

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

PRINTED: 01/24/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012545</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>TUSCALOOSA DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 OLD MILL STREET TUSCALOOSA, AL 35401</b>	
(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 144	<p>405.2136(d)(1) PERSONNEL P/P: STAFF QUALIFIED</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 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.</p> <p>This STANDARD is not met as evidenced by: Based on observation of staff, review of the personnel records, and interview with the agency staff it was determined the facility failed to have an orientation check list and competency checklist to ensure the facility's staff were qualified to add the correct Acid Concentrate Additives for the baths the facility was using.</p> <p>Findings include:</p> <p>Review of the containers of acid mixtures prepared for patient use revealed staff Registered Nurses were documenting the preparation.</p> <p>An interview with management staff on 1/18/07 at 11:00 AM verified there was no orientation check list or competency checklist to ensure the facility's staff were qualified to add the correct Acid Concentrate Additives for the baths the facility was using.</p>	V 144		
V 192	<p>405.2137(b) PATIENT CARE PLAN: WRITTEN, ASSESSMENT BASED</p> <p>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</p>	V 192		

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 192	<p>Continued From page 1</p> <p>nature of the patient's illness, the treatment prescribed, and an assessment of the patient's needs.</p> <p>This STANDARD is not met as evidenced by: Based on agency policy, interview and record review, the dialysis facility failed to ensure a plan of care was developed for five of eight patients as stated per policy.</p> <p>The agency policy titled, "Development of Patient Care Plans and Long Term Programs," dated October, 2005, included, "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. 3. The Patient Care Plan is initiated on the day of admission and completed within 30 days, or per state regulation. 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) # 1 was admitted on 4/20/06 with diagnoses including Hypertension (HTN) and End Stage Renal Disease (ESRD). A review of the medical record revealed no Long Term Care Plan (LTCP) had been completed. The Short Term Care Plan (STCP) had not been completed since 5/31/06.</p> <p>2. MR # 2 was admitted on 7/10/06 with diagnoses including ESRD and Glomerulonephritis. A review of the medical record revealed no STCP had been completed.</p>	V 192			

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V 192	Continued From page 2  3. MR # 3 was admitted on 1/31/02 with diagnoses including HTN and ESRD. A review of the medical record revealed no LTCP had been completed since 5/2004 and no STCP had been completed since 4/24/06.  4. MR # 4 was admitted on 3/1/05 with diagnosis of ESRD. A review of the medical record revealed no STCP had been completed since 7/18/05.  5. MR # 6 was admitted on 8/31/01 and discharged for transplant on 6/13/06. A review of the medical record revealed no LTCP had been completed since 1/2004.  An interview with management staff on 1/18/07 at 1:00 PM confirmed the care plans had not been completed per policy.	V 192			
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 observation, interview and review of	V 266			

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V 266	<p>Continued From page 3</p> <p>policies, the dialysis center failed to follow infection control policies for patient handwashing, central venous catheter care and cleaning of supplies and equipment.</p> <p>The policy titled "Infection Control for Dialysis Facilities", dated October 2005, included, "...Patients are encouraged to wash their access arm upon entering the treatment area prior to the initiation of dialysis and wash their hands after holding their own sites post dialysis, as applicable....Wipe down all non-disposable items and equipment such as the blood pressure cuff, the inside and outside of the prime container, tourniquets, clamps and the dialysis delivery systems, with an appropriate disinfectant after every treatment."</p> <p>The policy titled "Central Venous Catheter Dressing Change", dated October 2005, included, ".....Set up clean field with supplies. With clean, gloved hands remove old dressing and discard without reaching over patient and/or contaminating clean field.....Remove gloves and discard. Wash hands and re-glove."</p> <p>Findings include:</p> <p>1. During dialysis treatment observations on 1/16/07, at 2:30 PM and 2:50 PM and on 1/17/07 at 9:30 AM three patients were observed to be holding their access sites, with 4x4 gauze sponges, with pressure until the bleeding stopped. The patients were not wearing a glove. The patients were observed to gather their belongings, go to the weight scales and leave the facility without washing their hands.</p> <p>An interview with management staff on 1/17/07 at</p>	V 266			

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V 266	Continued From page 4 4:30 PM confirmed the patients are to wear gloves to hold pressure on access sites or to wash their hands afterward.  2. Observations of staff cleaning supplies and equipment between patient treatments were observed during the three day survey. Blood pressure cuffs were not observed to be cleansed, after patient use, with a disinfectant solution.  3. During a dialysis treatment observation on 1/17/07 at 3:00 PM two soiled vascular clamps were observed lying on the tray table beside the patient. The patient had removed the clamps from his bag upon arrival to the clinic and had placed them on the table to be used after completing the treatment. The patient stated the clamps are taken home following each dialysis treatment.  Interview with management staff on 1/17/07 at 4:30 PM confirmed vascular clamps are cleansed by staff and sent home with several patients after their treatment. No policy for this procedure was available for review.  2. During the observation of the catheter dressing change 1/17/07 at 3:00 PM , the nurse was observed to remove the old dressing that consisted of two x two gauze. The nurse did not remove the gloves, wash hands and re-glove prior to continuing with the dressing change.  An interview with management staff on 1/17/07 at 4:00 PM confirmed the policy for catheter care had not been followed.	V 266			
V 281	405.2140(d)(3) EMERGENCY PREP: DRUGS & SUPPLIES	V 281			

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V 281	<p>Continued From page 5</p> <p>There is available at all times on the premises a fully equipped emergency tray, including emergency drugs, medical supplies, and equipment.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview and policy review the facility failed to ensure emergency equipment was maintained and available for use.</p> <p>The policy titled "Emergency Equipment Checks" included, "...Defibrillator or Automatic Emergency Defibrillator (AED), if in facility, is operational.</p> <p>Findings include:</p> <p>Observations of the emergency crash cart on 1/17/07 at 12:30 PM revealed no lock was present. The cart, with medications, was located in the treatment room area.</p> <p>The emergency equipment included an unoperational defibrillator.</p> <p>Interview with management staff on 1/17/07 at 1:00 PM confirmed the defibrillator was not operational.</p>	V 281			