

<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>V0111</b>	<p>IC-SANITARY ENVIRONMENT CFR(s): 494.30</p> <p>The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, it was determined the facility staff failed to ensure all dialysis treatment chairs were free from tears in the vinyl. This affected all patients dialyzed in the isolation unit. Findings include: A tour of the isolation unit, station 15, was performed on 7/24/18 at 2:50 PM. The dialysis treatment chair had two tears in the vinyl on the right arm rest. The 2 tears would prevent the treatment chair from being properly disinfected between patients. An observation of care and interview was conducted on 7/25/18 at 10:30 AM with Employee Identifier (EI) # 8, Registered Nurse. Following disinfection of the isolation station, EI # 5 confirmed the treatment chair vinyl was torn in 2 places on the right arm rest. In an interview on 7/26/18 at 12:00 PM, EI # 1 Facility Administrator confirmed the aforementioned finding.</p>