

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

PRINTED: 08/08/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  042547	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2006
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NAME OF PROVIDER OR SUPPLIER  MIDTOWN DIALYSIS CENTER <i>REGIONAL ARKANSAS RENAL SYSTEMS, INC.</i>	STREET ADDRESS, CITY, STATE, ZIP CODE 2 LILE COURT, SUITE 102 LITTLE ROCK, AR 72205
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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
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: During a tour of the patient treatment area at 0900 on July 21, 2006, facility staff did not practice procedures for sound patient care. Observations revealed four (#5, #8, #20 and #21) of 24 patients dialysis access sites were covered during treatment and staff did not visually check the access sites. The findings follow:</p> <p>A. At 0900 on July 2, 2006, the access site of the patient at station #5 was covered by a blanket and not monitored by staff until 1010. B. At 0900 on July 2, 2006, the access site of the patient at station #8 was covered by a blanket and not monitored by staff until 0945. C. At 0900 on July 2, 2006, the access site of the patient at station #20 was covered by a blanket and not monitored by staff until 1005. D. At 0900 on July 2, 2006, the access site of the patient at station #21 was covered by a blanket and not monitored by staff until 1035. E. The Head Nurse verified the patient's access sites had remained covered at 1430 on July 21, 2006.</p>	V 143	<p>Staff will be trained on monitoring the access sites every hour when they document vital signs. The documentation is to be written on the second page of the flow sheet with the vital signs. The Head Nurse of the unit will coordinate and train with a completion date of August 18, 2006. The Head Nurse of the Hemodialysis Unit will monitor staff compliance for the next quarter and report the results through the CQI Committee. The current policies will be revised by the Director of Nursing and submitted to the Governing Body for approval no later than August 24, 2006.</p>	08/18/06  08/24/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>William H. Adams, RN BSN</i>	TITLE Director of Nursing	(X6) DATE 08/13/06
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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.