

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

PRINTED: 05/27/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>052729</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/31/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKLAND DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5354 CLAREMONT AVENUE</b> <b>OAKLAND, CA 94618</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 represents the findings of the California Department of Public Health during the investigation of a complaint.  Complaint Number: CA00214252  Representing the Department: Dorothy Rice, HFEN  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	V 000			
V 714	494.150(c)(1) MD RESP-DEVELOP, REVIEW & APPROVE P&P  The medical director must- (1) Participate in the development, periodic review and approval of a "patient care policies and procedures manual" for the facility;  This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to have written policies and procedures that addressed its established practice to notify the physician when one of four patients left the facility with an excess of 2.0 kilos of fluid weight above the prescribed estimated goal weight, and give discharge instructions relating to precautionary monitoring of diet and fluid between treatments. (Patient 1)This failure increased the risk of potential complications without the physician notification with possible potential intervention and staff providing	V 714		2/22/11	

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.

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V 714	<p>Continued From page 1 precautionary discharge instructions for Patient 1.</p> <p>Findings:</p> <p>Record review on 1/31/11, showed Patient 1 was initially admitted to dialysis on 5/8/08 with a diagnosis of kidney disease requiring hemodialysis treatments. Hemodialysis is a treatment that removes excess fluid and waste products from blood. Facility staff indicated on 1/31/11 that Patient 1 was temporarily transferred to this facility for continued treatment while the home facility was undergoing renovation.</p> <p>The facility treatment schedule, reviewed on 1/31/11, showed Patient 1 was scheduled for treatment on the last shift from 7:45 p.m. to 11:15 p.m. each Tuesday, Thursday, Saturday. Patient 1 received treatment on 1/9/10.</p> <p>Review of the flowsheet, dated 1/9/10, showed Patient 1 had a prescription for 3.5 hours of treatment and had a prescribed dry weight (the weight of a person when all excess fluid weight is removed, the weight the patient should reach after treatment) of 71.5 kg (kilograms). (One kilogram converted to milliliter/cubic centimeter is the equivalent to 1000 ml/cc ). Patient 1 came in late and weight 76.3 kg before treatment, 4.8 kg in excess of the prescribed dry weight. The flowsheet also showed that Patient 1's treatment was initiated at 9:27 p.m. and discontinued at 11:25 p.m. Patient 1's post-treatment weight was 74.1 kg, 2.6 kg in excess. There was no documented explanation why Patient 1's treatment was not completed and the excess fluid was not removed as ordered by the physician.</p>	V 714			

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V 714	<p>Continued From page 2</p> <p>On 1/31/11 at about 11 a.m., Facility Administrator stated that staff should notify the physician when a patient's post-treatment weight was 2.0 kg. or more in excess of the dry weight and that "another treatment was usually ordered". Facility Administrator also stated that staff should give the patient instructions to carefully watch and limit the intake of fluids and foods reach in potassium between treatments.</p> <p>Review of Patient 1's record showed no evidence that the physician was notified that the treatment was discontinued early and that Patient 1 left the facility with an excess weight of 2.6 kg.</p> <p>Furthermore, Facility Administrator stated the facility did not have a policy and procedure regarding that reflected the facility's practice.</p>	V 714			