

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

PRINTED: 09/14/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 042569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2005
NAME OF PROVIDER OR SUPPLIER HOPE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 407 WEST 16TH HOPE, AR 71801		
(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 266	<p>405.2140(b)(1) PE: INFECTION CONTROL</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation on 09/07/2005 it was determined the patient care staff (Registered Nurse A, Licensed Vocational Nurse 5 and Patient Care Technician 9) failed to provide a sanitary environment to prevent the spread of infection. The facility failed to adhere to the Centers for Disease Control (CDC) established Infection control practices for dialysis facilities in the Morbidity and Mortality Report of April 27, 2001/Vol. 50/No.RR-5. The findings were:</p> <p>Centers for Disease Control (CDC) established infection control practices for dialysis facilities in the Morbidity and Mortality Report of April 27, 2001/Vol. 50/No.RR-5 reflect the following:</p> <ol style="list-style-type: none"> 1. Hands always should be washed after gloves are removed, between patient contacts, as well as after touching blood, body fluids, secretions, excretions and contaminated items. 2. After each patient treatment, clean environmental surfaces at the dialysis station, including the dialysis bed or chair, countertops 	V 266	<p>V266 405.2140 (b)(1) PE: INFECTION CONTROL</p> <p>(A.)(B.) The facility will adhere to the Centers for Disease Control (CDC) established for dialysis facilities in the Morbidity and Mortality Report of April 27, 2001 vol.50/No. RR-5. An inservice will be given by the Administrator to all dialysis staff (RN, LVN, PCT). The inservice will include (1.) Hands are to be washed after gloves are removed, between patient contacts, as well as after touching blood, body fluids, secretions, excretions and contaminated itmes. (2.) After each patient treatment, clean environmental surfaces at the dialysis station, including the dialysis chair, countertops and external surfaces of the dilaysis machine, including the containers</p>	10/4/05

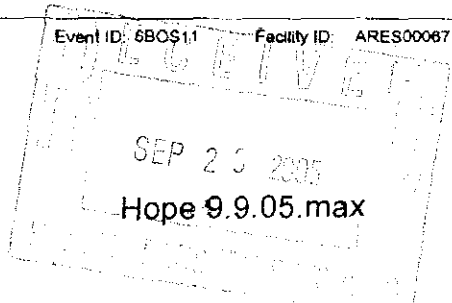
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mike Stambler President 09-28-05

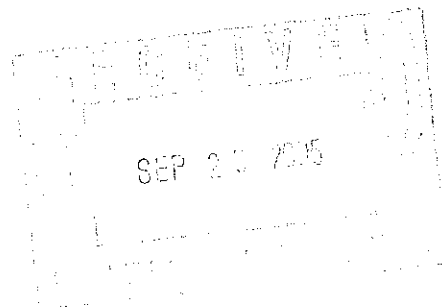
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.



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

PRINTED: 09/14/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 042569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2005
NAME OF PROVIDER OR SUPPLIER HOPE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 407 WEST 16TH HOPE, AR 71801	
(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 266	<p>Continued From page 1</p> <p>and external surfaces of the dialysis machine, including the containers associated with the prime waste.</p> <p>3. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.</p> <p>A. Observation of the initiation and termination of dialysis on 09/07/2005 at 1035 revealed a 30 milliliter multidose bottle of Heparin Solution found on the clean sink area next to a centrifuge machine with vials of blood in the machine.</p> <p>B. Observation at 1045 revealed a opened bottle of Blood Leak Test Strips found in the medication box without a date to indicate when the bottle was opened. The manufacture's instructions on the bottle documented the contents should be used within six months of opening the bottle.</p> <p>C. Observation at 1115 revealed Licensed Vocational Nurse 5 was observed not to disinfect all surfaces of the chair between patient treatments. The chair at station 10 was not fully reclined to allow cleaning between the chair arms and the inside of the chair. The Licensed Vocational Nurse 5 did not clean the back and sides of the treatment chair between patients.</p> <p>D. Observation at 1130 revealed Patient Care Technician 9 was observed to touch contaminated machines at station #8 and #9 without washing her hands or changing her gloves between contact with the two stations.</p> <p>D. Observation at 1145 revealed during the initiation of dialysis at station #6 Registered Nurse A was observed to access the patient's graft after she disinfected the site and allowed the patient's</p>	V 266	<p>associated with the prime waste.</p> <p>(3.) Areas are to be cleaned seperately from contaminated areas where used supplies and equipment are handled. (4.) All dialysis supplies including medication, water testing materials, and supplies used during and for dialysis treatments are to be stored and dated (if applicable) in the appropriate and designated area. (5.) The disinfection of dialysis chairs between patient treatments are to include all surfaces of the chair. The chairs are to be fully reclined to disinfect chair arms and the inside of chair. (6.) Staff are to wash their hands and change gloves between contact with contaminated dialysis stations. (7.) Staff will disinfect patients' graft before initiation of dialysis. Staff will re-disinfect</p>	



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

PRINTED: 09/14/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 042569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2005
NAME OF PROVIDER OR SUPPLIER HOPE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 407 WEST 16TH HOPE, AR 71801	
(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 266	Continued From page 2 shirt sleeve to slide down onto the previously disinfected access site.	V 266	patients' graft when the patients' graft is contaminated before accessing the graft for dialysis. V266 405.2140 (b)(1) PE: INFECTION CONTROL (A)(B)(C)(D) Quality assurance will monitor infection control of dialysis staff weekly for 2 weeks, every 2 weeks for one month then monthly for three months.	