

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012558	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2006
NAME OF PROVIDER OR SUPPLIER DIALYSIS CLINIC, INC/DECATUR		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 SIXTH AVENUE SOUTHEAST DECATUR, AL 35601		
(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) COMPLETE DATE
L 100	<p>ALABAMA LICENSURE DEFICIENCIES</p> <p>THE FOLLOWING ARE LICENSURE DEFICIENCIES AND REQUIRE A PLAN OF CORRECTION.</p> <p>This Rule is not met as evidenced by:</p> <p>420-5-5-.02 Administration (9) Infection Control (j) Water treatment. Water used for dialysis purposes must be analyzed at least monthly for bacteria and at least every 6 months for chemicals.</p> <p>The water must be treated as necessary to maintain a continuous water supply that is biologically and chemically compatible with acceptable dialysis techniques. Records of test results and equipment maintenance are maintained at the facility.</p> <p>Based on review of water cultures, disinfection logs and the facilities policies and procedures, it was determined the facility failed to document the time the culture was obtained.</p> <p>Findings include:</p> <p>Review of the culture reports and disinfection logs revealed the cultures were obtained the same day as the disinfection on 7/11/05, 9/13/05, 10/6/05, 12/13/05, and 2/7/06.</p> <p>An interview with the Chief Tech on 4/6/06 at 11:00 AM confirmed there was no facility policy on the time frame between obtaining cultures and disinfection.</p> <p>*****</p> <p>420-5-5-.03 Patient Care (3) Storage, Preparation and Handling of Drugs</p>	L 100		

Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 100	<p>Continued From page 1</p> <p>and Medications</p> <p>(i) Emergency Kit or Emergency Drugs. Each End Stage Renal Treatment and Transplant Center shall maintain, upon the advice of the facility's physician, an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of his patient.</p> <p>Based on interview and observations of the facility medications in house, the facility failed to ensure that outdated medications were removed from availability for patient care.</p> <p>Findings Include:</p> <p>A tour of the medication room was conducted on 4/4/06 at 3:00 PM. The following medications were found to be expired:</p> <p>7-5 dose vials of Pneumococcal Vaccine expired 5/22/05 10 vials of Ampicillin 1 gram expired 3/06 2 bottles loperamide 10 milligrams expired 9/05</p> <p>A tour of the treatment room was conducted 4/5/06 at 10:00 AM. The following medication was found expired in the crash cart:</p> <p>2 bottles Lidocaine 2% expired 4/1/06.</p> <p>An interview with the Nurse Manager on 4/5/06 at 11:00 AM verified that the above drugs were expired and should not have been available for patient care.</p> <p>*****</p> <p>420-5-5-.04 Physical Environment</p>	L 100		

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L 100	<p>Continued From page 2</p> <p>(3) Service Facilities (b) Preventative Maintenance. There shall be a preventative maintenance program to ensure that all mechanical, electrical and patient care equipment is maintained in safe operating condition. Also, records shall be maintained as to the calibration and maintenance of equipment in accordance with the manufacture's recommendation. Cleansing of dialysis equipment shall be carried out with appropriate disinfecting agents.....</p> <p>Based on observations and interviews the facility failed to ensure equipment was maintained to prevent malfunction.</p> <p>Findings include:</p> <p>During the initial tour of the dialysis treatment area two oxygen concentrators were observed. One concentrator was in use.</p> <p>Interview with administrative staff on 4/5/06 at 2:00 PM confirmed the facility had "The Mark 5 concentrator patient operating guide" which included maintenance for weekly cleaning and important safety rules. There was no written maintenance procedures or preventive maintenance for the oxygen concentrators available for review.</p>	L 100			