

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:  <b>012513</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/23/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>BMA LANGDALE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8 MEDICAL PARK NORTH VALLEY, AL 36854</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 242	<p>405.2139(a) MEDICAL RECORD: TREATMENTS AND FINDINGS</p> <p>All medical records contain reports of treatments and clinical findings.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to ensure treatment orders were being followed for two of eight patients.</p> <p>Findings include:</p> <p>1. MR # 1 was admitted on 12/15/05 with diagnosis of ESRD. A review of the physicians orders, dated 1/24/06, revealed an order for the dry weight to be increased from 85.5 kilograms (kg) to 86.0 kg. Review of the treatment flow sheets from 1/26/06 to 2/18/06 (11 dialysis treatments) revealed the dry weight was documented as 85.5 kg., with no documentation the new physician's order had been implemented.</p> <p>2. MR # 2 was admitted on 11/14/05 with diagnosis of ESRD. A review of the physician's orders, dated 2/14/06, revealed an order for Epogen to be increased from 18,000 units to 20,000 units. A review of the treatment flow sheets from 2/14/06 to 2/21/06 (3 dialysis treatments) revealed the patient was receiving the 18,000 units of Epogen, with no documentation the new physician's order had been implemented.</p> <p>An interview with the Nurse Manager on 2/22/06 at 11:30 AM confirmed the new orders had not been implemented.</p>	V 242		3/10/06
V 266	<p>405.2140(b)(1) PE: INFECTION CONTROL</p> <p>There are written policies and procedures in</p>	V 266		3/31/06

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 266	<p>Continued From page 1</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and interviews the facility staff failed to follow their infection control policies for environmental cleaning and failed to ensure infection control practices for patients were monitored.</p> <p>Agency Policy Bloodborne Pathogens Exposure Control Plan and Infection Control Policy Procedures.</p> <p>9. Cleaning Procedures.</p> <p>a. External Surfaces: Cleaning the Dialysis Machine and surrounding area. Purpose: To provide a clean environment for each patient and reduce the likelihood of cross-contamination.</p> <p>c. Cleaning the Dialysis Chair Purpose: To remove any contaminants from the chair and to provide a clean chair for each patient.</p> <p>Materials Needed: Disposable wash cloths</p>	V 266		

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V 266	<p>Continued From page 2</p> <p>1:100 Bleach solution</p> <p>Findings include:</p> <p>1. Observations in the treatment area and isolation room on 2/21/06, 2/22/06 and 2/23/06 revealed containers of bleach solution.</p> <p>A Patient Care Tech (PCT) on 2/22/06 at 12:45 PM was observed to demonstrate the preparation of the bleach solution. The PCT was estimating the amount of bleach to the proportion of water. There were no perimeters indicated on the solution containers for the staff to ensure the 1:100 bleach solution requirements.</p> <p>An interview with the Clinical Manager on 2/22/06 at 2:10 PM verified the facility was not following their policy for preparing the required 1:100 bleach solution.</p> <p>2. Observations on 2/21/06 at 3:40 PM of the isolation area revealed a patient holding their access site, after termination of their dialysis treatment, without a glove. The patient was observed to leave the facility at 3:45 PM without washing their hands.</p> <p>3. Observations on 2/22/06 at 11:00 AM of the isolation area revealed a patient holding their access site, after termination of their dialysis treatment, without a glove. The patient was observed to leave the facility at 11:05 AM without washing their hands.</p> <p>An interview with the Nurse Manager on 2/23/06 at 11:30 AM confirmed no handwashing infection control policy and procedure was in place for patients.</p>	V 266			

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V 284	Continued From page 3	V 284			
V 284	<p>405.2140(d)(5) EMERGENCY PREP: PATIENTS INFORMED</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on medical record and policy and procedure review and interviews the facility failed to ensure 3 of 5 current patients are trained for medical and nonmedical emergencies.</p> <p>The Disaster Policy, dated 4/1/92, included, "Simulated fire/evacuation drills will be held on a quarterly basis on each patient and staff shift."</p> <p>Findings include:</p> <p>1. Medical Record (MR) # 2 was admitted for hemodialysis on 11/14/05 with diagnosis of End Stage Renal Disease (ESRD).</p> <p>A review of the medical record revealed no documentation of the emergency procedure being reviewed with the patient since admission.</p> <p>2. MR # 1 was admitted for hemodialysis on 12/15/05 with diagnosis of ESRD.</p> <p>A review of the medical record revealed no documentation of the emergency procedure being reviewed with the patient since admission.</p> <p>3. MR # 5 was admitted for hemodialysis on 5/23/05 with diagnosis of Chronic Renal Failure.</p>	V 284		3/2/06	

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V 284	Continued From page 4  A review of the medical record revealed no documentation of the emergency procedure being reviewed with the patient since 6/24/05.  An interview with the facility manager on 2/22/06 at 11:15 AM confirmed the documentation for patient quarterly emergency procedures had not been completed for the above patients and confirmed no policy was in place for the completion of the emergency procedures for new admissions.	V 284			