

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

PRINTED: 09/30/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052799	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER SAN DIEGO SOUTH DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 995 GATEWAY CENTER DRIVE SUITE 101 SAN DIEGO, CA 92102	
(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 Surveyor: 22383 The following represents the findings of the Department of Public Health during a recertification visit. The facility census at the time of the visit was 82 hemodialysis patients. Representing the Department were: Jackie Gallen, RN, HFEN and Cheryl Lilley RN, HFEN.	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: Surveyor: 15930 Based on observation and interview the facility failed to maintain intact surfaces on 3 of 3 chairs in the patient waiting room and 2 chairs in the patient care area (station 1 and 9). Which has the potential to increase the chances of transmission of dangerous pathogens. Findings: 1. Observations during the initial tour of the facility on 4/20/10 at 10:00 A.M., identified that a patient chair, at station 9, had a 3 x 3 inch tear on the left side of the foot rest. Three of 3 chairs in the patient waiting room had	V 122		5/28/10

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	Continued From page 1 torn surfaces. One chair had a 1 x 1 inch tear on the seat of the chair and 2 chairs had tears across the top edges where the stitching had come apart. The administrator stated on 4/27/10 at 4:30 P.M., he was unaware of the condition of the chairs. Surveyor: 22383	V 122		
V 543	2. During an interview with a patient seated at station 1, on 4/27/10 at 10:45 A.M., there was a small tear on the armrest of the chair. The tear caused exposure of the chair's padding. 494.90(a)(1) POC-MANAGE VOLUME STATUS The plan of care must address, but not be limited to, the following: (1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status; This STANDARD is not met as evidenced by: Surveyor: 22383 Based on observation, interview and record review, record review the facility failed to meet patient's dry weight goals for 2 of 8 sampled patients (5, 8).; failed to ensure that staff documented post treatment standing blood pressures for 1 of 8 sampled patients (1); and also failed to ensure that staff documented patients' vital signs, every 30 minutes, during treatment time, for 5 of 8 sampled patients (1, 2, 3, 7, 8) Findings: 1. Patient 5's clinical record was reviewed on 4/23/10. According to the Flow sheets, Patient 5's	V 543		5/28/10

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V 543	<p>Continued From page 2</p> <p>dry weight (patient's weight without excess fluid) was to be 84.7 kilogram (kg). The treatment sheets showed that Patient 5's dry weight ranged from 86.2 kg to 88.3 kg after dialysis. This was 1.5 to 3.6 kg (3.3 to 7.9 pounds) more than the dry weight ordered by the physician.</p> <p>2. Patient 8's clinical record was reviewed on 4/27/10. According to the Flow sheets, Patient 8's dry weight (patient's weight without excess fluid) was to be 65 kg (kilogram). The treatment sheets showed that Patient 8's dry weight ranged from 66.2 kg to 72.3 kg after dialysis. This was 1.2 to 7.3 kg (2.5 to 16 pounds) more than the dry weight ordered by the physician.</p> <p>Continued review of Patient 8's treatment records identified that on 2/12/10, staff documented vital signs and machine settings, 56 minutes apart. On 2/19/10 staff recorded the vital signs 62 minutes apart; and on 2/22/10 staff recorded the vital signs 59 minutes apart.</p> <p>On 4/23/10 at 2:15 P.M., the Clinical Manager staff that staff were to monitor and record vital signs and machine settings at least every 30 minutes while patients received their dialysis treatments.</p> <p>3. On 4/27/10, Patient 2's treatment records showed a treatment record for 3/31/10. There was documentation of vital signs and machine settings that were 57 minutes apart, and 42 minutes apart. On 4/2/10, staff recorded settings and vital signs 47 minutes apart. On 4/9/10, staff recorded the vital signs 46 minutes apart.</p> <p>On 4/23/10 at 2:15 P.M., the Clinical Manager</p>	V 543			

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V 543	<p>Continued From page 3</p> <p>staff that staff were to monitor and record vital signs and machine settings at least every 30 minutes while patients received their dialysis treatments.</p> <p>4. During record review for Patient 7 on 4/27/10, there was a treatment record for 4/2/10. There was documentation of vital signs and machine settings that were 51 minutes apart.</p> <p>On 4/23/10 at 2:15 P.M., the Clinical Manager staff that staff were to monitor and record vital signs and machine settings at least every 30 minutes while patients received their dialysis treatments.</p> <p>Surveyor: 15930</p> <p>5. On 4/27/10, Patient 1's clinical record contained a treatment sheet dated 4/1/10. It contained documentation that the vital signs (blood pressure and pulse) taken during the patient's treatment, had a 49 and 61 minute delay. The treatment sheet dated 4/17/10 contained documentation of vital signs with a 50 and 58 minute delay.</p> <p>Staff member 3 stated on 4/27/10 at 3:00 P.M., that vital signs were to be documented every 30 minutes.</p> <p>6. On 4/27/10, Patient 3's clinical record contained a treatment sheet dated 4/14/10. It contained documentation that vital signs, taken during the patient's treatment, had a 53 minute delay.</p> <p>Staff member 3 stated on 4/27/10 at 3:00 P.M., that vital signs were to be documented every 30 minutes.</p>	V 543			

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V 543	Continued From page 4 7. During review of Patient 1's clinical record, on 4/27/10 at 11:00 A.M. there was a Post Treatment Sheet dated 4/7/10. It did not contain documentation related to the patient's standing blood pressure. On 4/27/10 at 3:00 P.M., Staff 3 stated that pre and post standing blood pressures needed to be documented.	V 543			