-up supplies since 2006. Per interview and confirmed with the Medical Director and Assistant Nurse Manager on 2/12/14 at 3:00 PM, the multidisciplinary Safety	V 638	SEE ATTACHED PLAN OF CORRECTION CA	4/11/14	

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V 638	Continued From page 8 Audits are not reviewed during the monthly quality review meeting. The Assistant Nurse Manager stated Safety Audits are reviewed with staff.	V 638	SEE ATTACHED PLAN of CORRECT	4/1/14	

## PLAN OF CORRECTION

V 000 INITIAL COMMENTS An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection on 2/11/14 and 2/12/14 to determine compliance with 42 Code of Federal Regulations part 405, subpart U, Conditions for Coverage for End Stage Renal Disease Services. The following regulatory violations were identified

### V 111 494.30 IC ENVIRONMENT

*The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.*

*This STANDARD is not met as evidenced by: Based upon observation, staff interviews and record review, the facility failed to provide and monitor for a sanitary environment in an area used to store set-up supplies for dialysis sessions and failed to minimize the possibility of transmission of infectious agents from this storage room to within the dialysis unit. Findings include:*

*Per observation on 2/11/14 at 10:15 AM, a storage room (IS closet) used to store supplies and tubing used during the set-up for dialysis sessions was visibly dusty, contained debris on the floor, cracked loose floor tiles, and the overhead pipe insulation was moist/damp to touch with visible brown water drip marks. In addition, overhead pipe insulation had been removed in one section and the pipe was visible. The dialysis session set-up supplies were stacked in baskets on two carts in the IS closet. The baskets were visibly dusty and not covered. In addition, one cart was located directly under the moist/damp pipe insulation with visible brown water drip marks.*

*Per interview on 2/11/14 at 10:25 AM, the Assistant Nurse Manager confirmed that 1) dialysis session set-up supplies were uncovered in baskets on two carts in the IS closet, 2) baskets were dusty, 3) baskets and set-up supplies are brought to the dialysis station, and 4) one cart was located underneath the moist/damp pipe insulation with visible brown water drip marks and set-up supplies were sitting on top of this cart. In addition, the Assistant Nurse Manager stated the baskets should have been covered with a sheet.*

*Per interview on 2/11/14 at 10:45 AM, the Director of Maintenance stated Safety Audits are conducted in the dialysis unit twice a year by a multidisciplinary team and work orders are placed if issues are identified. The Director of Maintenance stated the last audit occurred 1/30/14 and staff from Infection Prevention and Environmental Services were assigned to check the IS closet.*

*Per interview on 2/11/14 at 12:00 Noon, the Director of Maintenance confirmed that a work order had not been placed to fix the pipe insulation in the IS closet.*

*Per review of the Infection Control Audit tool completed on 1/30/14, there are no comments concerning the IS closet where the dialysis set-up supplies are located.*

*Per interview and confirmed with the Infection Preventionist, on 2/11/14 at 1:00 PM, the IS closet had not been visualized during the Safety Audit on 1/30/14. Stated if she/he had seen the insulation pipes and uncovered supplies, a comment would have been made on the audit tool. In addition, the Infection Preventionist was unable to verify that the IS closet had been visualized during the prior six month audit as there was no documentation on the audit tool. Per record review of Infection Control Audits from 2006 to 2010 and confirmed during interview with the Infection Preventionist on 2/11/14 at 1:00 PM, the audits identified the following:*

*1/26/2006 GS 1.3 Minor Risk, Carts with supplies (IS Closet), need to be cleaned.*

*1/02/2007 IC 1.2 Negligible Risk, Carts when cleaned need to be covered with sheet in closet, Manager to address.*

*1/14/2009 IC 1.13 Moderate Risk, In-patient and renal treatment carts should be covered in storage, Manager to address.*

*1/21/10 IC1.2 Moderate Risk, Cart with dialyzing materials found in storage not covered, Manager to address.*

*Per interview on 2/11/14 at 12:50 PM and confirmed with the Assistant Nurse Manager, the IS closet has been used to store dialysis set-up supplies since 2006.*

*Per interview and confirmed with the Medical Director and Assistant Nurse Manager on 2/12/14 at 3:00 PM, the multidisciplinary Safety Audits are not reviewed during the monthly quality review meeting. The Assistant Nurse Manager stated Safety Audits are reviewed with staff.*

### Action Plan

- The Fletcher Allen Health Care audit process documents findings in associated areas. The absence of documented findings does not demonstrate that an area was not reviewed during the audit.
- Under the direction of the Director of Security/Safety/Parking, the referenced storage room's function has been changed to a non-storage location and the combination lock was reset. Groups with access to the room are IS Security and Facilities. This occurred on 3/6/2014.
- Supplies stored in the referenced room were moved to a designated clean storage area on the day of the survey by the Renal Nurse Manager.
- The Environment of Care Assessment Tool used by the Environment of Care team during safety rounds was revised by the Safety Specialist to include a detailed assessment for proper use of storage space, a prompt to assess that storage areas are designated for storage (i.e. not shares space with mechanical room) along with the existing assessment for cleanness/sanitary conditions.
- At the March Environmental Health and Safety Staff Meeting, the Safety Specialist reviewed the specific criteria for proper use of storage space and the revised Environment of Care Assessment Tool. This was complete on 3/12/2014.
- The Infection Prevention Manager in collaboration with the Renal Manager, drafted a Dialysis Infection Prevention Checklist with a focus on separation of clean and dirty in accordance with the Fletcher Allen Health Care Policy:INFC00016: Infection Prevention Practices- Cleanliness of the Environment and Equipment. The Renal Infection Prevention Advocates (unit based infection prevention advocates) will be educated on the use of the checklist to assess proper infection prevention practices and separation of clean/dirty during the March 25, 2014 meeting by the Manager of Infection Prevention and the Manager of Renal Services. The Renal Infection Prevention Advocates will

perform weekly assessments using the Dialysis Specific Infection Prevention Checklist and provide performance feedback to the Renal Leadership for follow-up action as appropriate.

- The Renal Manager will educate the Renal Leadership using the survey findings as a case study. The learning will focus on infection prevention practices as they relate separation of clean and dirty as referenced in the INFC00016: Infection Prevention Practices– Cleanliness of the Environment and Equipment. The education will occur at the Renal Leadership ANM retreat on 3/25/2014. The Renal Manager will review the expectations with leadership and see that the content of the education is shared at the unit level during staff meetings during the month of March and April 2014.
- The Environment of Care Safety Team led by the Safety Specialist, will audit each site every 6 months for infection prevention practices with feedback at the Manager level.
- Performance Improvement data from the Environment of Care survey and mock survey results have been added by the Renal Nurse Manager as a standing agenda item during the quarterly Quality Committee meeting with the Medical Director, effective immediately.

*V117 494.30(A)(1)(i) IC-CLEAN/DIRTY: MED PREP AREA, NO COMMON CARTS*

*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.*

*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 upon observation, staff interviews and record review, the facility failed to assure that a clean area was clearly designated and separated from a contaminated area for the handling and storage of supplies and tubing used during the start-up of dialysis sessions in one storage room (IS closet). Finding includes:*

*Per observation on 2/11/14 at 10:15 AM, a storage room (IS closet) used to store supplies and tubing used during the set-up for dialysis sessions was visibly dusty, contained debris on the floor, cracked loose floor tiles, and the overhead pipe insulation was moist/damp to touch with visible brown water drip marks. In addition, overhead pipe insulation had been removed in one section and the pipe was visible. The dialysis session set-up supplies were stacked in baskets on two carts in the IS closet. The baskets were visibly dusty and not covered. In addition, one cart was located directly under the moist/damp pipe insulation with visible brown water drip marks.*

*Per interview on 2/11/14 at 10:25 AM, the Assistant Nurse Manager confirmed that 1) dialysis session set-up supplies were uncovered in baskets on two carts in the IS closet, 2) baskets were dusty, 3) baskets and set-up supplies are brought to the dialysis station, and 4) one cart was located underneath the moist/damp pipe insulation with visible brown water drip marks and set-up supplies were sitting on top of this cart. In addition, the Assistant Nurse Manager stated the baskets should have been covered with a sheet.*

*Per interview on 2/11/14 at 10:45 AM, the Director of Maintenance stated Safety Audits are conducted in the dialysis unit twice a year by a multidisciplinary team and work orders are placed if issues are identified. The Director of Maintenance stated the last audit occurred 1/30/14 and staff from Infection Prevention and Environmental Services were assigned to check the IS closet*

*Per interview on 2/11/14 at 12:00 Noon, the Director of Maintenance confirmed that a work order had not been placed to fix the pipe insulation in the IS closet.*

*Per review of the Infection Control Audit tool completed on 1/30/14, there are no comments concerning the IS closet where the dialysis set-up supplies are located.*

*Per interview and confirmed with the Infection Preventionist, on 2/11/14 at 1:00 PM, the storage area had not been visualized during the Safety Audit on 1/30/14: Stated if she/he had seen the insulation pipes and uncovered supplies, a comment would have been made on the audit tool. In addition, the Infection Preventionist was unable to verify that the storage area had been visualized during the prior six month audit as there was no documentation on the audit tool. Per record review of Infection Control Audits from 2006 to 2010 and confirmed during interview with the Infection Preventionist on 2/11/14 at 1:00 PM, the audits identified the following:*

*1/26/2006 GS 1.3 Minor Risk, Carts with supplies (IS Closet), need to be cleaned.*

*1/02/2007 IC 1.2 Negligible Risk, Carts when cleaned need to be covered with sheet in closet, Manager to address.*

*1/14/2009 IC 1.13 Moderate Risk, In-patient and renal treatment carts should be covered in storage, Manager to address.*

*1/21/10 IC1.2 Moderate Risk, Cart with dialyzing materials found in storage not covered, Manager to address.*

*Per interview on 2/11/14 at 12:50 PM and confirmed with the Assistant Nurse Manager, the IS closet has been used to store dialysis set-up supplies since 2006.*

*Per interview and confirmed with the Medical Director and Assistant Nurse Manager on 2/12/14 at 3:00 PM, the multidisciplinary Safety Audits are not reviewed during the monthly quality review meeting. The Assistant Nurse Manager stated Safety Audits are reviewed with staff.*

### **Action Plan**

- Under the direction of the Director of Security/Safety/Parking the referenced storage room's function has been changed to a non-storage location and the combination lock

was reset. Groups with access to the room are IS, Security and Facilities. This occurred on 3/6/2014.

- Supplies stored in the referenced room were moved to a designated clean storage area on the day of the survey by the Renal Nurse Manager.
- The Environment of Care Assessment Tool used by the Environment of Care team during safety rounds was revised by the Safety Specialist to include a detailed assessment for proper use of storage space, a prompt to assess that storage areas are designated for storage (i.e. not shares space with mechanical room) along with the existing assessment for cleanness/sanitary conditions.
- At the March Environmental Health and Safety Staff Meeting, the Safety Specialist reviewed the specific criteria for proper use of storage space and the revised Environment of Care Assessment Tool. This was complete on 3/12/2014.
- The Infection Prevention Manager in collaboration with the Renal Manager, drafted a Dialysis Infection Prevention Checklist with a focus on separation of clean and dirty in accordance with the Fletcher Allen Health Care Policy INFC00016: Infection Prevention Practices– Cleanliness of the Environment and Equipment. The Renal Infection Prevention Advocates (unit based infection prevention advocates) will be educated on the use of the checklist to assess proper infection prevention practices and separation of clean/dirty during the March 25, 2014 meeting by the Manager of Infection Prevention and the Manager of Renal Services. The Renal Infection Prevention Advocates will perform weekly assessments using the Dialysis Specific Infection Prevention Checklist and provide performance feedback to the Renal Leadership for follow-up action as appropriate.
- The Renal Manager will educate the Renal Leadership using the survey findings as a case study. The learning will focus on infection prevention practices as they relate separation of clean and dirty as referenced in the INFC00016: Infection Prevention Practices– Cleanliness of the Environment and Equipment. The education will occur at the Renal Leadership ANM retreat on 3/25/2014. The Renal Manager will review the expectations with leadership and see that the content of the education is shared at the unit level during staff meetings during the month of March and April 2014.
- The Environment of Care Safety Team led by the Safety Specialist, will audit each site every 6 months for infection prevention practices with feedback at the Manager level.
- Performance Improvement data from the Environment of Care survey and mock survey results have been added by the Renal Nurse Manager as a standing agenda item during the Quarterly Quality Committee meeting with the Medical Director, effective immediately.

## V 638 494.110(b)QAPI-MONITOR/ACT/TRACK/SUSTAIN IMPROVEMENT

*The dialysis facility must continuously monitor its performance; take actions that result in performance improvements, and track performance to ensure that improvements are sustained over time.*

*This STANDARD is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to assure that actions taken to correct a previously identified deficient practice were monitored to ensure that performance improvement was sustained and the deficient practice did not recur. Findings includes: Per observation on 2/11/14 at 10:15 AM, a storage room (IS closet) used to store supplies and tubing used during the set-up for dialysis sessions was visibly dusty, contained debris on the floor, cracked loose floor tiles, and the overhead pipe insulation was moist/damp to touch with visible brown water drip marks. In addition, overhead pipe insulation had been removed in one section and the pipe was visible. The dialysis session set-up supplies were stacked in baskets on two carts in the IS closet. The baskets were visibly dusty and not covered. In addition, one cart was located directly under the moist/damp pipe insulation with visible brown water drip marks.*

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### **Action Plan**

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- The Environment of Care Safety Team led by the Safety Specialist will audit each site every 6 months for infection prevention practices with feedback at the Manager level.
- Performance Improvement data from the Environment of Care survey and mock survey results have been added by the Renal Nurse Manager as a standing agenda item during the Quarterly Quality Committee meeting with the Medical Director, effective immediately.
- The Renal program will now report out quarterly on performance data to the Fletcher Allen Health Care Standards of Operation Committee, a cross organizational leadership team chaired by the Chief Medical Officer, effective March 2014.