

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

PRINTED: 09/20/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/06/2006
NAME OF PROVIDER OR SUPPLIER BIRMINGHAM EAST DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 1105 EAST PARK AVENUE BIRMINGHAM, AL 35235		
(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 116	<p>405.2136 GOVERNING BODY: CEO</p> <p>The governing body appoints a chief executive officer who is responsible for the overall management of the facility.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on review of the Plan of Correction received as a response to the survey dated 5/11/06 and interview with the agency staff, it was determined the governing body failed to ensure the facility followed the Plan of Correction for Qualified Staff, Patient Care Policies, and the Registered Nurse.</p> <p>Findings include:</p> <p>Plan of Correction for the survey conducted 5/9/06 to 5/11/06 included the following:</p> <p>1. Plan of Correction for deficiency under 405.2136(d)(1) for Personnel Policy/Procedure and Qualified Staff stated "A new checklist is being developed for competency to administer Activase all staff will be in-serviced on the checklist and a return demonstration performed" and a completion date of 6/26/06.</p> <p>There was no documentation of a checklist nor a return demonstration being completed on the staff for the administration of Activase. An interview with the Facility Administrator on 9/6/06 at 1:00 PM verified there was no return demonstration completed on any staff.</p> <p>2. Plan of Correction for deficiency under 405.2136(f) for Patient Care Policies Written and 405.2162(a) for Registered Nurse stated "a new checklist for dialysate baths is being developed</p>	V 116			

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.

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V 116	Continued From page 1 all staff will be in-serviced on the checklist and a return demonstration performed. Following completion of the training a competency checklist will be completed and placed in the personnel record. The mixing dialysate bath bath competency will be added to the facility's annual competencies list..... The CN/FA (FA = Facility Administrator) will randomly monitor staff mixing dialysate baths through observation to ensure compliance" with a completion date of 6/26/06. An interview with Facility Administrator was conducted on 9/6/06 at 1:00 PM. The surveyor requested the checklist for dialysate baths and none was available for review. The surveyor also requested to review the documentation for the random monitor of staff mixing dialysate baths. The Facility Administrator stated that there was no documentation of the monitor. 3. Plan of Correction for deficiency under 405.2162(a) for Registered Nurse stated " Staff will be in-serviced on physician's standing orders for glucose checks at every treatment....the CN/FA will randomly audit pre treatment patient records to ensure compliance" with a completion dated of 6/26/06. The surveyor requested the audits for glucose checks on 9/6/06 at 1:20 PM from the Facility Administrator and the surveyor was informed there was no documentation of the audit. There was no documentation that the audits were completed. Refer to V 431	V 116			
{V 144}	405.2136(d)(1) PERSONNEL P/P: STAFF QUALIFIED	{V 144}		6/26/06	

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{V 144}	Continued From page 2 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 all members of the facility's staff are qualified to perform the duties and responsibilities assigned to them and meet such Federal, State, and local professional requirements as may apply. This STANDARD is not met as evidenced by: Based on personnel record review and interview with the agency staff, it was determined the agency failed to follow their own Plan of Correction and ensure that the staff was qualified to administer Activase and to add correct Acid Concentration Additives. Findings include: Plan of Correction for deficiency of Personnel Policy/Procedure and Qualified Staff stated "A new checklist is being developed for competency to administer Activase all staff will be in-serviced on the checklist and a return demonstration performed" with a completion date of 6/26/06. There was no documentation of a checklist nor a return demonstration being completed on the staff for the administration of Activase. An interview with the Facility Administrator on 9/6/06 at 1:00 PM verified there was no return demonstration completed on any staff nor was there a checklist available for review.	{V 144}			
{V 157}	405.2136(f) PATIENT CARE POLICIES: WRITTEN	{V 157}		6/26/06	

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{V 157}	Continued From page 3 The ESRD facility has written policies approved by the governing body concerning the provision of dialysis and other ESRD services to patients. This STANDARD is not met as evidenced by: Based on personnel record review and interview with the agency staff, it was determined the agency failed to follow their own Plan of Correction and ensure that the staff was qualified to add the correct Acid Concentration Additives. Findings include: Plan of Correction for deficiency for Patient Care Policies Written stated "a new checklist for dialysate baths is being developed all staff will be in-serviced on the checklist and a return demonstration performed. Following completion of the training a competency checklist will be completed and placed in the personnel record. The mixing dialysate bath bath competency will be added to the facility's annual competencies list..... The CN/FA will randomly monitor staff mixing dialysate baths through observation to ensure compliance". An interview with Facility Administrator was conducted on 9/6/06 at 1:00 PM. The surveyor requested the checklist for dialysate baths and none were available for review. The surveyor also requested to review the documentation for the random monitor of staff mixing dialysate baths. The Facility Administrator stated that there was no documentation of the monitor.	{V 157}			
{V 431}	405.2162(a) REGISTERED NURSE The dialysis facility employs at least one full time qualified nurse responsible for nursing service.	{V 431}		6/26/06	

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{V 431}	<p>Continued From page 4 (See 405.2102.)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview with the facility staff, it was determined the agency failed to follow the prescribed treatment orders in 5 of 5 records reviewed of patients with diabetes.</p> <p>Findings include:</p> <p>Plan of Correction for deficiency under 405.2162(a) for Registered Nurse stated " Staff will be in-serviced on physician's standing orders for glucose checks at every treatment....the CN/FA will randomly audit pre treatment patient records to ensure compliance.</p> <p>The surveyor requested the audits for glucose checks on 9/6/06 at 1:20 PM from the Facility Administrator and the surveyor was informed there was no documentation of the audit. There was no documentation that the audits were completed.</p> <p>1. Medical record # 2 began dialysis on 9/26/05 with diagnoses Diabetes Mellitus Type I.</p> <p>Review of the standing orders dated 6/29/06 revealed instructions for for the staff to perform blood glucose each treatment and administer Dextrose 50% 25 GMS (grams) IV (intravenous) for insulin reactions or blood sugars < 50.</p> <p>Review of the flowsheet dated 8/23/06 revealed documentation that the patient's blood sugar was 13. There was no documentation of follow-up or that the Dextrose was given.</p>	{V 431}			

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{V 431}	<p>Continued From page 5</p> <p>An interview with the Facility Administrator on 9/6/06 at 12:30 PM verified there was no documentation of a follow-up or that the Dextrose was administered as ordered.</p> <p>2. Medical record # 5 began dialysis on 5/12/06 with the diagnoses including Diabetes Mellitus.</p> <p>Review of the standing orders dated 6/29/06 revealed instructions for the staff to perform blood glucose each treatment.</p> <p>Review of 10 flowsheets from 8/15/06 to 9/5/06 revealed only 1 blood glucose level was documented.</p> <p>3. Medical record # 1 began dialysis on 7/6/06 with diagnoses including Diabetes Mellitus.</p> <p>Review of the standing orders dated 7/6/06 revealed instructions for the staff to perform blood glucose each treatment.</p> <p>Review of 10 flowsheets from 8/15/06 to 9/5/06 revealed only 2 blood glucose level were documented.</p> <p>4. Medical record # 4 began dialysis on 12/18/01 with diagnoses including Diabetes Mellitus.</p> <p>Review of the standing orders dated 6/29/06 revealed instructions for the staff to perform blood glucose each treatment.</p> <p>Review of 9 flowsheets between 8/14/06 and 9/1/06 revealed 4 of 9 flowsheets contained no documentation of a blood glucose.</p>	{V 431}			

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{V 431}	Continued From page 6 5. Medical record # 3 began dialysis on 8/9/05 with diagnoses including Diabetes Mellitus. Review of the standing orders dated 6/29/06 revealed instructions for the staff to perform blood glucose each treatment. Review of 10 flowsheets between 8/15/06 to 9/5/06 revealed 2 of 10 flowsheets contained no documentation of a blood glucose.	{V 431}			