

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA630012948</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>PACIFIC DIALYSIS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2351 CLAY ST. 4TH FLOOR SAN FRANCISCO, CA 94114</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) COMPLETE DATE
L 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during an Initial Licensing Visit for a Chronic Dialysis Clinic (CDC) conducted from 1/3/11 to 1/7/11.</p> <p>Representing the California Department of Public Health: Artemis Tumaneng, Health Facilities Evaluator Nurse Stella Tannehill, Health Facilities Evaluator Nurse</p> <p>On 1/3/11 to 1/7/11, onsite visit was conducted to inspect the facility. All 30 hemodialysis stations were appropriately equipped with dialysis machines with evidence of required preventative maintenance. There was a training room dedicated for peritoneal dialysis training with appropriate equipments, training manuals, a sink for handwashing and appropriate square footage usable floor space. Policies and procedures related to Patient Care, Water and Dialysate System, Physical Environment and Staff Qualifications were checked and appropriate for the services provided. Other areas like agreements on Transitional Use of Policy Manuals were also reviewed and appropriate for use by all staffs for a period specified on the agreement. Interviews with in-center hemodialysis staffs and training program staff were conducted regarding facility's policy and procedure on patient care and emergency care.</p> <p>No deficiency issued.</p> <p>Recommend approval for in-center day hemodialysis facility with 30 stations and training programs for peritoneal services.</p>	L 000		

Licensing and Certification Division

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE