

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/06/2011
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CALIFORNIA IRVINE RENAL DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 THE CITY DRIVE SOUTH, BLDG 51 & 52 ORANGE, CA 92668
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{V 000}	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during a FOLLOW-UP RECERTIFICATION survey.</p> <p>The surveyor entered the facility on 4/5/11 at 0730 hours. The census at the time of the survey was 104 in-center hemodialysis patients, 16 home peritoneal dialysis patients, and one home hemodialysis patient. The patient sample consisted of three home peritoneal dialysis patients and seven in-center hemodialysis patients.</p> <p>The Facility Administrator and Nurse Manager were the facility coordinators for the survey .</p> <p>Representing the Department of Public Health: 22781, HFEN.</p> <p>GLOSSARY</p> <p>CHT - Certified Hemodialysis Technician FA - Facility Administrator IV - Intravenous PPE - Personal Protective Equipment RN - Registered Nurse</p>	{V 000}		
{V 113}	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p>	{V 113}		

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.

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

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{V 113}	Continued From page 1 Based on observation, the facility failed to ensure contaminated gloves were removed prior to leaving the treatment area and worn into an area where personal protective equipment was not allowed, which could possibly cause the spread of infection. Findings: This standard was previously cited in the survey completed November 2010. The facility's Plan of Correction for this standard showed an in-service would be done for all staff members as to appropriate infection control expectations, including the appropriate use of PPE. On 4/5/11 at 0845 hours, a housekeeper was observed entering the treatment area from the front entrance of the facility. The housekeeper was wearing gloves and pushing a trash container. Patient treatments were being started and ended as the housekeeper walked through the treatment area. The housekeeper was observed picking up items off the floor next to the machines and chairs, and placing them in the trash container. The housekeeper went from the front of the treatment area to the double doors at the back of the treatment area. The housekeeper was observed leaving the treatment area through the double doors wearing the same gloves used to pick up items from the treatment floor. There was a sign posted next to the double doors that showed PPE (Personal Protective Equipment which included gloves) was not to be worn past the double doors.	{V 113}			
{V 115}	494.30(a)(1)(i) IC-GOWNS, SHIELDS/MASKS-NO STAFF EAT/DRINK	{V 115}			

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{V 115}	<p>Continued From page 2</p> <p>Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing when performing procedures during which spurting or splattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory.</p> <p>This STANDARD is not met as evidenced by: Based on observation and facility policy, a staff member and a visitor were allowed in the patient treatment area without wearing a protective gown during the time when patient treatments were being ended and started, which could expose them to possible blood spurts or splashes.</p> <p>Findings:</p> <p>This standard was previously cited in the survey completed November 2010. The facility's Plan of Correction for this standard showed an in-service would be done for the staff members during one-on-one training sessions and shift huddles.</p> <p>On 4/5/11, review of the facility Infection Control Policy IC-20, adopted 1/11, showed staff members including the physicians, social services and dietary should wear a gown or lab coat if they were providing service to a patient during procedures that posed a high risk for spurting or splattering of blood.</p> <p>On 4/5/11 at 0825 hours, a family member was observed seated in a chair next to a patient during the time patient treatments were being ended or started, where they were exposed to the</p>	{V 115}			

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{V 115}	Continued From page 3 possible spurting or splashes of blood. The family member had a blanket wrapped around her, but was not wearing a protective gown. On 4/5/11 at 0845 hours, a housekeeper was observed entering the treatment area during the time patients were being taken off the dialysis machines and others were having their treatments started. The housekeeper was wearing gloves, but did not have on a protective gown. The housekeeper was seen bending down to pick up items off the floor next to the dialysis machines and chairs.	{V 115}			
{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 and facility policy review, the facility failed to ensure contaminated blood pressure cuffs were not placed on a disinfected dialysis machine, which could cause the spread of infections. Findings: This standard was previously cited in the survey completed November 2010. The facility's Plan of Correction for this standard showed that all staff	{V 122}			

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{V 122}	Continued From page 4 members had received an in-service. Review of the facility Infection Control Policy IC-20, adopted 1/11, showed shared patient care equipment that included blood pressure cuffs were not to be placed on a patient's chair or any other surface while doing whatever procedure was involved. On 4/5/11 at 0835 hours, CHT 1 was observed removing a blood pressure cuff from a patient's arm and placing it on the IV (intravenous pole) of the dialysis machine at Station 15. The dialysis machine had previously been disinfected, and was set up to begin the next patient's treatment. After the patient left, CHT 1 cleaned the dialysis chair, and removed the blood pressure cuff from the IV pole on the dialysis machine, disinfected it and placed it back on the IV pole.	{V 122}			
{V 250}	494.40(a) DIALYS PROPOR-T-MONITOR PH/CONDUCTIVITY 5.6 Dialysate proportioning: monitor pH/conductivity It is necessary for the operator to follow the manufacturer's instructions regarding dialysate conductivity and to measure approximate pH with an independent method before starting the treatment of the next patient. This STANDARD is not met as evidenced by: Based on observation and facility policy review, the facility failed to ensure independent testing of the machine dialysate was completed prior to the initiation of a patient's treatment to verify the readings on the machine were correct to ensure	{V 250}			

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{V 250}	Continued From page 5 patient safety. Findings: This standard was previously cited in the survey completed November 2010. The facility's Plan of Correction for this standard showed that ongoing concurrent monitoring would be done and immediate feedback given to the staff members. The monitoring sheets were provided to the surveyor. Review of the facility Policy Hemodialysis Flow Sheet MR-10, adopted 1/11, showed an independent check of the dialysate should be done to ensure the readings on the dialysis machine were correct. On 4/5/11, during observation of the treatment area from 0800 hours to 1000 hours, an independent check of the dialysate was not completed prior to the start of the patients' treatments on Stations 14, 15 and 16.	{V 250}			