

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

PRINTED: 02/06/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>BMA/USA DIALYSIS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1925 HEALTH SERVICES DRIVE MOBILE, AL 36688</b>	
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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: Based on review of personnel records and interview the facility failed to ensure annual health examinations were completed for seven of eight employees.</p> <p>Findings include:</p> <p>A review of eight personnel records revealed seven annual health examinations had not been reviewed by a physician.</p> <p>An interview with facility management on 10/26/06 at 11:00 AM confirmed physicals not been completed by a physician.</p>	V 147		
V 196	<p>405.2137(b)(4) PATIENT CARE PLAN: FREQUENCY</p> <p>The care plan for patients whose medical condition has not become stabilized is reviewed at least monthly by the professional patient care team described in 405.2137(b)(2) of this section. For patients whose condition has become stabilized, the care plan is reviewed every 6 months. The care plan is revised as necessary to ensure that it provides for the patients' ongoing needs.</p>	V 196		

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 196	Continued From page 1 This STANDARD is not met as evidenced by: Based on interview and record review, the dialysis facility failed to ensure the plan of care was reviewed every six months for four of eight records reviewed.  Findings include:  1. Medical Record (MR)# 1 was admitted on 10/25/05 with diagnosis of End Stage Renal Disease (ESRD). A review of the medical record revealed a Short Term Care Plan had not been completed since 4/18/06.  2. MR # 2 was admitted on 10/25/05 with diagnosis of ESRD. A review of the medical record revealed a Short Term Care Plan had not been completed since 4/18/06.  3. Closed Record # 6 was discharged on 7/14/06 for a transplant. A review of the medical record revealed a Short Term Care Plan had not been completed since 8/3/05.  4. Closed Record # 8 expired on 5/31/06. A review of the medical record revealed a Short Term Care Plan had not been completed since 8/3/05.  An interview on 1/25/06 at 11:00 AM confirmed no further care plans were available for review.	V 196			
V 261	405.2140(a)(5) PE: WATER TREATMENT  The ESRD facility must employ the water quality requirements listed in 405.2140(a)(5)(ii) of this section developed by the Association for the Advancement of Medical Instrumentation (AAMI) and published in "Hemodialysis Systems," second edition, which is incorporated by reference.	V 261			

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V 261	<p>Continued From page 2</p> <p>Required water quality requirements are those listed in AAMI sections 3.2.1, Water Bacteriology; 3.2.2 Maximum Level of Chemical Contaminants; and in Appendix B: Guideline for Monitoring Purity of Water Used for Hemodialysis as B1 through B5.</p> <p>Incorporation by reference of the AAMI's "Hemodialysis Systems," second edition, 1992, was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. If any changes in "Hemodialysis Systems," second edition, are also to be incorporated by reference, a notice to that effect will be published in the Federal Register.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Daily Water Quality Monitoring Log, tour, review of the facility policies and interview, it was determined the facility failed to ensure the water hardness was checked as indicated by the approved agency policy.</p> <p>Findings include:</p> <p>Agency Policy: Water Softener</p> <p>Policy: The "Total Hardness Post Softener PM" (evening) sample should be drawn and tests recorded under "worse case" conditions. That is, at the end of the last patient treatment for the day and, prior to softener regeneration. The purpose of this test is to verify that the softener is producing not more than 10.0 ppm hardness between regenerating cycles.</p>	V 261			

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V 261	Continued From page 3 A tour of the facility water treatment area, conducted on 01/23/07 at 10:45 AM, revealed the water hardness had already been checked and documented as 0 while 20 patients were being dialyzed.  A review of the water softener log for January 2007 revealed ten entries of the hardness being checked prior to the end of the day and three days of no hardness checks at the end of the day.  An interview with the facility manager on 01/23/07 at 10:45 AM verified the agency policy was not being followed for end of the day water hardness checks.	V 261		
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 staff in case of a fire.  Findings include:  Review of fire drill documentation revealed no fire drills had been held since 4/27/06.	V 280		

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V 280	Continued From page 4 An interview with the facility manager on 1/25/07 at 10:50 AM confirmed no additional fire drills were available for review.	V 280			