

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)
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 the medical records (MR), facility policy, and staff interviews, it was determined the facility staff failed to ensure changes in the patient condition which included BP (blood pressure) and heart rate (HR) were reported to the nurse. This affected three of five in-center records reviewed including PI (Patient Identifier) # 2, PI # 3, PI # 4, and had the potential to negatively affect all patients who dialyzed at the facility. Findings include: Facility Policy Title: CWOW (Clinic Without Walls)-Pre-Intra-Post Treatment Data Collection, Monitoring and Nursing Assessment Policy: 1-03-08 Revision Date: April 2021 ...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... Policy: 1. Patient data will be obtained and documented by the PCT (Patient Care Technician) or a licensed nurse... Pre-Treatment Data Collection/ Assessment 4. Any abnormal findings or findings outside of any patient specific physician ordered parameters... will be documented and immediately reported to the licensed nurse... Intradialytic Data Collection/ Assessment ...9...may be performed by the PCT or licensed nurse and includes: ...b. At a minimum, obtain and document... i. blood pressure ii. Heart or pulse rate ...12. The licensed nurse notifies the physician... as needed of changes in patient status. 13. All findings, interventions and patient response will be documented... Abnormal Findings ...report ANY changes in patients conditions...immediately to the licensed nurse... Blood Pressure-Intradialytic: Difference of 20 mm/Hg (millimeters of mercury) increase or decrease from the patient's last intradialytic treatment BP</p>

reading... Heart or Pulse Pre/Intra/Post: Less than 60 beats per minute or greater than 100 beats per minute and/or irregular heartbeat... 1. PI # 2 was admitted to the facility on 5/24/19 with diagnoses including End Stage Renal Disease (ESRD). Review of the Treatment Details Report dated 7/12/22 revealed the PCT (Patient Care Technician) documented the following: At 10:57, treatment initiation, BP 136/60 treatment started without complications At 1:06 PM BP 145/63 At 1:30 PM BP 162/37, dia (diastolic) on bp low rechecked bp At 1:32 PM BP 143/32 dial low mask on; rechecked bp At 1:38 PM BP 146/32 rechecked bp pt (patient) alert no complaints, mask on There was no documentation the PCT notified the RN (Registered Nurse) after the initial drop in diastolic BP of 26 mm/Hg which was sustained over the next 8 minutes. In an interview on 7/21/22 at 11:54 AM, EI (Employee Identifier) # 1, Facility Administrator confirmed staff failed to follow facility policy and notify the nurse with a change in the patients condition, a decrease in BP greater than 20 mm/Hg per policy.

2. PI # 3 was admitted to the facility on 3/19/21 with diagnoses including ESRD. Review of the Patient Summary Report printed 7/19/22 at 12:07 PM revealed medication orders dated 5/25/22 for Clonidine 0.1 mg (milligram) oral every 4 hours as needed. Review of the Treatment Details Report dated 7/5/22 revealed the PCT documented the following: At 7:02 AM BP 177/88 At 7:32 AM BP 97/52, (which was a difference of 80 mm/Hg systolic and 36 mm/Hg diastolic) Further review of the 7/5/22 Treatment Details Report revealed at 8:02 AM (30 minutes later) the PCT rechecked the BP after the 80 and 36 mm/Hg decrease which was 153/77. Review of the Treatment Details Report dated 7/14/22 revealed the PCT documented the following: At 5:26 AM pretreatment standing BP 164/66, sitting 177/92 At 5:51 AM treatment initiation, BP sitting 186/86 At 6:00 AM BP 203/101 At 6:01 AM BP 188/85 At 6:30 AM BP 171/83 At 6:59 AM BP 186/86 At 7:30 AM BP 186/91 At 7:35 AM BP 197/84 At 8:01 AM BP 185/75 At 8:30 AM BP 192/105, (a 30 mm/Hg diastolic increase) At 9:00 AM BP 183/92 At 9:30 AM BP 196/95 At 9:51 AM treatment terminated: BP 184/91 At 10:27 AM BP is elevated...no complications...RN notified Further review of the 7/14/22 Treatment Details Report revealed: At 10:28 AM Clonidine 0.1 mg oral was administered by the RN (the last BP 184/91) At 11:05 AM PCT documented, bp elevated (no BP was documented) At 11:17 AM RN documented, nephrologist rounding, administered additional Clonidine 0.1 mg for HTN (hypertension) At 12:05 PM, RN documented, standing BP 155/82, sitting BP 207/98, the patient was instructed by the nephrologist to take BP medication when he /she got home In an interview conducted on 7/21/22 at 12:04 PM, EI # 1 confirmed no Clonidine was administered during dialysis treatment as the PCT failed to notify the RN during treatment regarding PI # 3's elevated BP's. 39098

3. PI # 4 was admitted to the facility on 5/16/22 with diagnoses including ESRD. Review of the Treatment Details Report dated 7/16/22 revealed the Registered Nurse (RN) documented the following in the Treatment Nurse Assessment: Cardiovascular: Pre: Irregular Rhythm, Tachycardia Comment: Patient has elevated HR (Heart Rate) in 120's with fluttering. Dr. (Name) or on call doctor to be notified. Updated note to follow. Review of the intradialytic monitoring revealed the patient remained tachycardic from 5:14 AM to 8:31 AM, with a range of 104 to 122 beats per minute. There was no documentation the RN notified the physician of the patient's heart rate of 120's with fluttering. An interview was conducted on 7/21/22 at 10:48 AM with EI # 1, who confirmed staff failed to notify the physician of the patient's tachycardia and irregular rhythm.