

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: 052583	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2011
NAME OF PROVIDER OR SUPPLIER MONTEREY PENINSULA DIALYSIS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2066 NORTH FREMONT MONTEREY, CA 93940	
(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 a Recertification Survey from 1/24/11 - 1/27/11. Representing the Department: Surveyor ID # 27519 26654 Census 86 Hemodialysis Patients Sample size 9	V 000		
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 document review, the facility failed to ensure that staff wore gloves while touching dialysis machine that were in use. This had the potential to transmit contaminants to patients. Findings: On 1/25/11 at 12:20 pm, an observation was made of Registered Nurse (RN) B not wearing gloves while touching the screen of three dialysis machines that were being used for patient treatment. During an interview on 1/25/11 at 12:25 pm, RN B	V 113		2/10/11

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 113	Continued From page 1 stated that the facility policy was to wear gloves when touching the dialysis machine but stated that he didn't always wear gloves when adjusting the settings on the dialysis machines .	V 113			
V 122	The facility policy and procedure titled " Illness and Injury Prevention Plan Infection and Exposure Control Plan," dated 4/01, indicated gloves shall be worn...when...touching the patient's equipment at the dialysis station. 494.30(a)(4)(ii) IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL [The facility must demonstrate that it follows standard infection control precautions by implementing- (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. This STANDARD is not met as evidenced by: Based on observation and interview, facility staff failed to properly disinfect equipment (all surfaces) used in treatment stations. This failure had the potential to result in the transmission of blood borne pathogens to other patients. Findings: Blood pressure cuffs attached to all of the dialysis machines had an accumulation of lint from patient blankets adhered to the Velcro (hook and latch closure device). These were used on multiple patients without cleaning the Velcro fasteners between patients.	V 122		2/10/11	

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V 122	Continued From page 2	V 122			
V 401	<p>On 1/26/11 at 5 pm, Administrative Staff A stated that the blood pressure cuffs were a source of possible cross contamination and should be cleaned between or isolated from the patients.</p> <p>494.60 PE-SAFE/FUNCTIONAL/COMFORTABLE ENVIRONMENT</p> <p>The dialysis facility must be designed, constructed, equipped, and maintained to provide dialysis patients, staff, and the public a safe, functional, and comfortable treatment environment.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe environment and reduce infection control risks for the patients when expired medical supplies were available for use. This had the potential for increased risk of infection from the use of expired equipment.</p> <p>* 17 dialysis priming sets expired in 09/09</p> <p>* 40 expired blood needles expired in 03/10</p> <p>Findings:</p> <p>On 1/24/11 at 4:20 pm, nine dialysis priming sets and 17 blood draw needles were observed in a cabinet above a sink in the right back corner of the patient treatment area. Eight dialysis priming sets and 23 blood draw needles were observed in a cabinet above a sink in the left back corner of the treatment area.</p> <p>During an interview on 1/24/11 at 4:35 pm, RN B</p>	V 401		2/28/11	

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V 401	Continued From page 3 stated that the supplies were expired and should have been discarded and not left on the treatment floor available for use.	V 401			
V 402	494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the building to provide a safe environment for patients and staff. * Dialysate and bicarbonate wall outlets were covered in a white crust which extended down the wall and onto the floor, providing a medium for bacterial growth. *Brown and black flakes and debris were observed in the cabinets under three of six sinks. Findings: 1. During a concurrent interview and observation of the treatment floor with Registered Nurse B on 1/24/11 at 2 pm, 18 of 18 wall outlets were noted to have a buildup of flaky white crust which extended on to the wall and down to the floor. 2. On 1/24/11 at 4:20 pm, an observation was made of brown and black flakes and debris in the cabinets under three of six sinks used for patient	V 402	2/28/11		

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V 402	Continued From page 4 and staff hand washing.	V 402			
V 412	During an interview on 1/24/11 at 4:35 pm, RN B confirmed that the areas under the sinks were possible sources of contamination and needed to be cleaned routinely. 494.60(d)(2) PE-ER PREP-PTS ORIENTED/TRAINED The facility must provide appropriate orientation and training to patients, including the areas specified in paragraphs (d)(1)(i) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, seven of nine patient records did not contain documentation of emergency training evaluation (Patients 1, 2, 3, 4, 5, 6 and 9). Without evidence of understanding, there was the potential that all patients may not have had an understanding of necessary emergency procedures. 1. On 1/25/11, and 1/26/11, medical records for Patients 1 thorough 6 and Patient 9 were reviewed. There was no documentation that these patients had demonstrated understanding of their emergency preparedness training.	V 412		3/1/11	
V 726	On 1/26/11 at 5 pm , Administrative Staff A confirmed that there was no evidence of patient evaluation documented. 494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier	V 726		4/1/11	

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V 726	<p>Continued From page 5</p> <p>that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to keep accurate treatment records for 7 of 9 sampled patients. (Patients 1, 2, 3, 4, 5, 6 and 9)</p> <p>* Registered Nurses (RNs) in the facility were not performing post treatment assessments according to the requirements of the facility treatment records for Patients 1, 2, 3, 4, 5, 6 and 9.</p> <p>* Thirty five of 168 treatment records were not correctly filled out.</p> <p>Findings:</p> <p>1. On 1/24/11 and 1/25/11, during observations on the treatment floor, RNs were witnessed performing pre-treatment assessments according to facility policy by addressing the assessment criteria on the treatment records. During the post treatment assessments, the RNs did not address the post assessment criteria on the flow sheets which were the same as the pre-treatment requirements.</p> <p>On 1/24/11, at 4:45 pm, RN C stated that during post treatment she usually just watches the patient walk out and would verify they are steady on their feet unless the Patient Care Technician (PCT) brings something to her attention.</p> <p>On 1/24/11 at 5 pm, RN B stated that during post</p>	V 726			

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V 726	<p>Continued From page 6</p> <p>treatment he would normally ask patients how they are feeling or if they were short of breath.</p> <p>On 1/26/11 the facility treatment records were reviewed. The pre and post dialysis assessments required on the treatment records were:</p> <p>Weight Vital signs Lungs, Heart, Edema, GI (bowels), Mental status, Condition of the Dialysis Access</p> <p>On 1/26/11, the facility policy for pre and post treatment assessments was reviewed. The pre-dialysis assessments required were:</p> <p>Weight Vital Signs Lungs, Heart, Edema, GI (bowels), Mental status, Condition of the Dialysis Access</p> <p>The post dialysis assessment requirements were:</p> <ol style="list-style-type: none"> 1. Weight and Vital signs (blood pressure, pulse and temperature) 2. Assess specifically about possible symptoms relating to significant weight loss or low blood pressure. note skin color and assess mental status. 3. Observe the patient as she/he prepares to 	V 726			

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V 726	<p>Continued From page 7</p> <p>leave...report any problems to the nurse in charge.</p> <p>4. Chart the time and manner in which the patient leaves...Note any unusual signs and symptoms. The nurse in charge is responsible for any necessary follow up...</p> <p>2. On 1/26/11, a sample of 24 treatment records each were reviewed for Patients 1, 2, 3, 4, 5, 6 and 9 for a total of 135 treatment records. Thirty-five (20%) of these treatment records did not have a final fluid goal documented.</p> <p>On 1/26/1 at 6 pm, Administrative Staff A confirmed the above findings.</p>	V 726			