

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

PRINTED: 11/30/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2006
NAME OF PROVIDER OR SUPPLIER PHYSICIANS CHOICE DIALYSIS-EAST MONTGOMERY			STREET ADDRESS, CITY, STATE, ZIP CODE 6890 WINTON BLOUNT BLVD MONTGOMERY, AL 36117	
(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 147	<p>405.2136(d)(2) PERSONNEL P/P: HEALTH EXAMS</p> <p>The governing body, through the chief executive officer of the ESRD facility, is responsible for maintaining and implementing written personnel policies and procedures that ensure that health supervision of personnel is provided, and they are referred for periodic health examinations and treatments as necessary or as required by Federal, State, and local laws.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on review of personnel records and interview the facility failed to ensure annual health examinations had been completed for six of six employees.</p> <p>Findings include:</p> <p>A review of six personnel records revealed current physical health examinations had not been completed.</p> <p>An interview with facility management on 11/9/06 at 11:30 AM confirmed physicals not been documented as completed and no policy was currently in place to address physicals.</p>	V 147		
V 177	<p>405.2136(g)(1) MEDICAL SUPERVISION: ORDERS</p> <p>The physician responsible for the patient's medical supervision evaluates the patient's immediate and long-term needs and on this basis prescribes a planned regimen of care which covers indicated dialysis and other ESRD treatments, services, medication, diet, special procedures recommended for the health and safety of the patient, and plans for continuing care</p>	V 177		

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

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2006
NAME OF PROVIDER OR SUPPLIER PHYSICIANS CHOICE DIALYSIS-EAST MONTGOMERY			STREET ADDRESS, CITY, STATE, ZIP CODE 6890 WINTON BLOUNT BLVD MONTGOMERY, AL 36117		
(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 177	Continued From page 1 and discharge. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to follow physician's orders for one of one patient with elevated blood pressures. Findings include: 1. Record Review # 6 was admitted on 9/26/02 with diagnosis of End Stage Renal Disease and Diabetes Mellitus. The physician standing orders for Hypertension included, "If systolic Blood Pressure (BP) is greater than 180 throughout treatment notify MD. If post systolic BP is greater than 180 for 3 consecutive treatments, notify MD. A review of the treatment flowsheets for 4/17/06, 4/19/06, 4/24/06, 4/26/06, 4/28/06, 5/10/06, 5/17/06, 5/19/06, 5/26/06 and 5/31/06 revealed the systolic BP's were above 180 throughout the entire treatment. A review of the home medications to treat high BP included Cardura and Fosinopril. A review of the monthly physician progress reports for April and May 2006 revealed no documentation of the physician being notified of the elevated blood pressures. Interview with the facility administrator on 11/9/06 at 10:00 AM confirmed the physician had not been notified of the elevated blood pressures.	V 177			
V 194	405.2137(b)(2) PATIENT CARE PLAN: TEAM The patient care plan is developed by a professional team consisting of at least the physician responsible for the patient's ESRD	V 194			

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

PRINTED: 11/30/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2006
NAME OF PROVIDER OR SUPPLIER PHYSICIANS CHOICE DIALYSIS-EAST MONTGOMERY			STREET ADDRESS, CITY, STATE, ZIP CODE 6890 WINTON BLOUNT BLVD MONTGOMERY, AL 36117		
(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 194	<p>Continued From page 2</p> <p>care, a qualified nurse responsible for nursing services, a qualified social worker, and a qualified dietitian.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on agency policy, interview and record review, the dialysis facility failed to ensure the plan of care included the signature of the social worker for three of four records.</p> <p>The agency policy titled, "Development of Patient Care Plans and Long Term Programs," dated October, 2005, documented, "1. The multidisciplinary team and the patient develop the Patient Care Plan. The plans for unstable patients are reviewed monthly. The plans for stable patients are reviewed every six months. 5. The multidisciplinary team consists of the patient, patient's physician or facility's Medical Director, transplant surgeon/designee, registered nurse, social worker and dietitian.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Record Review # 3's short term care plans dated 3/06, 4/06, 5/06, 6/06, 9/06 and 10/06 did not include the signature of the social worker. 2. RR # 4's short term care plans, dated 2/06, 3/06, 4/06, 5/06, 9/06 and 10/06 did not include the signature of the social worker. 3. RR #'s 2 short term care plans, dated 2/06, 3/06, 5/06, 6/06, 9/06 and 10/06 did not include the signature of the social worker. <p>An interview with the facility administrator on 11/8/06 at 3:00 PM confirmed a social worker had</p>	V 194			

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

PRINTED: 11/30/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2006
NAME OF PROVIDER OR SUPPLIER PHYSICIANS CHOICE DIALYSIS-EAST MONTGOMERY			STREET ADDRESS, CITY, STATE, ZIP CODE 6890 WINTON BLOUNT BLVD MONTGOMERY, AL 36117		
(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 194	Continued From page 3 not participated in the care plans.	V 194			
V 240	405.2139(a) MEDICAL RECORD: ORDERS All medical records contain diagnostic and therapeutic orders. This STANDARD is not met as evidenced by: Based on record review and interview with staff, it was determined the facility failed to ensure orders for a transient patient were documented prior to providing treatments in 1 of 1 records. Findings include: 1. Record Review # 7 was admitted as a visiting patient from 3/1/06 to 3/10/06 for 5 dialysis treatments. A review of the medical record revealed no documentation of the receiving physician reviewing the transferring orders prior to the patient receiving the dialysis treatments. Interview with administrative staff on 11/8/06 at 1:00 PM revealed the physician's orders could not be provided for review.	V 240			
V 445	405.2163(c) SOCIAL SERVICES Social services are provided to patients and their families and are directed at supporting and maximizing the social functioning and adjustment of the patient. This STANDARD is not met as evidenced by: Based on facility policy, interview and record review the facility failed to provide ensure the Social Worker participation in the patient care conference for three of four.	V 445			

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

PRINTED: 11/30/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2006
NAME OF PROVIDER OR SUPPLIER PHYSICIANS CHOICE DIALYSIS-EAST MONTGOMERY			STREET ADDRESS, CITY, STATE, ZIP CODE 6890 WINTON BLOUNT BLVD MONTGOMERY, AL 36117		
(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 445	Continued From page 4 The policy titled, "Provision of Social Services," dated 7/20/01, documented, "3. Participation in the patient care conference 5. Participation in the patient care conference." Findings include: Review of record #'s 2, 3 and 4 revealed no social service documentation or signatures on the monthly short term care plan from 2/06 to 10/06. An interview with the facility administrator on 11/8/06 at 3:00 PM confirmed the facility had been without a SW since February 2006 and another facility had been providing a social worker temporarily.	V 445			