

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 042531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 9/3/2004
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NAME OF PROVIDER OR SUPPLIER HOT SPRINGS DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE #1 MERCY LANE SUITE 103 HOT SPRINGS, AR 71913
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(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
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V 265	<p>405.2140(b) PE: FUNCTIONAL, SANITARY AND COMFORTABL</p> <p>The facility is maintained and equipped to provide a functional, sanitary and comfortable environment with an adequate amount of well-lighted space for the service provided.</p> <p>This STANDARD is not met as evidenced by: Based on observation on 09/03/04, it was determined two (C and F) of three (C, F and G) nursing staff failed provide a sanitary environment to prevent the spread of infection during the termination of dialysis from 1050 to 1119 . 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 stated the following: After each patient treatment, clean environmental surfaces at the dialysis station, including the dialysis bed or chair, countertops and external surfaces of the dialysis machine, including the containers associated with the prime waste.</p> <p>Observation of employees C, F and G, on 09/03/04 from 1050 to 1119, revealed employees C and F did not completely disinfect the dialysis station between patient treatments. Employees C and F did not wipe down the outside of the acid and bicarbonate jugs, the inside and outside of the prime waste jug on the side of the machine, the dialysate hose lines and the right side of the dialysis machine.</p>	V 265	<p>ESRD Survey 09-03-04 Hot Springs Dialysis 04-2531</p> <p>V265</p> <p>In-service education was held with direct patient care personnel regarding universal precautions for infection control.</p> <p>Disinfection of the dialysis station was specifically addressed, as demonstrated on the attached record of inservice education.</p> <p>It is the responsibility of the Governing Body of the facility with its Medical Director to maintain, equip, and staff the facility to provide a sanitary environment to prevent the spread of infection. It is the responsibility of the Nursing Supervisor of the facility, under the direction of the Director of Nursing and with the facility Administrator, that direct patient care personnel provide care using good infection control technique.</p>	<p>RECEIVED</p> <p>OCT 18 2004</p> <p>HEALTH FACILITY SERVICES</p> <p>9/10/04</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cecilia Alva</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10-12-04</i>
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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.