

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

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

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|--------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>052881</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/12/2011</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEWPORT BEACH DIALYSIS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3333 W PACIFIC COAST HWY SUITE 101<br/>NEWPORT BEACH, CA 92663</b> |
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| (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 |
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| V 000 | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health during the investigation of COMPLAINT NO: CA00264556.<br><br>Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.<br><br>Representing the Department of Public Health: Surveyor 1834, HFEN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V 000 |  |  |
| V 266 | 405.2140(b)(1) PE: INFECTION CONTROL<br><br>There are written policies and procedures in effect for preventing and controlling hepatitis and other infections. These policies include, but are not limited to, appropriate procedures for surveillance and reporting of infections, housekeeping, handling and disposal of waste and contaminants, and sterilization and disinfection, including the sterilization and maintenance of equipment. Where dialysis supplies are reused, there are written policies and procedures covering the rinsing, cleaning, disinfection, preparation, and storage of reused items which conform to requirements for reuse in 405.2150.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and facility policy review, the facility failed to ensure all contaminated surfaces of medical devices and | V 266 |  |  |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>052881</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/12/2011</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEWPORT BEACH DIALYSIS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3333 W PACIFIC COAST HWY SUITE 101<br/>NEWPORT BEACH, CA 92663</b>  |                      |                                                                 |
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| V 266                                                             | <p>Continued From page 1</p> <p>equipment were cleaned and disinfected by four of four Certified Hemodialysis Technicians observed (CHT 1, 2, 3, and 4). The facility failed to ensure all surfaces of equipment were intact for complete disinfection to prevent the possible spread of infectious agents.</p> <p>Findings:</p> <p>The facility policy FMS-CS-IC-11-155-110A on Cleaning and Disinfection, revised on 10/10/08, showed the dialysis station including chair, table, machine, intravenous (IV) pole, television (TV), TV remote control, hand sanitizer dispenser and holder, etc. should be disinfected after each patient treatment and before the next patient with a 1:100 bleach solution. The policy showed the 1:100 bleach solution was used to decontaminate nonporous surfaces.</p> <p>The facility policy FMS-CS-IC-II-155-110C on Cleaning the Dialysis Station Between Patient Treatments, revised on 10/10/08, showed the followings steps:</p> <ul style="list-style-type: none"> <li>- Clean and disinfect the dialysis station or treatment area (chair, bed, table, machine, television, intravenous pole, blood pressure cuff, hand sanitizer dispenser and holder, etc.) after each patient treatment with 1:100 bleach solution.</li> <li>- Give special attention to cleaning the control panel on the dialysis machine and other surfaces that are frequently touched and potentially contaminated with patient's blood and/or body fluids. Wipe the front, top and sides of the machine.</li> </ul> | V 266                                                                   |                                                                                                                 |                      |                                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEWPORT BEACH DIALYSIS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3333 W PACIFIC COAST HWY SUITE 101</b><br><b>NEWPORT BEACH, CA 92663</b> |                      |                                                                 |
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| V 266                                                             | <p>Continued From page 2</p> <p>1. Observation of the treatment chairs on 4/12/11 at 0835 hours and 0925 hours, showed two chairs with cracking and torn material on the armrests, exposing the whitish porous layer underneath. Disinfection of these areas could not be ensured because of the porous surfaces.</p> <p>On 4/12/11 at 1618 hours, when asked how staff properly disinfect the torn and cracked arm rest of patient chairs in the treatment area, the Area Manager did not answer.</p> <p>2. On 4/12/11 at 0820 hours, observation of dialysis station disinfection was initiated. Observation showed the four staff observed did not disinfect some of the intravenous poles on the dialysis machines, the sides of the machines, and/or the sides of the patient chair between patients as follows:</p> <ul style="list-style-type: none"> <li>- On 4/12/11 at 0820 hours, observation showed Certified Hemodialysis Technician (CHT) 1 missed cleaning the sides and the IV pole of the machine of Station 9. At 0828 hours, observation showed CHT 1 missed disinfecting the sides of the patient chair on station 6.</li> <li>- On 4/12/11 at 0858 hours, observation showed CHT 3 missed disinfecting the IV pole, the sides of the machine and the sides of the chair.</li> <li>- On 4/12/11 at 0910 hours, observation showed CHT 4 missed disinfecting the IV pole and the sides of the machine.</li> <li>- On 4/12/11 at 0930 hours, observation showed CHT 2 missed disinfecting the sides of the patient chair.</li> </ul> | V 266                                                                   |                                                                                                                      |                      |                                                                 |