

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012505	(X3) Date Survey Completed 07/21/2022
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)
E0028	<p>Dialysis Emergency Equipment</p> <p>494.62(b)(9) Condition for Coverage: [(b) Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:] (9) A process by which the staff can confirm that emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, are on the premises at all times and immediately available.</p> <p>This STANDARD is not met as evidenced by: Based on observations, review of the facility's emergency equipment checklist, the facility schedule of PD (peritoneal dialysis) patients to be seen at the facility during the survey, and staff interviews, it was determined the facility failed to ensure PD emergency supplies were maintained. This deficient practice, failure to ensure immediate availability of viable oxygen supplies had the potential to result in a delay of staff response during an emergency and had the potential to negatively affect all patients receiving treatment in this PD home dialysis program. Findings include: 1. During the home program tour on 7/19/22 at 8:50 AM, an observation of the PD home program emergency equipment revealed one of one portable oxygen canisters had no available oxygen. The oxygen canister registered in the red, in need of a refill. Review of the home program document titled, Emergency Equipment Checklist Weekly Checks, revealed on 7/18/22, "oxygen tank(s) filled-adequate" documented by Home Program Registered Nurse (RN), Employee Identifier (EI) # 4. In an interview with EI # 4 on 7/19/22 at 8:40 AM, he/she confirmed the home program oxygen for emergency use was not available for patient use on 7/19/21. EI # 4 reported "it</p>

(oxygen) must be leaking". Review of the facility home program schedule revealed two patients were to be seen by the PD RN on 7/19/22 and two physicians were scheduled to see twelve patients at the facility on 7/20/22. On 7/20/22 at 8:30 AM the surveyor re-visited the home program area. The home program portable oxygen canister was not available for use in the event of an emergency on 7/20/22 and the oxygen continued to be in need of a refill. In an interview on 7/21/22 at 3:00 PM, EI # 2, Regional Home Program Director confirmed the staff had failed to ensure all PD home program emergency equipment was functional and available for use in the event on an emergency.