

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: 012520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2005
NAME OF PROVIDER OR SUPPLIER BMA TROY			STREET ADDRESS, CITY, STATE, ZIP CODE 606 BOTTS AVENUE TROY, AL 36081	
(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 194	<p>405.2137(b)(2) PATIENT CARE PLAN: TEAM</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on review of medical records, policy/procedure and staff interview, the facility failed to ensure the patient care plans were developed by a qualified nurse for four of ten records.</p> <p>The Policy for "Patient Care Plan Policy", dated 01/01/95, included, "The Patient Care Plan is developed by the professional team which is composed of at least the following: 1. Primary care physician. 2. DON (Director of Nurses)...."</p> <p>Findings include:</p> <p>1. Medical Record # 2 was admitted for hemodialysis on 4/14/98 with diagnoses including Glomerulonephritis and Secondary Hyperparathyroidism. A review of the Short Term Care Plan, dated 4/13/05 and 5/11/05, revealed the Nursing Assessment Plan/Intervention was completed by a Licensed Practical Nurse (LPN).</p> <p>2. Medical Record # 3 was admitted for hemodialysis on 9/03/93 with diagnoses including Hypertensive Renal Disease and Intestinal Obstruction. A review of the Short Term Care Plan, dated 4/12/05, 5/17/05 and 6/07/05, revealed the Nursing Assessment Plan/Intervention was completed by a LPN.</p>	V 194		7/20/05

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 194	Continued From page 1 3. Medical Record # 4 was admitted for hemodialysis on 7/01/04 with diagnoses including Glomerulonephritis and Secondary Hyperparathyroidism. A review of the Short Term Care Plan, dated 4/13/05 and 5/11/05, revealed the Nursing Assessment Plan/Intervention was completed by a LPN. 4. Medical Record # 5 was admitted for hemodialysis on 3/20/04 with diagnoses including Diabetes Mellitus II and Acute Pancreatitis. A review of the Short Term Care Plan, dated 4/12/05, revealed the Nursing Assessment Plan/Intervention was completed by a LPN. Interview with the facility manager on 6/23/05 at 4:00 PM confirmed the policy had not been followed for the completion of the patient care plans by a Registered Nurse.	V 194			
V 263	405.2140(a)(5)(ii) AAMI- DIALYSATE BACTERIOLOGY (AAMI 3.2.1.2) Bacteriology of the Dialysate. Total viable microbial count for the dialysate should not exceed 2000/ml. The supplier of the dialysate supply system shall be responsible for recommending a method of cleaning the equipment that will result in a device capable of meeting the requirements of this section. The user is responsible for monitoring the purity of the dialysate. This STANDARD is not met as evidenced by: Based on facility policy and procedure, interview with facility staff, review of System Delivery System Logs, the facility failed to follow the facility	V 263		6/24/05	

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V 263	<p>Continued From page 2</p> <p>policy for overnite storage of bicarbonate concentrate.</p> <p>The facility policy titled, "Concentrate Mixing and Handling Overnight Storage of Bicarbonate Concentrate," dated 3/17/00, contained the following procedure: The procedure for Validating Storage of Prepared Bicarbonate Concentrate Solution documented, "The intent of this validation procedure is to ensure that based on the data on form VRB, and in the opinion of the Medical Director, overnight storage of bicarbonate concentrate solution, not to exceed twenty-four hours from mixing to consumption, will not effect the quality of the bicarbonate concentrate solution used for hemodialysis treatment of patients."</p> <p>The policy documented under Step #3, "Maximum Hours of Storage of Bicarbonate Concentrate Solution: Indicate the maximum number of hours that bicarbonate solution will be stored after mixing until the consumption of the entire batch."</p> <p>Findings include:</p> <p>The Validation Record for Stored Bicarbonate Concentrate solution documented on Form VRB dated 5/16/04 the maximum hours of storage as 12 hours. The validation record was signed by the Medical Director and dated 5/19/04.</p> <p>Interview with facility staff 6/22/05 at 10:00 AM confirmed the usual treatment hours in the facility as 6:00 AM to 4:00 PM.</p> <p>Review of the Solution Delivery System Logs dated 1/06/05 to 6/22/05 which contained</p>	V 263		

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V 263	Continued From page 3 documentation of the date and time a batch was mixed revealed 102 days with overnight storage greater than 12 hours. Interview with facility technical staff 6/23/05 at 3:00 PM confirmed the overnight storage time documented as greater than 12 hours. Sue Parker, RN	V 263			