

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: 052866	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2011
NAME OF PROVIDER OR SUPPLIER SAN YSIDRO DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 1445 30TH STREET SAN DIEGO, CA 92154	
(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 Department of Public Health during a recertification survey conducted from 3/22/11 to 3/25/11. The facility census at the time of the survey was 107 hemodialysis patients and 21 peritoneil dialysis patients. The sample size was 12 patients. Representing the Department were: Health Facility Evaluator Nurse (HFEN) 22383 and HFEN 15932. CCHT Certified Clinical Hemodialysis Technician CM Clinic Manager P&P Policy and Procedure SW Social Worker	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 record review, the facility failed to ensure a staff member washed their hands between 1 of 2 patient contacts, and also failed to ensure staff wore gloves when touching patient equipment. Findings:	V 113		4/7/11

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	<p>Continued From page 1</p> <p>1. The Social Worker was observed touching the chair of a patient receiving dialysis in Station 1 on 3/24/11 at 8:35 A.M.. Without washing her hands, she went to Station 14 and touched the arm of another patient receiving dialysis.</p> <p>The Social Worker stated on 3/24/11 at 8:45 A.M., "I forgot I touched the chair. I should have sanitized before I went to another patient area."</p> <p>The facility policy revised 9/10, titled "Infection Control for Dialysis Facilities" and reviewed on 3/25/11 indicated in part..."Hand hygiene is to be performed ...between patients even if the contact is casual, ...and before leaving the patient care area. Physicians, allied health professionals, social workers, and dietitians are to follow these same requirements for glove and hand hygiene."</p> <p>2. On 3/24/11 at 9:06 A.M., CCHT 2 placed new lines on the machine. After the lines were primed with saline, CCHT 2 connected arterial and venous blood lines with her bare hands. She then touched machine to restart the blood pump also with bare hands.</p> <p>On 3/24/11 at 10:00 A.M., CCHT 2 reset an alarming machine with her bare hands.</p> <p>3/24/11 at 3:29 P.M., CCHT 2 stated she did not remember touching lines or machine without wearing gloves.</p> <p>On 3/24/11 at 11:21 A.M., CCHT 5 stated it was never ok to touch the machine with bare hands. He said that they don't touch any of the bloodlines with their bare hands ever.</p>	V 113			

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V 113	Continued From page 2	V 113			
V 122	<p>The facility's P&P Infection Control for Dialysis Facilities, last revised September 2010 read in part ..."8. Teammates will wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station ..."</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, interview, and record review, the facility failed to ensure 1 of 1 acid jugs was disinfected and removed after patient use. The facility also failed to ensure prime buckets were disinfected after patient use.</p> <p>Findings:</p> <p>1. On 3/24/11 at 9:25 A.M., CCHT 3 disinfected the dialysis machine at Station 6. CCHT 3 picked up the acid jug, cleaned the landing it sat on and then replaced the acid jug without cleaning it.</p> <p>RN 2 stated on 3/24/11 at 10:01 A.M., Station 6 was, "Ready to go."</p> <p>CCHT 3 stated on 3/24/11 at 10:05 A.M., that he had, "Not cleaned the jug and shouldn't have put it back on the machine."</p>	V 122		4/7/11	

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V 122	Continued From page 3 The facility policy revised 9/10 titled, "Infection Control for Dialysis Facilities", indicated in part... "Teammates will thoroughly wipe down all non-disposable items and equipment...dialysis delivery systems, with an appropriate disinfectant after every treatment" and "Equipment including the dialysis delivery system...will be wiped clean with a bleach solution...before being used on another patient...and after each treatment." 2. On 3/24/11 at 9:06 A.M., CCHT 2 did not disinfect the prime bucket at Station 14 before she placed new lines on the machine. On 3/24/11 at 10:17 A.M., CCHT 2 primed Station 13 and did not disinfect the prime bucket between patients. On 3/24/11 at 3:29 P.M., CCHT 2 said she misunderstood the policy for cleaning of the prime bucket. She had thought the prime bucket was to be cleaned after the patient's system was primed and not between the patients. On 3/24/11 at 11:21 A.M., CCHT 5 stated the staff was to dump and disinfect the prime bucket between patients. The facility's P&P Infection Control for Dialysis Facilities, last revised September 2010 read in part ..." 45. Equipment including the dialysis delivery system, the interior and exterior of the prime container ...will be wiped clean with a bleach solution of the appropriate strength after completion of procedures, before being used on another patient, ...and after each treatment."	V 122			
V 143	494.30(b)(2) IC-ASEPTIC TECHNIQUES FOR IV MEDS	V 143		4/7/11	

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V 143	<p>Continued From page 4</p> <p>[The facility must-]</p> <p>(2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure 2 of 2 open bottles of Heparin indicated the date and time with staff initials when it was opened.</p> <p>Findings:</p> <p>On 3/22/11 at 8:45 A.M., an open multi-dose bottle of Heparin 30 ml was observed in the medication area. The Heparin did not indicate the date or time the bottle was opened or the initials of the staff that opened it.</p> <p>RN 2 stated on 3/22/11 at 8:55 A.M., the Heparin bottle, "Should have been dated once it was opened."</p> <p>On 3/23/11 at 2:15 P.M., another open multi-dose bottle of Heparin 30 ml was observed in the medication area. The Heparin vial also did not indicate the date or time the bottle was opened or the initials of the staff that opened it.</p> <p>The facility "Medication Policy" revised 3/10, and reviewed on 3/24/11, indicated in part... "Each vial is labeled with the date, time, and initials of the person opening the vial..."</p>	V 143			