

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:  <b>552577</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/25/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>SATELLITE DIALYSIS OF STOCKTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 EAST MARCH LANE, A100 STOCKTON, CA 95210</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) COMPLETION DATE	
V 000	INITIAL COMMENTS  The following represents the findings of the California Department of Public Health during a Recertification Survey from 3/22/11 - 3/25/11.  Representing the Department:  27519 27945  Census: 124 Hemodialysis Patients Sample size: 12	V 000			
V 122	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, interview, and record review, facility staff failed to properly disinfect all surfaces of the equipment used in the treatment stations. Lack of disinfection of the surfaces had the potential to transmit blood borne pathogens to other patients.  Findings:  1. During random observations of all dialysis treatment stations on 3/23/11 and 3/24/11, the staff was observed not completely disinfecting the	V 122		5/2/11	

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 122	<p>Continued From page 1</p> <p>equipment in the stations before or after each patient use.</p> <p>a. The evacuation kits (bags on the sides of the dialysis machines that contained the emergency disconnection equipment) and the sharps containers (a container used to discard needles and other sharps) were not disinfected between patient treatments in Stations 3, 5, 11, 14, 15, and 19.</p> <p>b. The display screens on the dialysis machines were not disinfected between patient treatments in Stations 15 and 19.</p> <p>c. The chairs were not reclined nor seat cushions removed to facilitate disinfecting the crevice between the seat and back and between the seat and the sides in Stations 3, 5, 11, 14, 15, and 19.</p> <p>2. During an interview with Nurse Administrator A on 3/24/11 at 4 pm, she stated it was the facility's expectation that the dialysis station was to be disinfected after each patient's treatment. The dialysis machine was to be disinfected from top to bottom. The sides were to be disinfected including the evacuation kit. The sharps container and any other equipment in the station used by the patient during a treatment would be disinfected. The chair was to be disinfected in the reclined position and the seat cushion removed. Disinfecting the chair included the side tables, the sides of the chair, the foot rest, and in the seat crevices around the inside of the chair.</p> <p>The facility policy and procedure titled, "Removal of the Used Dialysis Setup and Station Cleaning," dated 8/21/09, indicated that the surfaces to be</p>	V 122			

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V 122	Continued From page 2 cleaned would include the machine, chair, evacuation kits, the sharps container, and any equipment used by the patient during treatment.	V 122			