

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: 012560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2006
NAME OF PROVIDER OR SUPPLIER ALABAMA DIALYSIS SERVICES HAMILTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1256 MILITARY STREET SOUTH BEXAR, AL 35570	
(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 227	<p>405.2138(e) GRIEVANCE MECHANISM</p> <p>All patients are encouraged and assisted to understand and exercise their rights. Grievances and recommended changes in policies and services may be addressed to facility staff, administration, the network organization, and agencies or regulatory bodies with jurisdiction over the facility, through any representative of the patient's choice, without restraint or interference, and without fear of discrimination or reprisal.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on interview with management staff and observation of the patient common area, the facility failed to inform the patients of their right to address grievances through the State agency.</p> <p>Findings include:</p> <p>During the initial tour of the facility on 5/10/06 at 9:00 AM, there was no grievance or patient rights notice posted with the telephone numbers of the State agency.</p> <p>Interview with facility management staff on 5/10/06 at 3:00 PM confirmed the staff had no knowledge of the State Agency complaint Hotline number.</p>	V 227		6/8/06
V 264	<p>405.2140(a)(5)(ii) AAMI - CHEMICAL CONTAMINANTS</p> <p>(AAMI 3.2.2) Maximum Level of Chemical Contaminants.</p> <p>The water used to prepare dialysate shall not contain chemical contaminants at concentrations in excess of those in AAMI's Table 2. The manufacturer or supplier of the water treatment device shall recommend a system capable of</p>	V 264		6/8/06

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 264	<p>Continued From page 1</p> <p>meeting the requirements of this section. The physician in charge of dialysis has the ultimate responsibility for selecting the water treatment system and is also responsible for monitoring the water.</p> <p>Table 2 - Hemodialysis Water Quality: Maximum Allowable Chemical Contaminant Levels:</p> <table border="0"> <tr> <td>Contaminant</td> <td>Suggested Max Level</td> </tr> <tr> <td>Calcium</td> <td>2 (0.1 mEq/l)</td> </tr> <tr> <td>Magnesium</td> <td>4 (0.3 mEq/l)</td> </tr> <tr> <td>Sodium**</td> <td>70 (3.0 mEq/l)</td> </tr> <tr> <td>Potassium</td> <td>8 (0.2 mEq/l)</td> </tr> <tr> <td>Fluoride</td> <td>0.2</td> </tr> <tr> <td>Chlorine (free)</td> <td>0.5</td> </tr> <tr> <td>Chloramine</td> <td>0.1</td> </tr> <tr> <td>Nitrate (N)</td> <td>2.0</td> </tr> <tr> <td>Sulfate</td> <td>100.0</td> </tr> <tr> <td>Copper, Barium, Zinc</td> <td>each 0.1</td> </tr> <tr> <td>Aluminum</td> <td>0.01</td> </tr> <tr> <td>Arsenic, Lead, Silver</td> <td>each 0.005</td> </tr> <tr> <td>Cadmium</td> <td>0.001</td> </tr> <tr> <td>Chromium</td> <td>0.014</td> </tr> <tr> <td>Selenium</td> <td>0.09</td> </tr> <tr> <td>Mercury</td> <td>0.0002</td> </tr> </table> <p>**230 mg/l (10mEq/l) where sodium concentration has been reduced to compensate for the excess sodium in the water, as long as conductivity of the water is being continually monitored.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility</p>	Contaminant	Suggested Max Level	Calcium	2 (0.1 mEq/l)	Magnesium	4 (0.3 mEq/l)	Sodium**	70 (3.0 mEq/l)	Potassium	8 (0.2 mEq/l)	Fluoride	0.2	Chlorine (free)	0.5	Chloramine	0.1	Nitrate (N)	2.0	Sulfate	100.0	Copper, Barium, Zinc	each 0.1	Aluminum	0.01	Arsenic, Lead, Silver	each 0.005	Cadmium	0.001	Chromium	0.014	Selenium	0.09	Mercury	0.0002	V 264		
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V 264	Continued From page 2 failed to ensure the physician monitored the chemical contaminants in the water used to prepare dialysate. Findings include: Review of records titled, "Chemical Analysis of Water," and dated 6/14/05, 1/09/06 and 4/13/06 revealed out of normal range levels for tap water and normal range levels for RO(Reverse Osmosis) water. During an interview on 5/10/06 at 1:30 PM with the facility management staff, the staff confirmed the facility had no documentation the physician had been notified of these levels.	V 264		
V 281	405.2140(d)(3) EMERGENCY PREP: DRUGS & SUPPLIES There is available at all times on the premises a fully equipped emergency tray, including emergency drugs, medical supplies, and equipment. This STANDARD is not met as evidenced by: Based on interview and observation of the facility emergency kit, the facility failed to ensure outdated medications and solutions were replaced in a timely manner. Findings include: On 5/11/06 at 9:30 AM, the emergency kit and the contents were observed to have two bags of 0.9 % Sodium Chloride 250 mL(milliliters), which had expired December, 2005 and two bags of 0.9 % Sodium Chloride 500 mL, which had expired	V 281		6/8/06

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V 281	Continued From page 3 September, 2005. The medications included two Epinephrine 1:1000 which expired March, 2006 and two Dextrose 50 % which expired April, 2006. During the observation 5/11/06 at 9:30 AM, an interview with the facility management staff confirmed the expiration of the medications and solutions.	V 281			