

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>052810</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/11/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENICIA DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>560 FIRST STREET SUITE D103</b> <b>BENICIA, CA 94510</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during a COMPLAINT INVESTIGATION: CA 00251220.  The investigation was limited to the complaint and does not reflect the findings of a full survey of the facility.  Representing the California Department of Public Health: 16932, Health Facility Evaluator Nurse.  There was one deficiency identified for CA00251220.	V 000			
V 502	494.80(a)(1) PA-ASSESS CURRENT HEALTH STATUS/COMORBIDS  The patient's comprehensive assessment must include, but is not limited to, the following:  (1) Evaluation of current health status and medical condition, including co-morbid conditions.  This STANDARD is not met as evidenced by: Based on staff interview, and clinical record, and document review, the facility failed to ensure the registered nurse (RN) evaluated the patient's low blood pressure (BP), low pulse rate (P), and low temperature (T) prior to initiating dialysis treatment resulting in the patient having a severe hypotensive episode and being sent to the hospital.  Findings:  Record review on 1/11/11 at 9:15 a.m., indicated	V 502		3/18/11	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>052810</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/11/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENICIA DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>560 FIRST STREET SUITE D103</b> <b>BENICIA, CA 94510</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 502	<p>Continued From page 1</p> <p>that Patient 1 had end stage renal disease and high blood pressure and was receiving dialysis treatments for two hours 4 times a week.</p> <p>The Post Treatment record dated 11/4/10 indicated that the patient's vital signs prior to starting treatment were: BP 160/80, P 68, and T 96.1 F.</p> <p>The record dated 11/6/10 indicated that the patient's vital signs prior to treatment on that day were: BP 174/86, P 69, and T 96.2.</p> <p>On 11/8/10 the patient care technician recorded on the Post Treatment record that the patient's vital signs pre treatment were: BP 109/54, P 53, and T 92 F.</p> <p>In the pretreatment assessment by the RN the nurse also documented that the patient's temperature was 92 F and, additionally, that the patient had, "no SOB" (no shortness of breath).</p> <p>At 6:03 a.m., the patient started the dialysis treatment. The recorded BP was 109/54, the P 52.</p> <p>At 6:30 a.m., the recorded BP was 110/50, the P 50.</p> <p>At 7:00 a.m., the patient's BP was 106/52 and the P was 54. The PCT documented that the patient was tolerating the treatment well.</p> <p>At 7:15 a.m., the patient's BP was 89/36 and P 57. The patient complained of shortness of breath. The PCT documented that the RN was aware of the low BP and that the patient's head</p>	V 502			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>052810</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/11/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENICIA DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>560 FIRST STREET SUITE D103</b> <b>BENICIA, CA 94510</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 502	<p>Continued From page 2</p> <p>was lowered and he was given 200 cc of normal saline, and oxygen therapy.</p> <p>At 7:16 a.m. the patient's BP was 80/40, P 60.</p> <p>At 7:17 a.m. the BP was 72/33 and P 59. The RN documented that the patient was awake and was being supported with normal saline infusions, and that the paramedics had been called.</p> <p>At 7:22 a.m. the paramedics arrived and took over care of the patient who was transferred to the hospital.</p> <p>During interview on 1/11/11 at 10:15 a.m., Licensed Administrative Staff A was asked about Patient 1's pre treatment vital signs and the analysis by the nurse. Staff A agreed that it is the responsibility of the RN to analyze the vital signs prior to initiating treatment.</p> <p>Staff A stated that some patients start dialysis with BP's as low as 109/54 but they normally have low pressures. If the nurse is uncertain if the blood pressure is normal for the patient, they can compare current patient vital signs with previous treatment days by accessing the information on the computer.</p> <p>Staff A stated that a temperature of 92 was a low temperature and that it should have been rechecked for accuracy. Staff A agreed that Patient 1's pre treatment blood pressure was much lower on 11/8/10 than it had been on the previous two treatment days and that a pulse rate in the 50's was also an abnormal finding. Staff A agreed that both abnormal findings should have been assessed by the nurse.</p>	V 502			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>052810</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/11/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENICIA DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>560 FIRST STREET SUITE D103</b> <b>BENICIA, CA 94510</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 502	Continued From page 3  Staff A reviewed the clinical record and could not find any documentation by the RN of any assessment/analysis of the abnormal vital signs. Additionally, Staff A reviewed the assessment documentation of the RN and agreed that writing, "no SOB" was not a full assessment of the lungs. Staff A stated that the nurses are expected to listen to the lung sounds with a stethoscope.  During an interview on 1/11/11 at 11:30 a.m., Administrative Staff B agreed that Patient 1's vital signs were abnormal and required analysis by the RN. In a follow-up interview on 1/12/11 at 2:30 p.m., Staff B stated that analysis of the patient's pre treatment weight gain is used to make the calculation of how much fluid to remove from the patient during the treatment. Staff B acknowledged that a BP that is lower than normal for the patient might also impact on the calculation of the total fluid to be removed. There was no documentation by the RN regarding analysis of the vital signs in determining the fluid to be removed from Patient 1 on 11/8/10.	V 502			