

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012505	(X3) Date Survey Completed 07/26/2018
Name of Provider or Supplier Physicians Choice Dialysis-Montgomery	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
V0543	<p>POC-MANAGE VOLUME STATUS CFR(s): 494.90(a)(1)</p> <p>The plan of care must address, but not be limited to, the following: (1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status;</p> <p>This STANDARD is not met as evidenced by: Based on review of facility policy, medical records and interviews, it was determined the facility staff failed to notify the licensed nurse and / or physician of patients with abnormal blood pressures. This affected Patient Identifier (PI) # 6 and PI # 7, 2 of 6 in-center hemodialysis patients and had the potential to negatively affect all patients that dialyze at this facility. Findings include: Facility Policy Title: Pre-Intra-Post Treatment Data Collection, Monitoring and Nursing Assessment Policy: 1-03-08 Purpose: To obtain and document baseline and ongoing information about the patient before, during and after the dialysis treatment through data collection and nursing assessment. This information will be used in planning and documenting the patient's dialysis treatment, monitoring during treatment and for reviewing the patient's response to the treatment and status prior to discharge... Policy: ... Intradialytic Data Collection/Assessment ... 9. Intradialytic treatment monitoring and data collection which may be performed by the PCT (Patient Care Technician) or licensed nurse includes: a. Vital signs and treatment monitoring i. For non-nocturnal treatment is completed at least every thirty (30) minutes... 11. Abnormal findings or findings outside of any patient specific physician ordered parameters will be reported to the licensed nurse immediately (refer to "Abnormal Findings" section in this policy). The licensed nurse will use his/her clinical judgement based on individual patient needs to determine if any clinical interventions are necessary. 12. The licensed nurse notifies the physician (or AHP {Allied Health Professional} if applicable) as needed of changes in patient status... Abnormal Findings: ... Members of the patient care team</p>

should report ANY changes in patient conditions or concerns of patient well-being immediately to the licensed nurse at any time... Blood Pressure - Intradialytic: Difference of 20 mm/Hg (milli-meter/ Mercury) increase or decrease from patient's last intradialytic treatment BP (blood pressure) reading... 1. PI # 6 was admitted to the facility on 7/7/14 with End Stage Renal Disease (ESRD) and was receiving in-center hemodialysis treatments three times a week. Review of the Post Treatment Flowsheet dated 6/13/18 revealed the patient's BP was 123/68 at 12:00 PM and 96/61 at 12:31 PM and was 110/60 at 12:32 PM, when it was retaken, 68/41 at 1:01 PM and 72/42 at 1:02 PM, when retaken and 200 cc (cubic centimeters) of fluid were administered and the nurse was notified at that time. The patient's low BPs were not reported to the licensed nurse immediately according to the facility policy. Review of the Post Treatment Flowsheet dated 6/18/18 revealed the patient's BP was 140/56 at 1:30 PM, 111/46 at 2:01 PM, 108/36 at 2:31 PM and 107/53 at 2:49 PM. There was no documentation the nurse was notified of the drop in the patient's BP. Review of the Post Treatment Flowsheet dated 6/20/18 revealed the patient's BP was 104/48 at 10:30 AM, 85/56 at 10:30 AM, 101/48 at 10:32 AM, 57/18 at 11:02 AM and 85/34 at 11:10 AM. There was no documentation the nurse was notified of the patient's low BPs. Review of the Post Treatment Flowsheet dated 6/25/18 revealed the Registered Nurse (RN) documented the patient's BP was 93/37 at 11:18 and 91/32 at 11:21 AM. There was no documentation the nurse notified the physician or AHP of the patient's low BPs. Further review of the Post Treatment Flowsheet dated 6/25/18 revealed the PCT documented the patient's BPs as follows: 79/29 at 11:37 AM, 63/23 at 11:39 AM, 84/37 at 11:42 AM, 92/40 at 12:01 PM, 76/24 at 12:43 PM, 83/36 at 12:46 PM, 84/34 at 1:01 PM and 89/46 at 1:04 PM. There was no documentation the PCT notified the nurse of the patient's low BPs. An interview was conducted on 7/26/18 at 11:35 AM with Employee Identifier (EI) # 1, Facility Administrator, who verified the above findings. 2. PI # 7 was admitted to this facility on 12/21/16 with ESRD and was receiving in-center hemodialysis three times a week. Review of the Physician Orders dated 12/14/16 revealed orders for interventions for Hypertension: If Systolic BP is greater than 180 after 1 hours on dialysis, give clonidine 0.1 mg (milli-gram). May repeat 2 times. If remains greater than 180, notify MD (Medical Doctor). Review of the Post Treatment Flowsheet dated 7/10/18 revealed the patient's BP was 167/87 at 12:30 PM, 193/82 at 1:00 PM, 189/90 at 2:00 PM and 185/86 at 2:30 PM. There was no documentation the nurse was notified of the patient's increased BP. Review of the Post Treatment Flowsheet dated 7/12/18 revealed the patient's BP was 194/63 at 1:02 PM, 189/95 at 2:02 PM and 200/85 at 2:32 PM. The patient's post treatment BP was 185/81 at 2:47 PM. There was no documentation of interventions for hypertension, nor was there documentation the nurse notified the physician of the patient's elevated BPs. Review of the Post Treatment Flowsheet dated 7/14/18 revealed the patient's pretreatment BP was 202/92 at 10:40 AM. Further review of the Post Treatment Flowsheet dated 7/14/18 revealed the patient's BP was as follows: 191/82 at 10:44 AM, 186/93 at 12:01 PM, 185/96 at 12:52 PM, 196/95 at 1:01 PM and 187/113 at 2:08 PM. There was no documentation the nurse was notified of the patient's increased BP. An interview was conducted on 7/26/18 at 11:53 AM with EI # 1, who verified the above findings.