

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S5001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2004
NAME OF PROVIDER OR SUPPLIER FMC WHETSTONE		STREET ADDRESS, CITY, STATE, ZIP CODE 676 SOUTH ALABAMA AVENUE MONROEVILLE, AL 36460		
(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) COMPLETE DATE
L 100	<p>ALABAMA LICENSURE DEFICIENCIES</p> <p>THE FOLLOWING ARE LICENSURE DEFICIENCIES AND REQUIRE A PLAN OF CORRECTION. This Rule is not met as evidenced by: 420-5-5-.02 Administration</p> <p>Licensure requires appropriate procedures be developed in writing to enforce policies, assure proper patient care and safety and meet requirements of these rules.</p> <p>Based on record review and interview with staff, it was determined the dialysis clinic failed to ensure staff was performing assigned duties as documented.</p> <p>Findings include:</p> <p>1. The water treatment and bicarbonate jug disinfection logs were reviewed on 3/24/04 at 11:20 AM. The logs revealed the disinfection procedure for 18 bicarbonate containers had already been documented, dated and initialed for 3/24/04 at 4:30 PM, five hours prior to the procedure being due. The bicarbonate containers were currently in use in the patient treatment area at 11:20 AM on 3/24/04.</p> <p>The water treatment logs revealed the second water hardness test had been documented, dated and initialed for 3/24/04 at 1:30 PM, two hours prior to the test being due.</p> <p>An interview with administrative staff on 3/24/04 at 11:25 AM confirmed these procedures had not yet been performed at the time of review.</p>	L 100		

Health Care Facilities

TITLE

(X6) DATE

MORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

DATE FORM

8899

XOSH11

If continuation sheet 1 of 2

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L 100	Continued From page 1 Debbie Wetzel, RN	L 100		