

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012505	<b>(X3) Date Survey Completed</b>  07/26/2018
<b>Name of Provider or Supplier</b>  Physicians Choice Dialysis-Montgomery	<b>Street Address, City, State</b>  1001 Forest Avenue, Montgomery, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>V0110</b>	<p>CFC-INFECTION CONTROL CFR(s): 494.30</p> <p>This CONDITION is not met as evidenced by: Based on observation, review of facility policies, Hepatitis B Report, Daily Patient Schedule, team staffing schedule, Centers for Medicare and Medicaid (CMS) ESRD (End Stage Renal Disease) CORE Survey Observations of Hemodialysis Care and Infection Control Practices worksheet, medical records and interview, it was determined the facility failed to ensure: 1. All dialysis treatment chairs were free from tears in the vinyl 2. All staff performed hand hygiene according to the facility policy and the CMS ESRD Core survey infection control practice worksheet. 3. All staff followed the policy for disinfection of the dialysis station. 4. All equipment used in the isolation room was designated and labeled for "isolation" only". 5. All teammates caring for confirmed or suspect hepatitis B surface antigen positive (HBsAg) positive patient (s) do not care for surface antibody negative (susceptible/ non-immune) patients simultaneously. Refer to V 111, V 113, V 122, V 130, V 131 for additional findings.</p>