

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)
V0599	<p>H-RECORDKEEPING SYSTEM CFR(s): 494.100(c)(2)</p> <p>(2) The dialysis facility must maintain a recordkeeping system that ensures continuity of care and patient privacy. This includes items and services furnished by durable medical equipment (DME) suppliers referred to in 414.330(a)(2) of this chapter.</p> <p>This STANDARD is not met as evidenced by: Based on review of facility policy, medical records and interview, it was determined the facility failed to ensure the home treatment records were complete and accurate with intraperitoneal antibiotic administration for 1 of 1 home peritoneal dialysis patient with physician ordered intraperitoneal antibiotics. This affected Patient Identifier (PI) # 2 and had the potential to negatively affect all patients who perform home peritoneal dialysis in coordination with this facility. Findings include: Facility Policy: Title: Provision of Composite Antibiotics to Peritoneal Dialysis Patients for Catheter Infections and Peritonitis Policy: 5-07-18 Purpose: To assist peritoneal dialysis patients (PD patient) with the procurement and administration of Composite Antibiotics for catheter infections and/or peritonitis... Procedure: D. Entering Orders for Composite Antibiotics in the Electronic Clinical Information System: ... 3. The Facility Administrator (FA) or designee must reconcile home dialysis flowsheets against the PD Encounters and/or Daily Audit Report to verify that Composite Antibiotic administrations are properly documented as either "Nurse Administered / Administered in Facility" or as "Self-Administered / Given at Home". 1. PI # 2 was admitted to the facility 1/25/18 with End Stage Renal Disease and the patient was performing home PD seven (7) days a week. Review of the Physician orders contained Vancomycin 1000 mg (milli-grams) intraperitoneal for 6/16/18, 6/21/18 and 6/26/18. Review of the Daily Home Records dated 6/6/18 to 6/30/18 revealed no</p>

documentation the patient administered intraperitoneal Vancomycin. An interview was conducted on 7/26/18 at 11:06 AM with Employee Identifier # 7, Home Program Manager, who verified the above.