Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	852554	11/22/2022
Name of Provider or Supplier	**Street Address, City, State**	
Panola Dialysis	5360 Snapfinger Woods Dr, Ste 102, Stonecrest, GA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
V0000	An onsite investigation of complaint #GA00229006 was conducted at Panola Dialysis on November 22, 2022. The survey revealed that the facility was in substantial compliance with 42 CFR Part 494 Condition for Coverage for End Stage Renal Disease Facilities. The allegation was substantiated. The following standard level deficiency resulted from the facility's noncompliance related to the survey:
V0592	H-PT CONSULTATION WITH IDT MEMBERS PRN CFR(s): 494.100(c)(1)(iv) Services include, but are not limited to, the following: (iv) Patient consultation with members of the interdisciplinary team, as needed. This STANDARD is not met as evidenced by: Based on a review of records and interviews, it was determined that the facility failed to ensure that two of four members of the interdisciplinary team (Social Worker and Dietitian) were available for consultation as requested by one of one sampled home dialysis patient (P#1), who needed their services. Findings were: A review of the Complaints and Grievance Logs from 6/1//22 - 11/1/22 showed one complaint on 11/8 /22 that was made to the Facility Administrator and Corporate Office, in reference to the lack of support provided by the Social Worker (SW) and Dietitian (RD) to a home dialysis patient (P#1), who needed their services. A review of P#1's medical records revealed the following: - There was a lack of documented RD notes from April 2022 - September 2022 (since the current RD was hired). The labs were reviewed on a monthly basis, however, there was a lack of documented RD notes of P#1's progress. - There were documented SW notes from the previous SW. During an interview with the SW on 11/22/22 at approximately 10:30 a.m., she stated that she had taken over the home program on after the previous SW left on 10/17/22. She stated that she has spoken to P#1 on several occasions via telephone and email. SW stated that her plan is to meet with all home dialysis patients during their visits to the center. During an

	interview with the RD on 11/22/22 at approximately 11:00 a.m., he stated that he has been the dietician for the home program since April 2022. However, his office is located at another facility where he is the RD for the in-center patients at that facility. He stated he relies on the Home Program Nurse to let him know when patients are coming to the facility. He stated that he has monitored the lab work for the home dialysis patients but due to the new software for charting, he had trouble trying to figure out where to document notes. He stated that he reached out to P#1 on 9/28/22, but has yet to see her in person. He also stated that via his last email to P#1 on 11/18 /22, he made it known that going forward, he and P#1 will set up times to meet every month. During an interview with the Facility Administrator on 11/22/22 at 12:30 p.m., she stated that she received an email from P#1 in reference to her not receiving consistent support from the RD and SW. She stated that the RD and SW were notified of the complaint and the issues are currently being resolved.