

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

PRINTED: 11/30/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2006
NAME OF PROVIDER OR SUPPLIER RAINBOW CITY DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 RAINBOW DRIVE GADSDEN, AL 35903	
(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 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interview, review of facility policies and observations of the facility medications, the facility failed to ensure that outdated medications were removed from availability for patient care and the emergency cart remained locked.</p> <p>Findings include:</p> <p>Facility Policy: Maintenance of Emergency Cart (Crash Cart)</p> <p>Purpose: To provide general guidelines for the maintenance of the emergency cart.</p> <p>6. The part of the cart containing medications and other supplies will be sealed with a break away lock and is only to be opened in the event of an emergency situation or replacement of an outdated item.</p> <p>During the Initial Tour on 10/31/06 at 12:10 PM the Emergency Cart was unlocked. The contents of the Emergency Cart contained the following: Solumedrol 125 mg. expired 6/06, Narcan 0.4 mg/ml expired 9/06.</p> <p>An observation was made on 11/1/06 at 3:00 PM revealed the Emergency Cart remained unlocked.</p>	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	V 145			
V 240	<p>An interview with the Facility Administrator on 10/31/06 at 12/30/PM verified the above medications were expired.</p> <p>405.2139(a) MEDICAL RECORD: ORDERS</p> <p>All medical records contain diagnostic and therapeutic orders.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview with staff, it was determined the facility failed to ensure orders were documented prior to providing treatments in 2 of 2 records reviewed of transient patients.</p> <p>Findings include:</p> <p>1. Medical Record (MR) # 5 was admitted as a visiting patient for 2 dialysis treatments on 10/11/06 and 10/13/06. A review of the medical record revealed no documentation the receiving physician reviewed the transferring orders prior to the patient receiving the dialysis treatment.</p> <p>2. MR # 1 was admitted as a visiting patient for 4 dialysis treatments on 8/18/06, 8/21/06, 8/23/06 and 8/25/06. A review of the medical record revealed no documentation the receiving physician reviewed the transferring orders prior to the patient receiving the dialysis treatment.</p> <p>An interview with the Facility Administrator on 11/2/06 verified there no documentation the receiving physician reviewed the transferring orders prior to the patient receiving the dialysis treatment.</p>	V 240			
V 258	405.2140(a)(2) PE: EQUIPMENT	V 258			

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V 258	Continued From page 2 MAINTENANCE PROGRAM All electrical and other equipment used in the facility is maintained free of defects which could be a potential hazard to patients and personnel. There is established a planned program of preventive maintenance of equipment used in dialysis and related procedures in the facility. This STANDARD is not met as evidenced by: Based on observation, interview, record review and the manufacturer's recommendation, the facility failed to provide preventive maintenance to 3 of 15 dialysis machines in use as recommended by the manufacturer. Findings include: The dialysis machines' preventive maintenance, "Centurysystem 3 Preventive Maintenance Procedure, The Centurysystem 3 Preventive Maintenance program must be completed every 3000 hours, or one year of machine operation. whichever comes first." Review of preventive maintenance records performed by the facility revealed machines # 2, 3, and 13 had no preventive maintenance documented as performed for the last 12 months. Interview with facility staff 11/1/06 at 2:00 PM confirmed the lack of documented maintenance on machines # 2, 3, and 13 for the last 12 months.	V 258			
V 263	405.2140(a)(5)(ii) AAMI- DIALYSATE BACTERIOLOGY (AAMI 3.2.1.2) Bacteriology of the Dialysate.	V 263			

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V 263	<p>Continued From page 3</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on review of water cultures, interview with staff, disinfection logs and the facilities policies and procedures, it was determined the facility failed to document the time the cultures were obtained.</p> <p>Findings include:</p> <p>Agency Policy: Bacteria Cultures & Analysis Water & Dialysate Purpose: To ensure that dialysate and water used to prepare dialysate and reprocess hemodialyzers meet the current AAMI standards for bacteria.</p> <p>Water Policies. 32. Cultures of water will be drawn within the 96 hours time period prior to disinfection of the distribution loop.</p> <p>Review of the culture reports and disinfection logs revealed the following:</p> <p>Cultures were obtained 6/6/06 and disinfection log read June 06.</p> <p>Cultures were obtained 7/10/06, 7/18/06, and 7/24/06 and disinfection log read July 06.</p>	V 263			

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V 263	Continued From page 4 Cultures were obtained 8/8/06 and 8/14/06 and disinfection log read August 06. Cultures were obtained 9/6/06 and 9/11/06 and disinfection log read September 06. Cultures were obtained 10/11/06, 10/16/06 and 10/23/06 and disinfection log read October 06. There was no documentation the disinfection occurred before the cultures were obtained. An interview with the Chief Tech on 11/1/06 at 3:00 PM confirmed there was no facility policy on the time frame between obtaining cultures and disinfection.	V 263			
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 observations, interviews, and review of the facility policies, it was determined the facility staff failed to follow their infection control policies	V 266			

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V 266	<p>Continued From page 5 for patient care and environmental cleaning.</p> <p>Findings include:</p> <p>Facility Policy: Infection Control for Dialysis Facilities.</p> <p>Purpose: To provide a safe, clean environment for all patients and teammates of the of the dialysis facility and to prevent the spread of infections or bloodborn pathogens.</p> <p>C. Facility Hygiene 7. Equipment including the dialysis delivery system, the interior and exterior of the prime container, dialysis chair and side tables, blood pressure cuff, and work surfaces will be wiped clean with bleach solution of the appropriate strength after completion of procedures, before being used on another patient, after spills of blood, throughout the work day, and after each treatment.</p> <p>Facility Policy: Bleach Policy</p> <p>5. A 1:10 bleach solution is used to clean and decontaminate any environmental surfaces or non-disposable supplies which are visibly contaminated with blood or body fluids.</p> <p>An observation of care on 11/1/06 between 10:00 AM and 11:00 AM revealed 2 side tables had visible blood post patient treatment. The PCT (Patient Care Tech) cleaned the side tables with 1:100 bleach solution instead of 1:10 as instructed by policy. Further observation revealed 3 chairs and side tables were not wiped down with the 1:100 bleach solution between patients.</p>	V 266			

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V 266	Continued From page 6 During the same observation on 11/1/06 between 10:00 and 11:00 AM revealed 6 clamps that were used to apply pressure to the graft/fistula site after treatment were contaminated with visible blood and were placed in a 1:100 bleach solution instead of being cleaned with the 1:10 bleach solution as per policy. AN interview with the Facility Administrator on 11/1/06 verified the staff did not follow the policy for infection control.	V 266			
V 431	405.2162(a) REGISTERED NURSE The dialysis facility employs at least one full time qualified nurse responsible for nursing service. (See 405.2102.) This STANDARD is not met as evidenced by: Based on record review and interview with staff, it was determined that the facility failed to ensure that the physician's orders were followed concerning treatment times, treatment of hypotensive episodes, foot checks and blood glucose checks as ordered in 5 of 12 hemodialysis records reviewed. Findings include: 1. Medical record # 14 was first seen in the facility on 1/14/04 for treatment. Review of the Rounding Report dated 8/14/06 revealed the treatment duration was 3 hours and 10 minutes. Review of the Post Treatment report dated 8/14/06 revealed the ordered dry weight was 63 kg. The treatment duration was 2 hours and 20 minutes a decrease in treatment duration ordered by 50 minutes. The dry weight at the end of the	V 431			

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V 431	<p>Continued From page 7</p> <p>treatment was 68.2 kg which was 4.8 kg from the ordered dry weight. There was no documentation in the record why the treatment was cut short by 50 minutes.</p> <p>Review of the Post Treatment Report dated 8/19/06 the treatment duration was 2 hours and 30 minutes. There was no documentation in the record why the treatment was cut short by 40 minutes.</p> <p>Review of the Post Treatment report dated 8/17/06 revealed a treatment duration of 2 hours and 52 minutes. There was no documentation in the record why the treatment was cut short by 18 minutes.</p> <p>Review of the Post Treatment report dated 8/18/06 revealed a treatment duration of 3 hours. There was no documentation in the record why the treatment was cut short by 10 minutes.</p> <p>Review of the Post Treatment report dated 8/23/06 revealed a treatment duration of 2 hours and 18 minutes. The dry weight ordered was 52 kg. The dry weight post treatment was 55.2 kg. There was no documentation in the record why the treatment was cut short by 52 minutes.</p> <p>Review of the Post Treatment report dated 9/6/06 revealed a treatment duration of 2 hours and 57 minutes. There was no documentation in the record why the treatment was cut short by 13 minutes.</p> <p>Review of the Post Treatment report dated 9/8/06 revealed a treatment duration of 2 hours and 56 minutes. There was no documentation in the</p>	V 431			

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V 431	<p>Continued From page 8</p> <p>record why the treatment was cut short by 14 minutes.</p> <p>Review of the standing orders 2/13/06 revealed orders to provided foot checks monthly for patients with a diagnosis of diabetes and to provide Blood Glucose monitoring every week.</p> <p>Review of the 15 Post treatment Reports between 8/14/06 and 9/11/06 revealed no documentation of foots checks or Blood Glucose monitoring.</p> <p>An interview with the Facility Administrator verified the nursing staff did not follow the physician's orders.</p> <p>2. MR # 8 was first seen in the facility on 9/30/06. Review of the physician's standing orders dated 10/2/06 revealed instructions for hypotension is to place the patient in a Trendelenburg position, decrease UFR (Ultrafiltration Rate), give 200 cc (cubic centimeters) of normal saline as needed. If B/P (blood pressure) stabilizes, UFR may be increased as tolerated. If hypotension persists, notify MD.</p> <p>Review of the Post Treatment Report dated 10/26/06 revealed the Pre-Treatment B/P was 171/73. Treatment began at 6:10 AM. At 7:43 the patient's B/P was 96/57. At 7:55 AM the nurse administered 400 cc of normal saline. There was no documentation of the patient's B/P at 7:55 AM. At 9:15 the patient's B/P was 87/51 and the nurse administered 400 cc of normal saline. At 9:51 AM the patient's B/P was 67/43 and the nurse administered 500cc of normal saline. There was no documentation of a physician's order to administer the 400 cc or 500 cc of normal saline. There was no documentation the physician was</p>	V 431			

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V 431	<p>Continued From page 9 notified of the patient's 3 episodes of hypotension.</p> <p>An interview with the Facility Administrator verified there was no documentation in the record that the physician was notified of the patient's 3 episodes of hypotension and of a physician's order to administer the 400 cc or 500 cc of normal saline.</p> <p>3. MR # 7 was first seen in the facility on 8/12/06. Review of the Physician's standing orders dated 2/13/06 revealed the treatment duration ordered was 4 hours and 15 minutes and a dry weight of 72 kg..</p> <p>Review of the Post Treatment Report dated 7/4/06 revealed the treatment duration was 3 hours and 45 minutes and the post treatment dry weight was 74 which was 2 kg above desired dry weight. There was no documentation why the treatment was cut by 30 minutes.</p> <p>Review of the Post Treatment Report dated 7/13/06 revealed the treatment duration was 3 hours and 55 minutes. The patients statistics revealed the patients treatment was cut short due to the patient being late. The dry weight at the end of treatment was 74.7 which was 2.7 kg above the ordered dry weight.</p> <p>4. MR # 10 was first seen in the facility on 10/12/05 for hemodialysis. Review of the physician's standing orders dated 2/13/06 revealed orders for the treatment duration to be 4 hours and the dry weight to be 76 kg.</p> <p>Review of the Post Treatment Report dated 10/9/06 revealed the treatment duration was 3 hours and 31 minutes. The weight before</p>	V 431			

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V 431	<p>Continued From page 10</p> <p>treatment was 78.5 kg and the weight post treatment was 80.3 kg. A increase of 1.8 kg during treatment. Review of the Patient Statistics revealed the patient was late and time was cut. There was no documentation of a physician's order for the cut time.</p> <p>Review of the Post Treatment Report dated 11/11/06 revealed the treatment duration was 1 hour and 1 minute. The post treatment weight was 77.8 kg which is 1.8 kg over the dry weight.</p> <p>An interview with the Facility Administrator on 11/2/06 at 11:30 PM verified there was no documentation of a physicians's order to cut the time on 10/9/06 and 10/10/06.</p> <p>5. MR # 2 was first seen in the facility on 8/23/03. Review of the physician standing orders dated 2/13/06 revealed orders for the nursing staff to monitor blood glucose 1 time a week.</p> <p>Review of the 11 Post Treatment Reports between 10/3/06 and 10/31/06 revealed no documentation of a blood glucose.</p> <p>An interview with the Facility Administrator on 11/2/06 at 1:15 PM verified there was no documentation of a blood glucose.</p>	V 431			