

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  042536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/23/2006
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NAME OF PROVIDER OR SUPPLIER  SOUTH ARKANSAS KIDNEY CENTER	P ND STREET ADDRESS, CITY, STATE, ZIP CODE 308 2 CORDELL AVENUE EL DORADO, AR 71730
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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 143	<p>405.2136(d) PERSONNEL P/P: GOOD PRACTICES</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 promote good personnel practices.</p> <p>This STANDARD is not met as evidenced by: Based on review of policy and procedure and a tour of the treatment area conducted on May 22, 2006, at 1030, it was determined the Chief Executive Officer did not ensure personnel implemented the written policy and procedure related to vascular access. The findings follow:</p> <p>A. Review of policy and procedure entitled Vascular Access revealed the patient's vascular access site was to be kept uncovered while the patients were on the dialysis machine. If a patient refused to leave their access site uncovered there would be written documentation of refusal on the nursing flow sheet. In the event that a patient had refused to keep his/her access uncovered the nurse will check the access site periodically for any problems and document findings on the nursing flow sheet.</p> <p>B. During a tour of the treatment area on May 22, 2006, from 1045 to 1200, #12 of #12 patients receiving dialysis treatments (#1 thru #12) vascular access was not visible for staff to monitor for accidental disconnection of the access site. Staff failed to periodically check the vascular access sites on patients ( #1 thru #12 ) and document the findings or the patient's refusal to keep the access site uncovered.</p>	V 143	<p>ESRD Survey 05/23/2006 South Arkansas Kidney Center 04-2536</p> <p>V 143 In-service education was held on 6/2/06 to reinforce the policy and procedure that patients' access sites are to remain uncovered. If a patient should refuse to leave the access uncovered, then documentation of refusal must be made. In addition, the access site must be visualized with every flow sheet documentation. Flow sheet documentation is done every 45 minutes or more frequently as needed.</p> <p>Attached are copies of the in-service education and of flow sheets where access site checks have been documented.</p> <p>It is the responsibility of the Director of Nursing with the nursing supervisor of the facility, under the direction of the medical director and the administrator, to ensure that the written policy and procedure related to vascular access is followed for optimum provision of care and for safety of patients.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Chava Administrator</i>	TITLE	(X6) DATE 6/6/06
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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.