

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

PRINTED: 10/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052787	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALAMEDA COUNTY DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 10700 MACARTHUR BLVD SUITE 14 OAKLAND, CA 94605
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V 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 05189 The following represents the findings of the Department of Public Health during a complaint investigation.</p> <p>Complaint number: CA00200737.</p> <p>Representing the Department of Public Health: Dorothy Rice, HFEN.</p> <p>The inspection was limited to the specific complaint being investigated and does not represent the findings of a full inspection of the facility.</p> <p>Complaint Number CA00200737 was substantiated and two deficiencies were cited under V 276 and V 452.</p>	V 000		
V 452	<p>494.70(a)(1) PR-RESPECT & DIGNITY</p> <p>The patient has the right to-</p> <p>(1) Respect, dignity, and recognition of his or her individuality and personal needs, and sensitivity to his or her psychological needs and ability to cope with ESRD</p> <p>This STANDARD is not met as evidenced by: Surveyor: 05189 Based on patient and staff interview and record review, the facility failed to ensure two (Patients 2 and 3) of 15 patients interviewed were treated with respect and dignity when staff spoke in the treatment area a language not understood by the patients. This practice could cause patient anxiety, miscommunication, and patient alienation.</p>	V 452		

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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V 452	<p>Continued From page 1</p> <p>Findings:</p> <p>On 5/6/10 during the facility tour, 15 patients were interviewed about of a concern of staff speaking a non-English language in their presence. The following remarks were made:</p> <p>a. At approximately 8:00 a.m., Patient 2 stated, "It's OK sometimes. I mainly have concerns when there are problems with my machine." Patient 2 further stated, "I don't like it because we talk in English, and I don't know what they're saying. They could be talking about me!"</p> <p>b. At approximately 10:15 a.m., Patient 3 stated, "I'll just be wondering what they [staff] are saying. For example, if they are around and looking at the machine, I don't know if something is wrong or not!"</p> <p>On 5/6/10, the review of the facility policy titled "Language In The Workplace", showed the following: "In order to decrease patient anxiety and to maintain professional standards and open communication among patients, and staff, we use the English language for all communication in the patient care areas and when discussing patient care." The policy further showed that the guideline was in place to, "Ensure clear communication; prevent...patient from feeling excluded from conversation; and prevent tension among...patients, resulting from feelings of intimidation or that they are the subject of the conversation."</p> <p>Staff B stated during an interview on 5/6/10 that although staff was educated about the deficient practice, she was not sure why staff did not follow the written policy.</p>	V 452			

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V 676	<p>494.130 LAB-CLIA LABS/MEET NEEDS OF PTS</p> <p>The dialysis facility must provide or make available, laboratory services (other than tissue pathology and histocompatibility) to meet the needs of the ESRD patient. Any laboratory services, including tissue pathology and histocompatibility must be furnished by or obtained from, a facility that meets the requirements for laboratory services specified in part 493 of this chapter.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 05189 Based on staff interview and record review, that facility failed to implement its adopted laboratory policy and procedure regarding the method of blood specimen collection for five of 51 patients. (Patients 1, 4, 5, 6, 7) This failure created delay in monitoring treatment outcomes and in assessment of patients needs.</p> <p>Finding:</p> <p>Review on 5/6/10 of facility procedure for Blood Specimen Processing showed that SST (serum separator tube) was used for testing Pre- BUN (blood urea nitrogen) and most chemistries. The SST was also used for most specialized tests that required serum and therapeutic drug monitoring. The procedure directed the staff to draw the blood, to gently invert the collection tube 7-10 times, to allow the specimen to clot for 30 minutes, then to, "spin all SST tubes for 15 minutes in a balanced centrifuge at 4.0 (or maximum) RPM (revolutions per minute)."</p> <p>On 5/6/10, review of the Monthly Nutrition Report, dated 7/7/09, showed no values for routine monthly blood tests for Patient 1, as well as for</p>	V 676		

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V 676	Continued From page 3 Patients 4, 5, 6, and 7. For example, there was no data or numerical test results or values for albumin, potassium, phosphorous, CORRCa (corrected Calcium), KTV and URR (treatment adequacy tests). The "Patient Lab Chart Report" showed that the blood specimen obtained at the facility on 7/7/09 was not spun adequately to allow for the test to be performed by the laboratory. The report read, "Unspun SST[serum separating tube] -recollect." Staff B acknowledged the deficient practice on 5/6/10 and stated that although staff received education on the Blood Specimen Processing procedure, she was not sure why staff had not spun the tube as indicated in the procedure.	V 676			