

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:  <b>052714</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/26/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DESERT CITIES DIALYSIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12675 HESPERIA ROAD</b> <b>VICTORVILLE, CA 92392</b>
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(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 25868 The following reflects the findings of the California Department of Public Health during the investigation of 2 complaints.</p> <p>Complaint numbers: CA00226311 and CA00226668</p> <p>Representing the California Department of Public Health: Lourdes Singh, RN, HFEN.</p> <p>The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>A deficiency was written as a result of complaint numbers CA00226311 and CA00226668.</p>	V 000		
V 196	<p><b>494.40(a) CARBON ADSORP-MONITOR, TEST FREQUENCY</b></p> <p>6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are no set patient shifts, testing should be performed approximately every 4 hours.</p> <p>Results of monitoring of free chlorine, chloramine, or total chlorine should be recorded in a log sheet.</p> <p>Testing for free chlorine, chloramine, or total chlorine can be accomplished using the N.N-diethyl-p-phenylene-diamine (DPD) based test kits or dip-and-read test strips. On-line monitors can be used to measure chloramine</p>	V 196		

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 196	<p>Continued From page 1</p> <p>concentrations. Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels described in [AAMI] 4.1.1 (Table 1) [which is a maximum level of 0.1 mg/L].</p> <p>Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramine levels will decrease if the sample is not assayed promptly.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 25868 Based on observation, interview, and record review, the facility failed to ensure that expired test strips were not used to test for the presence of chloramine in the water. This failure had the potential to result in patient's harm since above normal levels of chloramine in the water can cause the destruction of the patients' red blood cells for an universe of approximately 170 patients who receive hemodialysis treatments in the facility.</p> <p>Findings:</p> <p>During observation of Staff A performing a test for the presence of chloramine in the water, on 5/26/10, at 3:25 PM, in the water room, Staff A performed the test using a test strip that she obtained from a bottle labeled "Hi Sense Ultra 0.1", 100 strips per bottle, with an expiration date of 03/10. When Staff A was advised that the test strip she used was expired, Staff A selected a new bottle from a box in front of her. Staff A was observed checking for the expiration date and stated that, "this bottle is also expired".</p> <p>Observation conducted on 5/26/10, at 3:30 PM, in</p>	V 196			

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V 196	<p>Continued From page 2</p> <p>the water room, of the remaining test strips bottles labeled "Hi Sense Ultra 0.1", revealed that a total of 12 bottles, 100 test strips each, had an expiration date of 03/10.</p> <p>During an interview with Staff A, on 5/26/10, at 3:32 PM, in the water room, confirmed that a total of 12 bottles of test strips were expired and stated that, "I know I was not supposed to use expired test strips, but I was not aware that they were expired".</p> <p>During an interview with the facility's bio-technician conducted on 5/26/10, at 3:36 PM, in the water room, the bio-technician stated that his staff failed to monitor for expired supplies to make sure they were not expired.</p> <p>Review of the facility's policy and procedure titled "Chloramine Testing" dated 9/08/08, documented that all bottles of strips would be checked on a monthly basis to ensure the expiration date had not exceeded.</p>	V 196			