

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>052742</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/26/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAI - EAST 14TH STREET - SAN LEANDRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 E 14TH ST</b> <b>SAN LEANDRO, CA 94577</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 22301 The following represents the findings of the California Department of Public Health during the investigation of four complaints.</p> <p>Complaint numbers: CA00210006, CA00198287, CA00200623, and CA00211854</p> <p>Representing the Department: Lutgarda F. Sturms, 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>There were no deficiencies cited for the complaints, however, three deficiencies not related to the complaints were written.</p>	V 000		
V 121	<p><b>494.30(a)(4)(i) IC-HANDLING INFECTIOUS WASTE</b></p> <p>[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- (i) Handling, storage and disposal of potentially infectious waste;</p> <p>This STANDARD is not met as evidenced by: Surveyor: 22301 Based on observation and interview, the facility failed to follow standard infection control precautions when a used syringe was left on the patient's chair arm rest. This failure may increase</p>	V 121		

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 121	Continued From page 1 the risk of transmission of blood borne pathogens.  Findings:  During the facility tour on 1/26/10 at approximately 11:30 am, it was observed that there was a used 10 ml syringe labelled Heparin for Patient 1. The syringe was lying in the blue chux covering the chair's arm rest. During an interview, Staff 1 said that the syringe was used to inject the heparin bolus for Patient 1 and was supposed to be discarded in the sharp container after use. "The PCT (patient care technician) must have forgotten to throw it", Staff 1 stated.	V 121		
V 401	494.60 PE-SAFE/FUNCTIONAL/COMFORTABLE ENVIRONMENT  The dialysis facility must be designed, constructed, equipped, and maintained to provide dialysis patients, staff, and the public a safe, functional, and comfortable treatment environment.  This STANDARD is not met as evidenced by: Surveyor: 22301 Based on observation and interview, the facility failed to maintain a safe environment for staff and patients by allowing pools of water on the floor in the proximity of treatment area and by not having clear labeling of the oxygen tubes. This failure increased the risks of accidents.  Findings:  Observation during the facility tour in the presence of Staff 1 on 1/26/10 at approximately 12:30 p.m., showed a pool of water about two	V 401		

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V 401	Continued From page 2 square feet in size by the east side corner of the treatment room. The wet floor extended up to the area close to patient Station 4.  There were seven oxygen tanks stored in the wet area. One of the oxygen tanks was not secured in place and was standing without a support cart. Five of the oxygen tanks had no labelling or identifier whether the oxygen tanks were full or empty. Only two of the tanks had a blue colored label that read, "full".  The seven oxygen tanks were stored by a door labelled "Emergency Exit Door". The oxygen tanks were blocking the emergency exit door.  Patient 2 who was interviewed at approximately 1 p.m. and said that on three incidents when she needed oxygen support , " It took them awhile to give me the oxygen. They should know exactly what tank to get, the empty tanks should not be mixed with the other tanks. Time is very important when you can't breath."	V 401			
V 402	494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY  The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.	V 402			

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V 402	Continued From page 3 This STANDARD is not met as evidenced by: Surveyor: 22301 Based on observation and interview, the facility failed to maintain the east side corner of the treatment room in good repair, creating the potential for inefficient cleaning and for bacterial growth that could potentially cause harm to the patients.  Findings:  During the facility tour on 1/26/10 in the presence of Staff 1, it was observed that the wall by the east exit door was broken and separated about 6 inches from the floor. Another wall area behind patient stations 4 and 3 was broken about half a foot long. These broken areas into the wall were blackish in color. Visitor 1, who was at the chairside of Patient 3 said, "I have seen those before, they've been broken for some time, molds can grow there."	V 402			