V 113	494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE 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, policy review and staff interview, it was determined that for 1 of 9 in-center hemodialysis patients (Patient #16) observed during discontinuation of dialysis treatment, staff failed to perform hand hygiene and/or change gloves as required. Findings included: The facility policy entitled "Hand Hygiene" stated, "...Hands will be...Decontaminated using alcohol based hand rub or by washing hands with antimicrobial soap and water...Before and after direct contact with patients...Entering and leaving the treatment area...Before performing any invasive procedure such as vascular access...Immediately after removing gloves...After contact with inanimate objects near the patient..." A. The following was observed on 7/19/17 between 11:02 AM and 11:55 AM during discontinuation of Patient #16's dialysis treatment, performed by Certified Clinical Hemodialysis Technician (CCHT) #1: - sanitized hands - donned gloves - placed glove on patient's right hand - touched inanimate surfaces and items near patient (television, - cable, intravenous bag, blanket) - touched patient's blood tubing and access needle extension set - touched patient's blanket while assisting to stand - touched dialysis machine - assisted patient back to dialysis chair - removed blood pressure cuff - disconnected the blood tubing from the access needle extension set - touched blanket - removed gauze/tape covering needle and access site - withdrew 1st needle from patient's left arm access site - placed gloved hand with clean gauze over site holding pressure to stop bleeding - assisted patient to place his/her gloved hand over site - removed tape over 2nd needle - withdrew 2nd needle from access site - held pressure over 2nd needle site - assisted patient to hold pressure on both sites - discarded needles into sharps container - removed gloves - sanitized hands CCHT #1 failed to perform hand hygiene and change gloves: - after contact with inanimate objects near patient - before vascular access - before direct contact with patient During an interview on 7/19/17 between 2:50 PM and 3:00 PM, these findings were reviewed with Clinic Manager A who confirmed that CCHT #1 had not adhered to the facility's required practices for handwashing and infection prevention.	V 113	A. To ensure immediate compliance, on 9/8/17 immediate remediation was provided by the Clinical Manager (CM) to Certified Clinical Hemodialysis Technician (CCHT) #1 who failed to perform hand hygiene and don new gloves according to policy. The policies reviewed were: Hand Hygiene (Attachment A). Special emphasis was placed on performing hand hygiene and donning new gloves before vascular access, after touching inanimate objects and before direct patient contact. B. All direct patient care (DPC) staff will be re-in serviced by the Education Coordinator (EC) on the Hand Hygiene Policy (Attachment A), Personal Protective Equipment Policy (Attachment B). Focus on proper hand hygiene and glove use will be reinforced at the meeting. The in-services will be completed by 9/22/17. Documentation of the in-servicing is attached (Attachment A1 & B1) along with the current DPC roster (Attachment C). C. For ongoing compliance, the CM or designee will conduct daily audits of all DPC staff on each shift providing care to the patients. Unannounced hand hygiene and personal protective equipment use audits using a Plan of Correction (POC) monitoring tool (Attachment D) will be performed daily for 1 week on all shifts until 100% compliance is achieved for 3 consecutive days. Monitoring will then be decreased as follows: frequency will be decreased to 3 times a week, all shifts. When 100% compliance achieved for 3 consecutive evaluations of all shifts tri- weekly, frequency will be decreased to weekly, all shifts. When 100% compliance achieved for 3 consecutive weeks, frequency will be decreased to monthly, all shifts. If 100% compliance is achieved for all shifts at monthly observation the auditing will be completed monthly following the Quality Assessment Performance Improvement (QAPI) audit calendar (Attachment E) utilizing the completed POC Audit Tool (Attachment S) All audit findings will be reviewed by the CM monthly during QAPI meetings. Sustained compliance will be monitored by the QAPI committee. Non-adherence by the staff will result in re-education and counseling.	9/30/17