

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

PRINTED: 10/05/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 042302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2005
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY HOSPITAL OF ARKANSAS ESRD	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 WEST MARKHAM 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
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V 483	405.2170(c) PHYS RESP: ORGAN PROCUREMENT The renal transplantation center is under the general supervision of a qualified transplantation surgeon (405.2102) or a qualified physician-director (405.2102), who is responsible for planning, organizing, conducting, and directing the renal transplantation center and devotes sufficient time to carry out these responsibilities, which include but are not limited to assuring that tissue typing and organ procurement services are available either directly or under arrangement. This STANDARD is not met as evidenced by: Based on clinical record review and staff interview on 09/19/05, it was determined the Transplant Surgeon failed to ensure the tissue typing results were available for review in one of one transplant recipient's clinical record. The Transplant Unit only had one active renal transplant recipient. The findings were: A. Review of transplant recipient 01's clinical record revealed there was no tissue typing results available for review. That was confirmed the Transplant Unit's Registered Nurse (RN) Manager on 09/19/05 at 1030. The RN Manager spoke with the Transplant Surgeon; he stated the tissue typing results were faxed to the Transplant Coordinator and the Transplant Coordinator then communicated the results to the physician. B. Interview of Transplant Coordinator A on 09/19/05 at 1100 revealed the histocompatibility laboratory would either telephone or fax the results to the Transplant Coordinator. The final laboratory report would either come within three to four days or sometimes even after the patient went home. Transplant Coordinator A further	V 483	PLAN OF CORRECTION FOR DEFICIENCY V 483 FOLLOWING THE MEDICARE ESRD SURVEY CONDUCTED 9/19/2005 DEFICIENCY: Tissue Typing results were not available to review in the in patient chart. PLAN: 1. For patients who receive a DECEASED DONOR TRANSPLANT, the HLA technician will call the results of the final cross match to the transplant coordinator on call. 10/10/05 2. The coordinator will ask the HLA technician to fax a written report to the primary nurse taking care of the recipient and will give the technician the nurse's name. This is the preliminary report. 10/10/05 3. The coordinator will then contact the primary nurse and inform them a report is to be sent from the HLA lab for intended recipient and to place the report on the chart. 10/10/05 4. The primary nurse will include the HLA results in her pre operation checklist to verify the report is on the chart prior to the patient going to the operating room. 10/10/05 5. The coordinator will call the 10/10/05	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Vice Chancellor	(X6) DATE 10/13/05
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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.

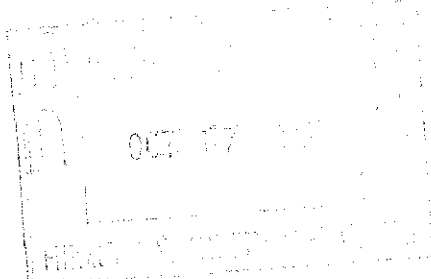
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V 483	<p>Continued From page 1</p> <p>stated the laboratory results were placed in the outpatient clinic file and not sent to hospital to be included in their in-patient clinical record.</p> 	V 483	<p>continued</p> <p>attending surgeon with the results of the final cross match.</p> <p>6. For patients who receive a LIVING DONOR TRANSPLANT it will be the responsibility of the pre-transplant coordinator to make sure the report is on the in patient chart as final results of the final cross match are sent to the pre coordinator. The coordinator will also inform the attending of the results.</p> <p>7. It will be the responsibility of the primary nurse to make sure the report is present on her pre operation check-list.</p> <p>8. When the final report is sent to the Transplant Office it will be sent to medical records to be scanned into electronic patient file folder (EPF).</p> <p>9. The pre operative checklist will serve as an ongoing quality assurance tool.</p> <p>10. This process will be effective immediately.</p>	<p>10/10/05</p> <p>10/10/05</p> <p>10/10/05</p> <p>10/10/05</p> <p>10/10/05</p>
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