

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: 012570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/26/2006
NAME OF PROVIDER OR SUPPLIER NORTHPORT DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 HOSPITAL DRIVE NORTHPORT, AL 35476		
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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 were completed for four of nine employees.</p> <p>Findings include:</p> <p>A review of nine personnel records revealed four had no annual physical health examination completed .</p> <p>An interview with facility management on 10/26/06 at 11:00 AM confirmed physicals not been documented as completed and no policy was currently in place to address physicals.</p>	V 147			
V 188	<p>405.2137(a)(1) LONG-TERM PLAN TEAM MEMBERS</p> <p>There is a written long-term program representing the selection of a suitable treatment modality (i.e., dialysis or transplantation) and dialysis setting (i.e., home, self-care) for each patient that is developed by a professional team which includes but is not limited to the physician director of the dialysis facility or center where the patient is currently being treated, a physician director of a</p>	V 188			

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 188	<p>Continued From page 1</p> <p>center or facility which offers self-care dialysis training (if not available at the location where the patient is being treated), a transplant surgeon, a qualified nurse responsible for nursing services, a qualified dietitian and a qualified social worker.</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 long term care plan (LTCP) was developed by a professional team including a qualified nurse, physician director, transplant surgeon, a dietitian and social worker within thirty days of admission and reviewed annually by the multidisciplinary team for three of eight records.</p> <p>The agency policy titled, "Development of Patient Care Plans and Long Term Programs," dated October, 2005, documented, "4. The multidisciplinary team and the patient develop the Long Term Program within 30 days of admission,. These plans are to be reviewed and revised as necessary every 12 months or when there is a change in modality, vocational rehabilitation or transplant status. 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> <p>1. Medical Record (MR) # 5 was admitted 9/11/06 with diagnoses including End Stage Renal Disease (ESRD) and Hypertension (HTN).</p> <p>Record review revealed the Long Term Care Plan</p>	V 188			

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V 188	Continued From page 2 dated 10/25/06 had the nurse's signature but no other signatures of the multidisciplinary team. 2. MR # 8 was admitted 9/16/98 with diagnoses including ESRD and HTN. Record review revealed the LTCP, dated 9/15/05, had no physician or transplant surgeon signatures. The LTCP, dated 2/6/06, had no Registered Dietitian (RD), physician or transplant surgeon signatures. 3. MR # 2 was admitted 2/9/06 with diagnoses including ESRD and Diabetes Mellitus. Record review revealed the LTCP, dated 5/6/06 had no RD signature. An interview with facility management staff on 10/26/06 confirmed LTCP had not been completed.	V 188			
V 192	405.2137(b) PATIENT CARE PLAN: WRITTEN, ASSESSMENT BASED There is a written patient care plan for each patient of an ESRD facility (including home dialysis patients under the supervision of the ESRD facility; see §405.2163(e)), based upon the nature of the patient's illness, the treatment prescribed, and an assessment of the patient's needs. This STANDARD is not met as evidenced by: Based on agency policy, interview and record review, the dialysis facility failed to ensure the plan of care was reviewed every six months and developed by a professional team consisting of	V 192			

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V 192	<p>Continued From page 3</p> <p>the patient's physician or facility's Medical Director, transplant surgeon/designee, registered nurse, social worker and dietitian for four of eight 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> <p>1. Medical Record # 4 was admitted 10/04/03 with the diagnosis of End Stage Renal Disease.</p> <p>A review of the Short Term care plans revealed the care plan was reviewed 12/15/05 and again on 8/18/06, a period of eight months.</p> <p>2. Medical Record # 1 was admitted 1/19/05 with diagnoses including Diabetes Mellitus and End Stage Renal Disease.</p> <p>A review of the Short Term care plans revealed the care plan was reviewed 11/21/05 and 6/13/06, a period of seven months.</p> <p>Interview with the facility staff 10/26/06 at 10:00 AM confirmed the short term careplans were not within 6 months.</p> <p>3. MR # 2 was admitted 2/9/06 with diagnoses</p>	V 192			

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V 192	Continued From page 4 including ESRD and HTN. A review of the STCP, dated 8/06, revealed no physician or patient signature. The STCP, dated 4/06, revealed no RD, physician or patient signature. 4. MR # 8 was admitted 9/16/06 with a diagnosis of ESRD. A review of the STCP, dated 7/1/06, revealed no RD signature.	V 192		
V 244	405.2139(a) MEDICAL RECORD: DISCHARGE SUMMARY All medical records contain discharge summary including final diagnosis and prognosis. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure the medical record contained a discharge summary for three of three closed records. Findings include: Review of Medical Records # 7, 8 and 9 revealed no discharge summary. Interview with facility staff 10/26/06 at 10:15 AM confirmed there was no discharge summary for Closed Medical Records # 7, 8 and 9.	V 244		
V 258	405.2140(a)(2) PE: EQUIPMENT MAINTENANCE PROGRAM All electrical and other equipment used in the facility is maintained free of defects which could	V 258		

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V 258	<p>Continued From page 5</p> <p>be a potential hazard to patients and personnel. There is established a planned program of preventive maintenance of equipment used in dialysis and related procedures in the facility.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, interview, record review and the manufacturer's recommendation, the facility failed to provide preventive maintenance to five of thirteen dialysis machines in use as recommended by the manufacturer.</p> <p>The facility policy titled, "Preventive Maintenance Schedules for Equipment," dated October 2005, documented, "1. Dialysis delivery systems will receive preventive maintenance performed on them according to the manufacturer's recommendations."</p> <p>The dialysis machines' preventive maintenance, "Centurysystem 3 Preventive Maintenance Procedure," provided by the facility staff documented, "The Centurysystem 3 Preventive Maintenance program must be completed every 3000 hours, or one year of machine operation. whichever comes first."</p> <p>Findings include:</p> <p>Observation of the machines in use or for stand by use included dialysis machine #'s 1, 2, 3, 5, 6, 7, 9, 10, 11, 12, and 13.</p> <p>Review of preventive maintenance records performed by the facility revealed machines # 5, 7, 10, 12 and 13 had no preventive maintenance documented as performed.</p>	V 258			

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V 258	Continued From page 6 Interview with facility staff 10/26/06 at 10:00 AM confirmed the lack of documented maintenance on machines # 5, 7, 10, 12 and 13.	V 258			
V 266	405.2140(b)(1) PE: INFECTION CONTROL There are written policies and procedures in effect for preventing and controlling hepatitis and other infections. These policies include, but are not limited to, appropriate procedures for surveillance and reporting of infections, housekeeping, handling and disposal of waste and contaminants, and sterilization and disinfection, including the sterilization and maintenance of equipment. Where dialysis supplies are reused, there are written policies and procedures covering the rinsing, cleaning, disinfection, preparation, and storage of reused items which conform to requirements for reuse in 405.2150. This STANDARD is not met as evidenced by: Based on observations, facility policy reviews and interviews the facility staff failed to follow their infection control policies for environmental cleaning and catheter dressing change for one of one patients. The Policy titled "Bleach Policy" included, "A 1:10 bleach solution is used to clean and decontaminate any environmental surfaces or non-disposable supplies which are visibly contaminated with blood or body fluids. A 1:100 bleach solution is used for routine disinfection procedures of environmental surfaces or non-disposable supplies which are not visibly contaminated with blood or body fluids." The Procedures titled, "Preparation of 1:10 and	V 266			

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V 266	<p>Continued From page 7</p> <p>1:100 Bleach Solution" included, "Label container with the expiration date, time and initials. The solution is good for 24 hours only."</p> <p>Findings include:</p> <p>1. Observations during the initial tour on 10/25/06 at 2:00 PM in the treatment area revealed three unlabeled containers of solution on a utility cart. One of the containers had cloths soaking. Another unlabeled container with sudsy solution was observed at a clean sink area.</p> <p>An interview on 10/25/06 at 4:00 PM with a Patient Care Tech (PCT) revealed the container of solution with the cloths was 1:100 bleach for cleaning chairs and machines and the other two containers were 1:50 bleach for soaking of clamps and caps.</p> <p>An interview on 10/25/06 at 4:30 PM with the charge nurse revealed the solution at the clean sink area was a dial soap and water solution to clean the patient access sites, which had been prepared early that morning.</p> <p>Observations of the treatment area on 10/26/06 at 8:00 AM revealed three unlabeled containers and two unlabeled spray bottles of solution.</p> <p>An interview with the Facility Manager on 10/26/06 at 1:30 PM confirmed the facility was not following their policy for labeling the 1:10 and 1:100 bleach solution. There was no policy for the 1:50 bleach solution available for review.</p> <p>2. The facility policy titled, "Central Venous Catheter Dressing Change," and dated October, 2005 documented, "6. Set up clean field with</p>	V 266			

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V 266	Continued From page 8 supplies. With clean, gloved hands remove old dressing and discard...7. Assess for infection...8. Assess CVC at exit site for evidence of migration, cracks, or leaks in the catheter limbs...9. Remove gloves and discard. Wash hands and re-glove. 10. Holding catheter with the nondominant hand, and using aseptic technique, clean exit site with germicidal moistened gauze..."	V 266		
V 281	405.2140(d)(3) EMERGENCY PREP: DRUGS & SUPPLIES There is available at all times on the premises a fully equipped emergency tray, including emergency drugs, medical supplies, and equipment. This STANDARD is not met as evidenced by: Based on interview and observations of the facility emergency crash cart and refrigerated drug storage, the facility failed to ensure all medications were dated when opened and outdated medications were replaced in a timely manner. Findings include: Observation of the Emergency Crash Cart on 10/25/06 at 8:40 AM revealed 2-50 % Dextrose bottles which expired 10/1/06 and Diphenhydramine 5- 50 milligrams per milliliter	V 281		

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V 281	Continued From page 9 vials expired 9/06. Observation of the medication refrigerator on 10/26/06 at 7:45 AM revealed two opened Tuberculin Vaccine vials. One vial had an illegible date and one vial had no date. Interview with the facility management staff on 10/26/06 at 1:20 PM confirmed the expired medications and dates of opened vials.	V 281			