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## Sudden Dialysis Center Closure Condemned as ‘Patient Abandonment,’ Violation of CMS Rules

**Caribbean Kidney Center’s abrupt July 1 closure left patients scrambling and unannounced at SRMC’s doors, prompting accusations of patient abandonment, ethical violations, and regulatory noncompliance during a critical legislative budget hearing.**

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**Doctor Walter H. Gardiner** By. V.I. LEGISLATURE.

No words were minced when the leadership of the Caribbean Kidney Center appeared before the Committee on Health, Hospitals, and Human Services to defend the abrupt cessation of its life-saving services on St. Thomas.

Tina Commissiong, chief executive officer at the Schneider Regional Medical Center, said that the actions taken by CKC's leadership in the first week of July are tantamount to "patient abandonment." In an impassioned testimony before the committee on Monday, Ms. Commissiong explained that "on July 1 at 3:47 p.m., SRMC received an email from Doctor [Walter H.] Gardiner indicating that CKC would cease operations effective 5:00 p.m. that same day."

SRMC, therefore, received "less than two hours' notice and [offered] no plan for patient transition." She told the committee that dialysis patients began turning up at SRMC at 4:30 a.m. on July 2nd. "Many of these patients were unannounced and the paper medical records they carried with them were incomplete," Ms. Commissiong stated. SRMC's nursing officer, Delphine Olivacce, also explained that typical transfer procedures were not followed, leaving SRMC without information on other comorbidities that the dialysis patients may be living with.

Improper communication and coordination on CKC's part, she said, "placed patients at risk and threatened to create operational instability at our facility." It was Ms. Commissiong's testimony that "these actions constitute violations of the CMS conditions for coverage for end-stage renal disease facilities." She further accused CKC of violating "key provisions in the Virgin Islands rules and regulations, as well as the local certificate of need program rules."

"CKC, a private entity, has repeatedly received several government bailouts," Ms. Commissiong reminded lawmakers. She again emphasized that the mode of the Center's closure is a "serious ethical, clinical and regulatory offense."

CKC's medical director Walter Gardiner, for his part, said that he was forced close the St. Thomas operation due to key staff shortages. "Unexpected family health emergencies for three of us – critical staff members – placed immense stress and pressure on the remaining clinical team," he testified. This, he said, could have potentially exposed patients to "unnecessary risk in contributing to stress and burnout of the remaining care team members." With an inadequate staff-patient ratio, Dr. Gardiner made the snap decision to close.

Now he says CKS is "making its best efforts to recruit and retain qualified staff." Like at other medical facilities, "circumstances have conspired to make effective staffing options untenable." According to Dr. Gardiner, CKC St. Thomas has not closed, but merely moved to "temporarily suspend services."

Semantics aside, SRMC is now forced to care for some 32 dialysis patients "who had been turned away from CKC with little or no notice." Proactive expansion in October 2024 allowed SRMC to absorb the unexpected influx of patients without undue disruption. Ms. Commissiong explained that 12 treatment stations were installed last year, positioning the hospital to meet the new demand which arose suddenly last week. Additionally, the hospital recently restocked critical dialysis supplies ahead of the hurricane season, another decision that proved beneficial despite the fair weather thus far this year.

However, staffing remains a challenge. "We need to supplement with additional staffing as quickly as possible to avoid burnout of our current staff, and we need to replenish our supplies," Ms. Commissiong warned. The \$1 million appropriated to SRMC under [Act 8876](#) in the last fiscal year for dialysis equipment and other supplies still has not reached the hospital's coffers. "Future budget allocations should also include additional funding, considering these are additional patients that SRMC is caring for," she said.

Ms. Commissiong believes that SRMC will now need at least \$300,000 to shore up staffing and restock supplies." The hospital maintains "good relationships" with temporary staffing agencies

but the CEO warned that they will “require upfront payment for that labor.” Eventually, though, CEO Commissiong estimates that support needs could grow to “the range of \$500,000 to \$1 million a year” for the hospital to absorb the patients abandoned by CKC.

“I’m sure my colleagues and I will find a way to make it happen because we talk about lives,” Senator Blyden assured Ms. Commissiong. He seemed convinced that the Legislature could muster up the additional \$300,000, while lamenting that the government has thus far provided nearly \$3 million in emergency funding to CKC.

“I do not believe in giving another penny to a private entity. We already donated \$2.9 million, and we have yet to see a comprehensive report of how that money was spent... We have our hospital we can invest in to get a return on investment,” he stated. Senator Carla Joseph, too, wanted to know how those taxpayer funds were expended. “I’m really thinking that we need to have an inspector general come and audit you,” she told Dr. Gardiner.

Senator Ray Fonseca, the committee’s chair, was visibly disappointed throughout the meeting. “Dr. Gardiner, you call me all the time for everything else. You didn’t call me and say, Fonseca, I’m going to close this afternoon...the news media called me.” His committee, said Fonseca, has worked “extremely hard to deal with kidney dialysis” issues. He fretted that Dr. Gardiner “blindsided the committee.”

“I do hope that you reopen like you say you are going to open, but I know not one dime I’m going to vote to give you on St. Thomas,” stated Mr. Fonseca. “As matter of fact, not one cent. Because of the way how this was done I have lost confidence to be able to put my vote on the line to commit government funds.”

It is unclear just how long SRMC will need to care for the patients who previously accessed dialysis services at the Caribbean Kidney Center. “We have several people who have agreed to come,” Dr. Gardiner told Senator Alma Francis Heyliger. “We expect to have some definite word within the next day or two on most, if not all, the people we need to re-establish services.” Still, he could not provide a definite reopening date. Interested applicants are currently tied up in contracts which they would need to complete, he explained.

Whether patients will choose to return to CKC, however, is another question. “It sounds like you’re saying now, when you get up and running again, you come across the street for the same patients,” noted Senator Avery Lewis. He encouraged dialysis patients to continue seeking services at SRMC instead.

Senator Hubert Frederick, however, urged the importance of choices. “I wanted everyone to just keep in mind these patients have a right to go wherever they want to go for the care...if this temporary closure is lifted, we don’t know how many will stay with Schneider Regional Medical Center, but either way, I am just happy for the patients.”

SRMC is due before the Committee on Budget, Appropriations, and Finance to justify its FY2026 budget request. It is anticipated that funding to care for nearly 40 more hemodialysis patients will be discussed then, or during closed budget mark-up sessions.