

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

PRINTED: 09/21/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012553</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>PHYSICIANS CHOICE DIALYSIS-ELMORE COUNTY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>515 HOSPITAL DRIVE WETUMPKA, AL 36092</b>	
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V 145	<p>405.2136(d)(2) PERSONNEL P/P: SAFE/SANITARY ENVIRONMENT</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 a safe and sanitary environment for patients and personnel exists.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on interview, review of logs and observations of the facility medications in house, the facility failed to ensure that outdated medications were removed from availability for patient care and that the glucose control testing on the glucometers were preformed to ensure the accuracy of the glucometers prior to patient testing.</p> <p>Findings Include:</p> <p>A tour of the medication room was conducted on 9/6/05 at 10:00 AM with the Registered Nurse. The following medications were found to be expired as follows:</p> <ul style="list-style-type: none"> <li>5 vials of 10 milliliter(ml) of Sterile Water expired 2-1-05</li> <li>9 vials of 10 ml of Sterile Water expired 8-1-05</li> <li>2 boxes of 10 of 5 ml Ferrlecrit expired 8/04</li> <li>24 bottles of 10ml of Calcium Gluconate 10% expired 4/05</li> <li>21 bottles of 50 ml of Lidocaine 1% 10 milligrams(mg)/ml expired 4/1/05</li> <li>4 boxes of 25 - 10 ml vials of Heparin Sodium 5,000 units/ml expired 3/04</li> <li>4 boxes of 25 - 10 ml vials of Heparin Sodium 5,000 units/ml expired 8/05</li> <li>5 boxes of 25 - 10 ml vials of Heparin Sodium</li> </ul>	V 145		

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 145	Continued From page 1 5,000 units/ml expired 7/05 1 bottle of 30 tablets of Norvasc 10 mg expired 7/1/05 1 tube of Bactroban Cream exp 10/03 8 vials of Atropine Sulfate 0.5 mg expired 7/1/05 1 50 strip bottle of Hemastix for Urinalysis expired 2/05 4 vials of Influenza Virus Vaccine 5 mg expired 6/1/05  An interview with the Registered Nurse on 9/6/05 at 11:00 AM verified that the above drugs were expired and should not have been available for patient care.  Agency Policy: Performing Glucose Control Test Perform at least once every 24 hours on each day of testing, or when results are questionable, or whenever test strips have been exposed to extreme temperatures, or for training.  Review of the glucometer Control Test Log revealed no documentation of a control test after 2/9/05.  An interview with the Administrator on 9/8/05 at 11:00 AM verified there was no documentation that the glucometer had been tested after 2/9/05.	V 145			
V 188	405.2137(a)(1) LONG-TERM PLAN TEAM MEMBERS  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	V 188			

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V 188	Continued From page 2 currently being treated, a physician director of a 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.  This STANDARD is not met as evidenced by:  Based on record review and interview with the facility staff, it was determined the facility failed to ensure that the professional team consisted of a Transplant Surgeon.  Findings include:  A total of eight medical records were reviewed and there was no documentation on the patients' Long Term Program that a Transplant Surgeon was involved in the development of the patients' Long Term Program.  An interview with the Administrator on 9/8/05 verified there was no involvement of a Transplant Surgeon in the patients' Long Term Programs.	V 188			
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 care, a qualified nurse responsible for nursing services, a qualified social worker, and a qualified dietitian.  This STANDARD is not met as evidenced by:  Based on record review and interview with the agency staff, it was determined the facility failed	V 194			

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V 194	<p>Continued From page 3</p> <p>to ensure that the Patient Care Plans were developed by the entire professional team in 5 of 7 records with a Patient Care Plan.</p> <p>Findings include:</p> <p>1. Medical record # 2 was admitted for dialysis on 1/28/92 with the diagnosis Chronic Renal Failure.</p> <p>Review of the medical record revealed no documentation of the involvement of the Registered Nurse in the development of the patient care plans dated 7/15/05 and 8/10/05.</p> <p>2. Medical record # 4 was admitted for dialysis on 6/1/96 with the diagnosis Glomerulonephritis.</p> <p>Review of the medical record revealed no documentation of the involvement of the Registered Nurse in the development of the patient care plans dated 7/15/05 and 8/10/05.</p> <p>3. Medical record # 5 was admitted for dialysis on 12/16/02 with the diagnosis Chronic Renal Failure and Hypertension.</p> <p>Review of the medical record revealed no documentation of the involvement of the Registered Nurse in the development of the patient care plans dated 7/15/05 and 8/10/05.</p> <p>4. Medical record # 7 was admitted for dialysis on 1/28/92 with the diagnosis Chronic Renal Failure and Diabetes Mellitus.</p> <p>Review of the medical record revealed no documentation of the involvement of the Registered Nurse in the development of the patient care plans dated 7/15/05 and 8/10/05.</p>	V 194			

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V 194	Continued From page 4  5. Medical record # 8 was admitted for dialysis on 9/2/02 with the diagnosis Chronic Renal Failure and Hypertension.  Review of the medical record revealed no documentation of the involvement of the Registered Nurse in the development of the patient care plans dated 7/15/05 and 8/10/05.  An interview with the Administrator on 9/8/05 at 1:00 PM verified there was no documentation of the Registered Nurse involvement in the Patient Care Plans as stated above.	V 194		
V 224	405.2138(c) RESPECT, DIGNITY & PRIVACY  All patients are treated with consideration, respect, and full recognition of their individuality and personal needs, including the need for privacy in treatment.  This STANDARD is not met as evidenced by:  Based on interview with the patient and agency staff, it was determined that the facility failed to ensure that all patients were treated with respect.  Findings include:  An interview was conducted on 9/1/05 with patient # 1. During the interview patient # 1 stated that one of the Patient Care Technicians (PCT) said " your husband/wife will not want you when he/she gets paroled. He/she will want someone who is hot. You have no legs and are blind." The patient stated that this was loud enough for the other patients to hear and they began laughing.  Patient # 1 also stated that she/he would ask the	V 224		

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V 224	Continued From page 5 PCT what her weight was and the PCT would state " I am not going to tell you" or would not answer the patient at all. Patient # 1 also stated that when her/his blood pressure would drop during treatment and the PCT would let the chair back and the patient would ask what the blood pressure was and the PCT would respond " You do not need to know."  A review of the PCT personnel record revealed a verbal warning dated 4/11/05 stating that the patients were concerned that he/she was being aggressive with them. Review of a written warning dated 5/5/05 that referred to an infraction on 4/30/05 stating that "Teammates shall not use treating or abusive language, nor intimidate and/or coerce any patient. Teammates must at all times treat patients with care, concern, and respect. Several complaints from patients that these policies are being violated."  An interview with the Facility Director on 9/8/05 at 1:00 PM verified that the complaint from patient # 1 was known. The Director stated that the PCT had been counseled. The surveyor requested documentation of the counseling and none could be provided.	V 224			
V 242	405.2139(a) MEDICAL RECORD: TREATMENTS AND FINDINGS  All medical records contain reports of treatments and clinical findings.  This STANDARD is not met as evidenced by:  Based on record review and interview with the staff, it was determined the facility failed to ensure that the staff documented the results of blood sugars and ensure that the diabetic patients	V 242			

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V 242	<p>Continued From page 6</p> <p>received the blood sugar test as ordered by the physician in 3 of 3 diabetics patients.</p> <p>Findings include:</p> <p>1. Medical record # 6 was admitted to dialysis on 11/2/04 with diagnoses including Chronic Renal Failure and Diabetes Mellitus. Review of the physicians orders dated 11/2/04 revealed orders to provide weekly blood sugars on diabetics. Review of the Treatment Sheets from 5/3/05 to 8/3/05 revealed no documentation of a blood sugar test.</p> <p>An interview with the Facility Administrator on 9/8/05 at 11:00 AM verified there was no documentation of a blood sugar test from 5/3/05 to 8/3/05.</p> <p>2. Medical record # 1 was admitted to dialysis on 4/30/02 with diagnoses including Chronic Renal Failure and Diabetes Mellitus. Review of the physicians orders dated 11/02/04 revealed orders to provide weekly blood sugar test on diabetics. Review of the Treatment Sheets from 2/7/05 to 5/16/05 revealed no documentation of a blood sugar test for the weeks of 2/14/05, 2/21/05, 2/28/05, 3/14/05, and 5/9/05. Further review of the Treatment Sheets revealed no documentation of the blood sugar test results for 2/7/05, 3/21/05, 3/28/05, 3/30/05, 4/15/05, 4/18/05, 4/29/05, and 5/2/05.</p> <p>An interview with the Facility Administrator on 9/8/05 at 11:00 AM verified the blood sugar test were not performed as ordered and there was no documentation of a result on the above dates.</p> <p>3. Medical record # 7 was admitted to dialysis on</p>	V 242			

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V 242	Continued From page 7 11/11/04 with diagnoses including Diabetes Mellitus. Review of the physicians orders dated 11/11/04 revealed orders to provide weekly blood sugars on diabetics. Review of the Treatment Sheets from 6/21/05 to 8/31/05 revealed no documentation of a blood sugar test for the weeks of 6/27/05 and 8/8/05.  An interview with the Facility Administrator on 9/8/05 at 11:00 AM verified there was no documentation of a blood sugar test for the weeks of 6/27/05 and 8/8/05.	V 242			
V 280	405.2140(d)(2) EMERGENCY PREP: PERIODIC DRILLS  All personnel are trained, as part of their employment orientation, in all aspects of preparedness for any emergency or disaster. The emergency preparedness plan provides for orientation and regular training and periodic drills for all personnel in all procedures so that each person promptly and correctly carries out a specific role in case of an emergency.  This STANDARD is not met as evidenced by:  Based on interview and record review the facility failed to hold periodic drills to ensure staff preparedness for the safety of patients in case of a fire.  Findings include:  Agency Policy: Fire/Disaster Drills Fire drills are to be conducted quarterly in order that all personnel are familiar with the appropriate steps which are to be followed during a fire.	V 280			

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V 280	Continued From page 8 Review of fire drill revealed no documentation a fire drills between August of 2005 and July of 2005. Interview with facility staff on 9/8/05 at 11:00 AM confirmed there was no documentation of a fire drill between August of 2005 and July of 2005.	V 280		
V 284	405.2140(d)(5) EMERGENCY PREP: PATIENTS INFORMED  Patients are trained to handle medical and nonmedical emergencies. Patients must be fully informed regarding what to do, where to go, and whom to contact if a medical or nonmedical emergency occurs.  This STANDARD is not met as evidenced by:  Based on record review and interview with facility staff, it was determined that the facility failed to ensure that patients are trained for medical and nonmedical emergencies in 5 of 7 records reviewed.  Findings include:  1. Medical record # 1 was admitted to dialysis on 4/30/02 with Diabetes Mellitus and Chronic Renal Failure and expired 5/16/05.  Review of the record revealed no documentation that the facility reviewed the Emergency Procedure Patient Instruction with the patient for the 3rd and 4th quarter of 2004.  2. Medical record # 2 was admitted to dialysis on 1/28/92 with Chronic Renal Failure.  Review of the record on 9/7/05 revealed documentation that the facility already reviewed	V 284		

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V 284	<p>Continued From page 9</p> <p>the Emergency Procedure Patient Instruction for the 4th quarter of 2005 which started in October 2005.</p> <p>3. Medical record # 5 was admitted to dialysis on 12/16/02 with Chronic Renal Failure and Hypertension.</p> <p>Review of the record revealed no documentation that the facility reviewed the Emergency Procedure Patient Instruction with the patient for the 2nd and 3rd quarter of 2005.</p> <p>4. Medical record # 7 was admitted to dialysis on 11/11/04 with Chronic Renal Failure.</p> <p>Review of the record on 9/7/05 revealed documentation that the facility already reviewed the Emergency Procedure Patient Instruction for the 4th quarter of 2005 which would start in October 2005.</p> <p>5. Medical record # 5 was admitted to dialysis on 9/2/02 with Chronic Renal Failure and Hypertension.</p> <p>Review of the record revealed no documentation that the facility reviewed the Emergency Procedure Patient Instruction with the patient for the 3rd quarter of 2005.</p>	V 284			