

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: 552562	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2011
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE OF BAKERSFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 8625 LIBERTY PARK SUITE 102 BAKERSFIELD, CA 93311		
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V 000	INITIAL COMMENTS The following reflects the findings by the California Department of Public Health during a Recertification survey. Representing the Department: 25558, HFES 26215, HFES 27011, HFEN Census: 150 In-Center Hemodialysis Patients 40 Home Peritoneal Dialysis Patients Sample size: 13 Hemodialysis Patients 2 Peritoneal Dialysis Patients	V 000			
V 111	494.30 IC-SANITARY ENVIRONMENT The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure staff removed personal protective equipment (PPE) before leaving the treatment area which had the potential to spread infection to patients and visitors. Findings: During an observation of the treatment area on	V 111		4/22/11	

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 111	Continued From page 1 February 28, 2011 at 1:50 PM, Certified Hemodialysis Technician 1 went into the waiting room with her PPE on (gown and face shield) to push a patient in a wheelchair into the treatment area. During an interview with the Clinical Manager on March 3, 2011 at 2:25 PM, she stated the staff should not wear PPE outside the treatment area. The facility policy and procedure titled "Personal Protective Equipment" dated October 2008, read, "All personal protective equipment shall be removed prior to leaving the treatment area."	V 111			
V 113	494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure hand hygiene was performed properly by several staff which had the potential to spread infectious disease to patients and visitors. Findings: During an observation of the dialysis treatment area on February 28, 2011 the following was observed: 1. At 12:45 PM, Doctor 1 was observed talking	V 113		3/18/11	

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V 113	<p>Continued From page 2</p> <p>with the patient at station 16 during his dialysis treatment. Doctor 1 placed his un-gloved hand on the front upper left corner of the dialysis machine where it remained during the five minute conversation.</p> <p>2. At 1:20 PM, Certified Hemodialysis Technician (CHT) 1, after preparing the dialysis machine at station 22 for the next patient, removed a plastic jug that was sitting on the floor and placed it on the lower ledge of the dialysis machine at station 22 without disinfecting the plastic jug. A short time later, a patient was seated at station 22 and began treatment.</p> <p>3. At 1:23 PM, CHT 2 picked up a plastic bag from the top of dialysis machine at station 23 while the patient was receiving dialysis treatment with un-gloved hands, placed several filled blood vials inside the bag, and put the bag back on top of the machine.</p> <p>4. At 1:25 PM, CHT 1 was cleaning the dialysis machine at station 20 after the patient's dialysis was completed. While wearing gloves, she placed her left hand on the red biohazard box (a red plastic box where contaminated waste was placed) located to the left of the machine to steady herself while she bent down to clean the lower half of the dialysis machine. She switched the cleaning cloth to her left hand without changing gloves after she stood up and preceded to clean the top of the dialysis machine. A short time later, a patient was seated at station 20 and began treatment.</p> <p>During an interview with the Clinical Manager on March 3, 2011 at 2:25 PM, she stated all staff</p>	V 113			

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V 113	Continued From page 3 should wear gloves when touching the dialysis machines during treatment and should follow hand hygiene policies.	V 113			
V 122	<p>The facility policy and procedure titled, "Personal Protective Equipment" dated October 2008, read, "Disposable gloves must be used when touching any part of the dialysis machine or equipment at the dialysis station while a patient is connected. Avoid touching surfaces with gloved hands that will be touched with un-gloved hands."</p> <p>494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL</p> <p>[The facility must demonstrate that it follows standard infection control precautions by implementing-</p> <p>(4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-]</p> <p>(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure cleaned clamps were stored away from hand washing sinks which potentially could cause contamination of the clean clamps from water splashing during hand washing.</p> <p>Findings:</p> <p>On February 28, 2011, at 1 PM, during a tour of the treatment area, noticed two storage containers on top of the counter immediately adjacent to the hand washing sink by Station 7. One of the storage containers had several</p>	V 122		3/18/11	

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V 122	Continued From page 4 clamps in it but not covered. The other storage container, with a lid on, had clamps in it soaked in a solution. On February 28, 2011, at 1:05 PM, during an interview, Charge Nurse (CN) 3 stated the used clamps were soaked in the storage container had bleach solution in it. The container without a lid was used to store cleaned clamps that were ready for use. When questioned about possible contamination from water splashing while performing hand washing, CN 3 did not respond. At 1:15 PM, CN 3 covered the container with cleaned clamps in it with a lid.	V 122			
V 143	494.30(b)(2) IC-ASEPTIC TECHNIQUES FOR IV MEDS [The facility must-] (2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their policy on medication preparation which had the potential to expose patients to incorrect or expired medications. Findings: During an observation on February 28, 2011 at 12:40 PM, a cart in the middle of the treatment area adjacent to stations 10 and 3 contained kits with syringes and supplies rolled up in a blue pad.	V 143		3/24/11	

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V 143	Continued From page 5 Sticking out of the end of one package were two small syringes. During a concurrent interview and observation on February 28, 2011 at 1:20 PM, Certified Hemodialysis Technician (CHT) 3 was asked to open the package. Inside were two small syringes containing fluid. No label was on either syringe. When asked what was in the syringe, CHT 3 said "It's lidocaine." Lidocaine is an injectable numbing medication used before placement of the larger dialysis needles. When asked if she had prepared the syringe and how she knew it was lidocaine, she said, "No, I don't know who drew it up and I don't know for sure it's lidocaine, so I will throw it away. It should be labeled with time, date and initials."	V 143			
V 408	494.60(d) PE-EMERGENCY PREPAREDNESS-PROCEDURES The dialysis facility must implement processes and procedures to manage medical and non medical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur	V 408		3/17/11	

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V 408	Continued From page 6 in the facility's geographic area. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure supplies in the emergency crash cart were not outdated which could cause harm to patients due to questionable sterility of the supplies. Findings: On February 28, 2011, at 1 PM, during a concurrent observation and interview, the facility's emergency crash cart was inspected with Charge Nurse (CN) 3. Inside the cart was found four "Wing Eater" needles (a type of safety needle used for dialysis access) with an expiration date of June 2010. CN 3 removed these supplies and stated she would replace them with new ones.	V 408			
V 453	494.70(a)(2) PR-RECEIVE UNDERSTANDABLE INFORMATION The patient has the right to- (2) Receive all information in a way that he or she can understand; This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide an interpreter for Patient 13 when she was given information regarding her care which had the potential for her needs not being met by the facility. Findings:	V 453		3/24/11	

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V 453	<p>Continued From page 7</p> <p>During an interview with the Social Worker (SW) on March 1, 2011 at 9:40 AM, he stated if a patient speaks another language other than English or Spanish, he would use family members or call the interpreter telephone line for help in communicating with non-English speaking patients.</p> <p>During an interview with SW on March 2, 2011 at 9:15 AM, he stated Patient 13 spoke only Arabic.</p> <p>The clinical record for Patient 13 was reviewed on March 3, 2011 at 10:45 AM. The Comprehensive Interdisciplinary Assessment (CIA) dated May 2010 indicated Patient 13 spoke only Arabic and learned best with verbal explanation. The area of this assessment which documented the need for an interpreter service was blank.</p> <p>During a concurrent interview and clinic record review with the SW on March 3, 2011 at 11:20 AM, he verified the facility forms Patient 13 signed were in English and did not indicate an interpreter was used to help her understand the content of the forms she was signing. He stated the family does not accompany Patient 13 to her dialysis treatments. If he needed information about Patient 13, he would not ask Patient 13 through an interpreter but instead he would call her family at home. While reviewing the CIA dated May 2010 with the SW, he verified he did not document her need for an interpreter so she could understand the information and/or questions regarding her care.</p> <p>The facility policy and procedure titled "Language</p>	V 453			

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V 453	Continued From page 8 and Communication Barriers" dated October 2008, read "To comply with federal regulations related to accommodations that are required to ensure that patients receive communication in a way they can understand. Patients have the right to receive information regarding their care in a manner they can understand. At a minimum, qualified interpreter services should always be used for assessment purposes, care planning or other health related issues that must be discussed with the patient. In the absence of an interpreter or other aids identified by the patient, qualified interpreter and translation services, when needed, will be provided at no cost to the patient by the facility."	V 453			
V 501	494.80 PA-IDT MEMBERS/RESPONSIBILITIES The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to assess Patient 13's need for an interpreter to participate in the management of her care which had the potential for her needs not being met by the facility.	V 501		4/1/11	

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V 501	<p>Continued From page 9</p> <p>Findings:</p> <p>During an interview with the Social Worker (SW) on March 1, 2011 at 9:40 AM, he stated if a patient speaks another language other than English or Spanish, he would use family members or call the interpreter telephone line for help in communicating with non-English speaking patients.</p> <p>During an interview with SW on March 2, 2011 at 9:15 AM, he stated Patient 13 spoke only Arabic.</p> <p>The clinical record for Patient 13 was reviewed on March 3, 2011 at 10:45 AM. The Comprehensive Interdisciplinary Assessment (CIA) dated May 2010 indicated Patient 13 spoke only Arabic and learned best with verbal explanation. The area of this assessment which documented the need for an interpreter service was blank.</p> <p>During a concurrent interview and clinic record review with the SW on March 3, 2011 at 11:20 AM, he verified the facility forms Patient 13 signed were in English and did not indicate an interpreter was used to help her understand the content of the forms she was signing. He stated the family does not accompany Patient 13 to her dialysis treatments. If he needed information about Patient 13, he would not ask Patient 13 through an interpreter but instead he would call her family at home. While reviewing the CIA dated May 2010 with the SW, he verified he did not document her need for an interpreter so she could understand the information and/or questions regarding her care. He also verified Patient 13's Plan of Care dated May 2010 did not</p>	V 501			

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V 501	Continued From page 10 include her need for an interpreter and any interventions to help her understand the management of her care. The facility policy and procedure titled "Language and Communication Barriers" dated October 2008, read "To comply with federal regulations related to accommodations that are required to ensure that patients receive communication in a way they can understand. Patients have the right to receive information regarding their care in a manner they can understand. At a minimum, qualified interpreter services should always be used for assessment purposes, care planning or other health related issues that must be discussed with the patient. In the absence of an interpreter or other aids identified by the patient, qualified interpreter and translation services, when needed, will be provided at no cost to the patient by the facility."	V 501			
V 504	494.80(a)(2) PA-ASSESS B/P, FLUID MANAGEMENT NEEDS The patient's comprehensive assessment must include, but is not limited to, the following: Blood pressure, and fluid management needs. This STANDARD is not met as evidenced by: 3. On March 1, 2011 at 1:41 PM, during an observation, a patient (1) had just completed his dialysis treatment. He was assisted by Charge Nurse (CN) 1 to stand up for a standing blood pressure check and it read, "85/43" (maximum blood pressure 85/minimum blood pressure 43). His blood pressure was rechecked and the	V 504		3/24/11	

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V 504	<p>Continued From page 11</p> <p>reading remained the same. Patient 1 denied feeling dizzy at this time. CN 1 administered 200 milliliters (ml) of fluids but it did not improve Patient 1's blood pressure. Patient 1 was assisted to sit for a period of time. His blood pressure was 136/72 at the time of his discharge at 1:39 PM.</p> <p>On March 2, 2011 at 9 AM, Patient 1's treatment record for March 1, 2011 was reviewed. There was no documentation found on the treatment record regarding the above episode that was witnessed on March 1, 2011.</p> <p>On March 2, 2011 at 3 PM, during an interview, the CM and CN 1 were both informed of the above findings. CN 1 reviewed the treatment record and stated she should have documented the event related to his low blood pressure on his record.</p> <p>On March 2, 2011, the facility's hemodialysis procedure manual on "Treatment of Hypotension," dated 10/01/95 was reviewed. Step 9 read: "Accurately document event on Hemodialysis Treatment Sheet. If the patient loses consciousness, a Clinical Variance Report must be completed." The rationale for such step was: "Accurate documentation provides a record of continuity of care."</p> <p>Based on observation, interview and record review, the facility failed to assess three of 15 (1, 6, and 10) sampled patients with changes in blood pressures and fluid gains before, during and after hemodialysis treatments which had the potential for increased complications during and after treatments.</p>	V 504			

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V 504	<p>Continued From page 12</p> <p>Findings:</p> <p>1. During a record review on March 1, 2011, treatment records for Patient 6's hemodialysis were reviewed. The treatment record for February 26, 2011 indicated Patient 6's pretreatment weight was 62.5 kilograms which was 6.2 kilograms above her dry weight of 56 kilograms. A dry weight is the optimum weight for a dialysis patient when excess fluid is removed. Patient 6's pretreatment weight indicated an excess of 6.2 liters of fluid. Patient 6's posttreatment weight was 60.2 kilograms, 4.2 kilograms above her dry weight. No nursing assessment of lung sounds or edema were documented. The Registered Nurse (RN) evaluation performed at 2:51 PM indicated "No unusual findings noted." No post assessment was documented.</p> <p>The treatment record for February 25, 2011 indicated Patient 6 's pretreatment weight was 61.4 kilograms, which was 5.4 kilograms (5.4 liters of excess fluid) above her dry weight. Patient 6 had a physician's order to "Support with NS SBP<95" which meant to provide an intravenous bolus of normal saline if Patient 6's systolic blood pressure dropped below 95. At 2:01 PM (1 hour after initiation of treatment) Patient 6's blood pressure was 93/36. No intervention was documented. At 2:17 PM, Patient 6's blood pressure was 91/34. Documented on the treatment record was "uf (ultrafiltration) off to help support bp". Ultrafiltration is the removal of excess fluid in the bloodstream during dialysis. No normal saline bolus was administered per physician orders. At</p>	V 504			

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V 504	<p>Continued From page 13</p> <p>2:32 PM, Patient 6's blood pressure was 85/32. No intervention was documented for the low blood pressure. Documented on the treatment record was "pt (patient) requesting to sit up". The nursing evaluation performed at 12:53 PM indicated, "No unusual findings noted." No assessment during the treatment or after the treatment was documented. Patient 6's weight after dialysis was 60.0 kilograms, 4 kilograms over her dry weight.</p> <p>The treatment record for February 23, 2011 for Patient 6 indicated her pretreatment weight was 57.6 kilograms, 1.6 kilograms over her dry weight. At 2:05 PM, Patient 6's blood pressure was 94/32. No interventions were performed. At 2:19 PM, Patient 6's blood pressure was 90/35. No interventions were performed. At 2:33 PM, Patient 6's blood pressure was 90/37. No interventions were performed. At 2:48 PM, Patient 6's blood pressure was 79/31 and 200 milliliters of normal saline were administered with an additional 150 milliliters at 3:02 PM. At 3:18 PM, Patient 6's blood pressure was 87/33. No interventions were performed. At 3:33 PM, patient 6 received normal saline. At 3:46 PM, Patient 6's blood pressure was 88/34. No interventions were performed. At 4:02 PM, Patient 6's blood pressure was 91/36. No interventions were performed. The nursing evaluation performed at 2:52 PM indicated "...tolerated dialysis tx (treatment) today." No post assessment was documented. Patient 6's post treatment weight was 60.9 kilograms, 4.9 kilograms over her dry weight.</p> <p>The treatment record for January 28, 2011 for Patient 6 indicated her pretreatment weight was</p>	V 504			

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V 504	<p>Continued From page 14</p> <p>58.5 kilograms, 2.5 kilograms over her dry weight. At 2:31 PM, Patient 6's blood pressure was 92/39. No interventions were performed. At 3:01 PM, Patient 6's blood pressure was 94/38. No interventions were performed. At 3:33 PM, Patient 6's blood pressure was 88/38. The treatment record indicated the ultrafiltration rate was turned to a minimum but did not administer normal saline.</p> <p>2. During a concurrent interview and record review on March 2, 2011, Patient 10's medical records were reviewed with the Clinical Manager (CM). The treatment record dated February 26, 2010 indicated Patient 10's dry weight was 75.0 kilograms. His pre-treatment weight was 85.80 kilograms, 10.8 liters over his dry weight. His post-treatment weight was 81.1 kilograms, 6.1 kilograms over his dry weight. Patient 10 had physician orders to "Support w/NS (normal saline) SBP (systolic blood pressure) < 100. At 4:05 PM, Patient 10's blood pressure was 81/39, the CHT gave him 300 cc's of normal saline and turned his fluid removal rate to minimum. At 4:09 PM, Patient 10's blood pressure was 95/43, no intervention was performed. At 4:31 PM, Patient 10's blood pressure was 93/45. No interventions were performed. No post treatment assessment was performed.</p> <p>Patient 10 was over his dry weight the following dates with no assessments performed:</p> <p>2/24/11-pretreatment 6.5 kg over, post treatment 5.2 kg over dry weight 2/23/11-pretreatment 8.5 kg over, post treatment 4.3 kg over dry weight 2/17/11-pretreatment 9.4 kg over, post treatment</p>	V 504			

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V 504	Continued From page 15 6.1 kg over dry weight 2/16/11-pretreatment 10.5 kg over, post treatment 7.5 kg over dry weight 2/12/11-pretreatment 9.2 kg over, post treatment 6.9 kg over dry weight 2/10/11-pretreatment 8.6 kg over, post treatment 3.9 kg over dry weight 2/9/11-pretreatment 9.4 kg over, post treatment 5.7 kg over dry weight 2/5/11-pretreatment 10.4 kg over, post treatment 5.8 kg over dry weight CM acknowledged the large fluid gains, lack of post treatment assessment, and lack of interventions for low blood pressure. Patient 10's Interdisciplinary note dated February 2011 indicated he had not met his goal for fluid management but no intervention was identified. During an interview on March 1, 2011 at 9:50 AM, the Regional Quality Manager (RQM) stated "We chart by exception. There is no requirement for an RN assessment prior to treatment." During an interview on March 2, 2011 at 3:20 PM, the CM stated, "Our policy is that technicians do observations on the patients and if anything is out of the ordinary, then a nurse does an assessment. It's not our policy to have an RN evaluate low blood pressures."	V 504			
V 542	494.90(a) POC-IDT DEVELOPS PLAN OF CARE The interdisciplinary team must develop a plan of care for each patient. This STANDARD is not met as evidenced by: Based on interview and record review, the facility	V 542		4/1/11	

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V 542	Continued From page 16 failed to develop plans of care for one of 15 sampled patients (2) who had unstable blood pressure readings during dialysis which had the potential to cause injuries related to the hypotension (low blood pressure) episodes. Findings: 1. On March 3, 2011, Patient 2's "Interdisciplinary Note" dated February 2011 was reviewed. The interdisciplinary team (IDT) documented Patient 2 had difficulties in maintaining his maximum blood pressure below 140. For example, on February 28, 2011, his blood pressure before dialysis read "181/75" meaning his maximum blood pressure was 181 and the minimum was 75. His post-dialysis maximum blood pressure was "153/58" (acceptable maximum blood pressure was no more than 140). The IDT identified the blood pressure management was an issue that required further interventions. The team's goal was to maintain his maximum blood pressure below 140 and to review the goal in one month. However, there was no intervention written as to how the IDT would achieve this goal. On March 3, 2011, at 10:30 AM, during an interview, the Clinical Manager stated, the IDT should have interventions written on the "Interdisciplinary Note" to direct staff in the care of management of Patient 2's blood pressure.	V 542			
V 552	494.90(a)(6) POC-P/S COUNSELING/REFERRALS/HRQOL TOOL The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services	V 552		3/22/11	

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V 552	<p>Continued From page 17</p> <p>and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to assess Patient 13's psychosocial needs because of a language barrier which had the potential of not meeting her psychosocial needs.</p> <p>Findings:</p> <p>During an interview with the Social Worker (SW) on March 1, 2011 at 9:40 AM, he stated if a patient speaks another language other than English or Spanish, he would use family members or call the interpreter telephone line for help in communicating with non-English speaking patients.</p> <p>During an interview with SW on March 2, 2011 at 9:15 AM, he stated he had excluded Patient 13 from the standardized mental and physical assessment because she spoke only Arabic.</p> <p>During a concurrent interview and clinic record review with the SW on March 3, 2011 at 11:20 AM, verified a standardized mental and physical assessment was not in Patient 13's chart.</p> <p>The facility policy and procedure titled "Language and Communication Barriers" dated October 2008, read "To comply with federal regulations related to accommodations that are required to</p>	V 552			

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V 552	Continued From page 18 ensure that patients receive communications in a way they can understand. Patients have the right to receive information regarding their care in a manner they can understand. At a minimum, qualified interpreter services should always be used for assessment purposes, care planning or other health related issues that must be discussed with the patient. In the absence of an interpreter or other aids identified by the patient, qualified interpreter and translation services, when needed, will be provided at no cost to the patient by the facility."	V 552			
V 587	494.100(b)(2),(3) H-FAC RECEIVE/REVIEW PT RECORDS Q 2 MONTHS The dialysis facility must - (2) Retrieve and review complete self-monitoring data and other information from self-care patients or their designated caregiver(s) at least every 2 months; and (3) Maintain this information in the patient ' s medical record. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to acquire and review patient home treatment logs (HTL) for two out of two peritoneal dialysis patients sampled (12 and 14), which had the potential for adverse treatment outcomes. Findings: 1. The clinical record for Patient 12 was reviewed on March 1, 2011 at 11 AM. The HTL documents a patient's weight, body temperature, fluid exchange time, blood pressure, heart rate, blood sugar, and the insulin self-administered during each peritoneal dialysis treatment day. The HTL	V 587		4/11/11	

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V 587	<p>Continued From page 19</p> <p>assists dialysis staff to identify problems with the patients home dialysis program. The clinical record indicated Patient 12 was admitted in October 2008. Two HTL documents were located in the clinical record dated January 18 through February 13 (no year documented). Of the 27 days listed on those sheets, 14 were partially filled out, 12 had no documentation, and one indicated an equipment problem. No other HTL documents were located in the clinical record. The facility documents titled "Home Therapy Monthly Clinic Visit" (the facility's documentation of a clinical visit), a total of six, were reviewed from December 14, 2010 through February 23, 2011. Under record review, three of these documents indicated Patient 12's records were complete. Three of these documents did not indicate if Patient 12 had brought in her HTL documents.</p> <p>During an interview with Home Training (HT) Registered Nurse on March 1, 2011 at 2:15 PM, she verified the clinic record for Patient 12 contained only two HTL documents. She stated the home peritoneal dialysis patients were trained to fill out the HTL documents and were expected to bring those documents in during their bi-monthly clinical visits. She verified three monthly clinic visit documents indicated Patient 12 brought in completed HTL records when she had not done so. She also verified three monthly clinic visit documents did not indicate if Patient 12 brought in the HTL documents.</p> <p>2. The clinical record for Patient 14 was reviewed on March 1, 2011 at 4 PM. No HTL documents were located in his clinical record. The facility's documents titled "Home Therapy Monthly Clinic</p>	V 587			

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V 587	Continued From page 20 Visit", dated from September 24, 2010 through December 10, 2010, for a total of eight, indicated Patient 14's home treatment logs had been reviewed and were complete. During an interview with the HT Registered Nurse on March 1, 2011 at 4:45 PM, she verified Patient 14 did not bring in his home treatment logs and the clinic visit documents should not indicate he brought in completed home treatment logs. The facility policy and procedure titled "Patient Home Record Keeping" dated October 2009, read "Patient must bring Home Treatment log to each monthly clinic visit. Home records will be reviewed by the Home Program nursing staff during patient monthly clinic visits to identify trends or omissions."	V 587			
V 591	494.100(b)(1)(iii) H-HOME PT PLAN OF CARE DEV/UPDATED Services include, but are not limited to, the following: (iii) Development and periodic review of the patient's individualized comprehensive plan of care that specifies the services necessary to address the patient's needs and meets the measurable and expected outcomes as specified in §494.90 of this part. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to care plan two home peritoneal dialysis patients' (12 and 14) non-compliance with	V 591		4/11/11	

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V 591	<p>Continued From page 21</p> <p>completing home treatment logs (HTL) and returning the logs to the facility for review, which had the potential for adverse treatment outcomes.</p> <p>Findings:</p> <p>1. The clinical record for Patient 12 was reviewed on March 1, 2011 at 11 AM. The HTL documents a patient's weight, body temperature, fluid exchange time, blood pressure, heart rate, blood sugar, and the insulin self-administered during each peritoneal dialysis treatment day. The HTL assists dialysis staff to identify problems with the patients home dialysis program. The clinical record indicated Patient 12 was admitted in October 2008. Two HTL documents were located in the clinical record dated January 18 through February 13 (no year documented). Of the 27 days listed on those sheets, 14 were partially filled out, 12 had no documentation, and one indicated an equipment problem. No other HTL documents were located in the clinical record. The facility documents titled "Home Therapy Monthly Clinic Visit" (the facility's documentation of a clinical visit), a total of six, were reviewed from December 14, 2010 through February 23, 2011. Under record review, three of these documents indicated Patient 12's records were complete. Three of these documents did not indicate if Patient 12 had brought in her HTL documents. The plan of care did not indicate Patient 12's non-compliance with bringing in completed HTL documents.</p> <p>During an interview with the Home Training (HT) Registered Nurse on March 1, 2011 at 2:15 PM, she verified the clinic record for Patient 12</p>	V 591			

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V 591	<p>Continued From page 22</p> <p>contained only two HTL documents. She stated the home peritoneal dialysis patients were trained to fill out the HTL documents and were expected to bring those documents in during their bi-monthly clinical visits. She verified three monthly clinic visit documents indicated Patient 12 brought in completed HTL records when she had not done so and three monthly clinic visit documents did not indicate if Patient 12 brought in the HTL documents. She also verified the plan of care did not address Patient 12's non-compliance with bringing into the facility completed HTLs.</p> <p>2. The clinical record for Patient 14 was reviewed on March 1, 2011 at 4 PM. No HTL documents were located in his clinical record. The facility's documents titled "Home Therapy Monthly Clinic Visit", dated from September 24, 2010 through December 10, 2010, for a total of eight, indicated Patient 14's home treatment logs had been reviewed and were complete. The plan of care dated September 9, 2010 did not address Patient 14's non-compliance with bringing into the facility completed HTLs.</p> <p>During an interview with the HT Registered Nurse on March 1, 2011 at 4:45 PM, she verified Patient 14 did not bring in his home treatment logs and the clinic visit documents should not indicate he brought in completed home treatment logs. She also verified the plan of care did not address Patient 14's non-compliance with bringing in completed HTLs.</p> <p>The facility policy and procedure titled "Patient Home Record Keeping" dated October 2009, read "Patient must bring Home Treatment log to</p>	V 591			

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V 591	Continued From page 23 each monthly clinic visit." The facility policy and procedure titled "Home Patient Responsibilities Policy" dated March 2010, read "The responsibilities of the Home Dialysis patient and/or caregiver include, but are not limited to: Maintaining accurate treatment records and equipment logs. Bringing the home treatment records and equipment logs to every clinic visit for review." The facility policy and procedure titled "Comprehensive Interdisciplinary Assessment and Plan of Care" dated April 2009, read "The registered nurse in collaboration with the interdisciplinary team is responsible for completing the nursing assessment and must include evidence of assessment of the clinical needs of the patient."	V 591			
V 592	494.100(c)(1)(iv) H-PT CONSULTATION WITH IDT MEMBERS PRN Services include, but are not limited to, the following: (iv) Patient consultation with members of the interdisciplinary team, as needed. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to have Patient 14 assessed by the Home Training (HT) Registered Nurse or attending physician when he presented to his clinic visit with a 30 pound weight gain since his last visit, which resulted in a decline in his medical status. Findings: The clinical record for Patient 14 was reviewed on March 1, 2011 at 4 PM. The multidisciplinary	V 592		3/21/11	

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V 592	<p>Continued From page 24</p> <p>progress note dated December 10, 2010 at 3:30 PM and documented by License Vocational Nurse (LVN) 1 indicated Patient 14 had gained 30 pounds since his last visit. No assessment documentation was found in the chart by the HT Registered Nurse or the attending physician who was also the Medical Director (MD) of the facility. The home therapy monthly clinic visit document dated December 10, 2010 and signed by LVN 1 indicated Patient 14 had decreased his peritoneal dialysis volume from the dialysis cyler machine due to fullness (in his abdomen), he forgot to bring in his home treatment logs for review, and he was not assessed for edema. The multidisciplinary progress note dated December 13, 2010 indicated Patient 14 had been admitted to the hospital. The hospital discharge summery dated December 23, 2010, listed the following discharge diagnoses: respiratory failure, altered mental status, sepsis, hypertensive emergency, deconditioning, and spontaneous bacterial peritonitis related to peritoneal dialysis. The hospital operative note dated December 15, 2010 indicated Patient 14's peritoneal dialysis catheter was removed due to peritonitis.</p> <p>During a concurrent interview and review of Patient 14's clinical record with the HT Registered Nurse on March 3, 2011 at 2:30 PM, she verified the clinical record did not include assessment documentation from a registered nurse or the attending physician for his clinic visit on December 10, 2010.</p> <p>The facility policy and procedure titled "Monthly Clinic Visits for Home Dialysis Patients" dated June 2007, read "Responsibility: Home Therapy RN (registered nurse). Home dialysis patients</p>	V 592			

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V 592	Continued From page 25 shall be seen in the home dialysis clinic monthly to review the patient's clinical and treatment status. The visit shall be completed by the patient's health care team (Physician, Home Therapy nurse, Dietitian, Social Worker) and shall include but is not limited to the following: Assess: Weight and blood pressure including orthostatic blood pressures when indicated, fluid status including lung sounds and edema, exit site and abdomen of peritoneal dialysis patients to check for s/s (signs and symptoms) of infection, trauma or abdominal wall leaks, PD (peritoneal) catheter condition, and social, emotional and/or financial needs.	V 592			
V 765	494.180(e) GOV-INTERNAL GRIEVANCE SYS ID/IMPLEMENTED The facility's internal grievance process must be implemented so that the patient may file an oral or written grievance with the facility without reprisal or denial of services. The grievance process must include- (1) A clearly explained procedure for the submission of grievances. (2) Timeframes for reviewing the grievance. (3) A description of how the patient or the patient's designated representative will be informed of steps taken to resolve the grievance. This STANDARD is not met as evidenced by: Based on interview and record review, the dialysis center failed to implement its grievance procedure which caused lack of response to one of 15 sampled patients' complaint (3). Findings:	V 765		3/24/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 552562	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2011
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE OF BAKERSFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 8625 LIBERTY PARK SUITE 102 BAKERSFIELD, CA 93311		
(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 765	<p>Continued From page 26</p> <p>On March 2, 2011, at 1:20 PM, during an interview, Patient 3 stated he had filed a complaint against a Certified Hemodialysis Technician (CHT) 4 to the Social Worker (SW) sometime ago but never received any response back. The complaint was a result of CHT 4 refusing to take the patient's blanket out of his tote bag. Patient 3 stated CHT 4 made him upset when CHT 4 responded, "It is not my job." Patient 3 added that he reported CHT 4 to the SW but "nothing happened."</p> <p>On March 3, 2011, at 11:08 AM, during an interview, the SW stated he had received numerous complaints from the patient. He described if a complaint was related to a CHT, he would refer the complaint to the Clinical Manager (CM). Other issues such as equipment related issues, he would take care of it "on the spot." When asked if he documented or tracked each grievance to ensure the issues were addressed and patients were informed of the outcomes, the SW stated "No."</p> <p>On March 3, 2011, the facility's procedure on filing grievances dated October 6, 2008 was reviewed. Under "Documentation," it read: "Documentation related to patient complaints received at the facility level should state the date the complaint received from the patient or his/her designated representative, findings of the investigation, resolution and corrective actions, if any, related to the complaint."</p>	V 765			