

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: 052610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/03/2010
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NAME OF PROVIDER OR SUPPLIER RAI - 2710 TELEGRAPH - OAKLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2710 TELEGRAPH AVENUE OAKLAND, CA 94609
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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>INITIAL COMMENTS</p> <p>Surveyor: 05189 The following represents the findings of the Department of Public Health during an investigation of a complaint.</p> <p>Complaint number: CA00198249.</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>The following deficiencies were identified during the investigation of Complaint number CA00198249.</p>	V 000		
V 726	<p>494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE</p> <p>The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 05189 Based on staff interview and record review, the facility failed to:</p> <p>Keep documents attesting to staff 's training regarding maintaining the confidentiality of patient information in one (Staff H) of six personnel records reviewed.</p>	V 726		

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 726	<p>Continued From page 1</p> <p>Include the correct name of the facility where one (Patient 1) of one patient s reviewed was transferred.</p> <p>Maintaining incomplete or inaccurate information could be misleading and could impede certain monitoring processes that ensure the quality of care.</p> <p>Findings:</p> <p>1. During an interview on 5/3/10, Staff C stated that all staff were educated about not disclosing patient confidential information and have signed acknowledgment documents.</p> <p>Review of the facility "Personnel Records/Files-Maintaining" policy showed the following: "It is required to keep the following information in each employee's personnel file: Signed Confidentiality Agreement Compliance Program Summary."</p> <p>The "Confidential Information" document relating to the "Signed Confidentiality Agreement" showed that staff "understand that preserving the confidential information...is very important and that I will not disclose such confidential information for any reason other than when necessary for the business needs..."</p> <p>The "Compliance Acknowledgement " indicated staff "received and read a copy of the Compliance material . "</p> <p>Review of six (Staff D, Staff E, Staff F, Staff G, Staff H, and Staff G) personnel files showed the</p>	V 726			

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V 726	Continued From page 2 following: Staff H was hired on 5/23/2007 and did not receive training on protecting the confidentiality of patient information until 8/12/09, after the facility received a complaint regarding a disclosure of patient confidential information on 8/12/09. Staff C could not provide an explanation why Staff H's personnel file did not have evidence of an earlier training. 2. On 5/3/10, review of Patient 1's medical record showed that Patient 1 was discharged to a sister facility in the area. Staff A stated that there was an error in documentation as the corporation which owned the facility did not have a sister facility in the town noted in Patient 1's record.	V 726			