

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: 052721	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2010
NAME OF PROVIDER OR SUPPLIER RAI-2757 TELEGRAPH-OAKLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 2757 TELEGRAPH AVENUE OAKLAND, CA 94612	
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V 000	INITIAL COMMENTS Surveyor: 05189 The following represents the findings of the Department of Public Health during an investigation of two complaints: CA00208879 and CA00220508. Representing the Department of Public Health: Dorothy Rice, HFEN. The inspection was limited to the specific complaints being investigated and does not represent the findings of a full inspection of the facility. Complaint Number CA00208879 was substantiated and six deficiencies were issued. (V 403, V 407, V 452, V 541, V 726 and V 757) Complaint Number CA00220508 was substantiated and one deficiency was issued. (V 726 # 3)	V 000		
V 403	494.60(b) PE-EQUIPMENT MAINTENANCE-MANUFACTURER'S DFU The dialysis facility must implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations. This STANDARD is not met as evidenced by: Surveyor: 05189 Based on observation, interview, and record review, the facility failed to implement its own procedure for addressing equipment that	V 403		

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 403	<p>Continued From page 1</p> <p>malfunctioned. One (machine #2 at Station 7) of 27 dialysis machines in the treatment room emitted abnormal sounds and was in use for Patient 8's treatment. This failure created the potential for negative treatment outcome.</p> <p>Findings:</p> <p>On 5/4/10 at approximately 8:55 a.m., intermittent, moderately loud, thumping sounds could be heard coming from dialysis machine # 2 at station 7. Staff O (patient care staff), standing in close proximity of the machine #2, acknowledged the sounds and stated he heard the sounds, "since I put her (Patient 8) on [started treatment] today."</p> <p>In an interview on 5/4/10, Patient 8 indicated she had "had this machine for about two weeks". Patient 8 stated, "It bothers me! I asked him [Staff O] what it [moderate loud intermittent sound] was, but he never gave me an answer."</p> <p>Staff P (Biomedical Technical staff) who was knowledgeable about machine maintenance was interviewed on 5/4/10. Staff P described the practice direct patient care staff was to follow in case the dialysis machines or other equipment malfunctioned. Staff P stated that whenever direct care staff observed any abnormalities in the machine that included abnormal loud sounds, direct care staff was to remove the machine from the treatment floor, tag it, and complete a "Machine Service Request" form order for the Biomedical staff to review, evaluate, and subsequently service the machine as needed. Staff P further stated that this system was in effect for some time, but that no official written policy and procedure was developed and</p>	V 403			

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V 403	Continued From page 2 available for review.	V 403		
V 407	<p>Review of the "Biomedical Equipment Support Team Service Documentation form", dated 5/4/10, for machine #2, showed the following: "Verified problem, blood pump [machine appendage] making noise when in use. Blood pump motor needs to be replaced..."</p> <p>494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS</p> <p>Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement).</p> <p>This STANDARD is not met as evidenced by: Surveyor: 05189 Based on observation, staff interview and record review, the facility failed to ensure that the vascular access sites for six of 27 patients were visible to staff during treatment. (Patients 4, 13, 14, 15, 16, 18) This failure provided an opportunity for accidental needle dislodgement or a bloodline disconnection go undetected resulting in immediate severe blood loss and possible patient death.</p> <p>Findings:</p> <p>On 5/4/2010 during a tour of the facility, the following were observed:</p> <p>a. At approximately 10:40 a.m., Patient 13 at station 23 had his access covered by a blue Chux while receiving treatment.</p> <p>b. At approximately 11:00 a.m., Patient 14 at station 3, while receiving treatment and apparently being asleep, had the vascular access</p>	V 407		

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V 407	Continued From page 3 covered with a jacket. c. At approximately 11:05 a.m., Patient 16 at station 10, while receiving treatment, had the vascular acces covered with a blanket. d. At approximately 11:10 a.m., Patient 4 at station 17 had the vascular access covered while receiving treatment. e. At approximately 11:15 a.m., Patient 15 at station 22, while receiving treatment, had the access covered with a jacket. f. At approximately 11:17 a.m., Patient 18 at station 17, had the access covered with a blanket during treatment. Staff F acknowledged the deficient practice on 5/4/10 and stated that the facility's practice was to maintain the vascular access visible to staff. Review of the facility's policy # IC-35, revised 7/09 showed, "the patient's vascular access must remain uncovered and readily visible throughout the course of the patient's treatment".	V 407			
V 452	494.70(a)(1) PR-RESPECT & DIGNITY The patient has the right to- (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 This STANDARD is not met as evidenced by: Surveyor: 05189 Based on observation, interview and record review, the facility failed to ensure 11 of 27 patients' observed/interviewed were treated with respect and dignity (Patients 3, 4, 6, 7, 8, 9, 10, 12, 17, 18, and 19). 1. The facility failed to ensure that for nine of 22	V 452			

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V 452	<p>Continued From page 4</p> <p>patients interviewed staff did not speak, in the patients' presence and during treatment, a language patients could not understand (Patients 4, 6, 7, 8, 9, 10, 12, 18, 19). This practice could lead to patient anxiety, miscommunication, and had the potential of patient alienation.</p> <p>2. The facility failed to ensure three of 27 patients observed in the treatment area, were treated with respect and dignity when staff did not explain the reason for delay in treatment initiation (Patient 3, 4, 17). This failure could create increased anxiety for patients and mistrust of staff.</p> <p>Findings:</p> <p>1. On 5/4/10 during the initial tour of the facility from approximately 8:45 a.m. to 11:05 a.m., patients were interviewed about staff speaking in a non-English language in patients presence. The following remarks were made:</p> <p>a. At approximately 8:45 a.m., Patient 6 stated, "I can't understand that Spanish-speaking staff; I kind of feel strange; I feel that folks are talking about me!"</p> <p>b. At approximately 8:50 a.m., Patient 7 stated, "They speak Tagalong; There are times when I think they are talking about me."</p> <p>c. At approximately 8:55 a.m., Patient 8 stated, "I feel that they may be talking about me sometimes."</p> <p>d. At approximately 9:10 a.m., Patient 9 stated, "They come over and speak that language [non-English] a lot; Sometimes its offensive; I've told them they need to speak English."</p> <p>e. At approximately 9:15 a.m., Patient 10 stated, "I don't like it when they speak it [non-English language] around me; I don't like it because I</p>	V 452			

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V 452	<p>Continued From page 5</p> <p>don't know what they're saying!"</p> <p>f. At approximately 9:40 a.m., Patient 18 stated, "I don't know what they're saying [in the non-English language], and it makes me feel uncomfortable."</p> <p>g. At approximately 10:10 a.m., Patient 12 stated, "Sometimes I feel uncomfortable since I only speak English; I have to tell them [staff] to speak English."</p> <p>h. At approximately 10:25 a.m., Patient 4 stated, "It can be annoying when they're talking over you. It's a lack of disregard of the patient when its done in the presence of the patient!"</p> <p>i. At approximately 11:10 a.m., Patient 19 stated, "Sometimes it bothers me. I'm wondering if they're discussing me."</p> <p>Staff F acknowledged the deficient practice on 5/4/10 and stated the facility's practice was for staff to speak English except when communicating to those patient who had difficulty in speaking, or could not speak or communicate in the English language.</p> <p>2. On 5/4/10 at approximately 9:30 a.m., Patient 17 was lying in a reclining chair in the clinical area, nearby the second nursing station, accompanied by a relative. The family member introduced herself and stated she accompanied Patient 17 to all treatments. The family member then stated, "She [Patient 17] is supposed to be on [receiving treatment] at 9:30 a.m. She's [Patient 17] put on [treatment start] late the majority of the time!" When the surveyor asked the family member the reasons the staff gave for delayed treatment, the family member stared at the surveyor and said, "They never do give an explanation why [family member] gets on late!" At 10:00 a.m., Patient 17 was sitting in the treatment chair while staff began setting up the</p>	V 452			

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V 452	<p>Continued From page 6 machine for treatment.</p> <p>The review of the patient schedule, dated 5/4/10 submitted by staff for review showed that Patient 17's treatment was scheduled to start at 9:30 a.m.. Later review of the flowsheet, dated 5/4/10, showed the treatment was not started until 10:30 a.m. (one hour late) and ended at 12:45 p.m..</p> <p>3. At approximately 10:10 a.m. on 5/4/10, Patient 3 was seated in the treatment chair at his designated station awaiting the start of treatment. At 10:25 a.m., staff started treatment for Patient 3. Review of the patients' schedule, dated 5/4/10, showed Patient 3's treatment was scheduled to start at 9:45 a.m.. When the surveyor asked Patient 3 for the reason given by staff for the delay in treatment, Patient 3 stated, "One time I asked, they gave me a pretty good reason. But lately when I ask, they don't tell me anything!" Subsequent review of the flow sheet showed that treatment was not started until 10:30 a.m. (45 minutes late), and ended at 1433 (2:33 p.m.).</p> <p>4. At approximately 10:25 a.m., Patient 4 was seated in the treatment chair at his designated station awaiting the start of treatment. The patient schedule, dated 5/4/10, showed that Patient 4's treatment was scheduled to start at 9:15 a.m. When the surveyor asked Patient 4 about his wait time for the start of treatment, Patient 4 stated, "I'm scheduled for 9:15 a.m. The last couple of weeks, I've been late [for staff to start treatment] ! I don't know what happened today. Last week they said the computer was down." Patient 4 further stated in a strong voice, "I have other things scheduled, now I'm going to be late! Nobody tells you why you're late being put on!"</p>	V 452			

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V 452	Continued From page 7 Later, the review of the flow sheet showed Patient 4's treatment was not started until 10:45 a.m. (one hour and forty-five minutes late), and ended at 13:49 p.m.. Staff F acknowledged the treatments were initiated late, but indicated that she was not sure why staff did not give patients an explanation for the delays.	V 452			
V 541	494.90 POC-GOALS=COMMUNITY-BASED STANDARDS The interdisciplinary team as defined at §494.80 must develop and implement a written, individualized comprehensive plan of care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include measurable and expected outcomes and estimated timetables to achieve these outcomes. The outcomes specified in the patient plan of care must be consistent with current evidence-based professionally-accepted clinical practice standards. This STANDARD is not met as evidenced by: Surveyor: 05189 Based on staff interview and record review, the facility failed to develop a plan of care to address Patient 2's needs related to incontinence. This failure had the potential for shortened treatments with decreased dialysis adequacy. Findings: On 5/4/10 at approximately 9:00 a.m., staff completed Patient 2's treatment. Staff J (RN)	V 541			

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V 541	Continued From page 8 stated that the patient's scheduled treatment time was from 6:00 a.m. to 9:00 a.m. Review of the flowsheet, dated 5/4/10, showed Patient 2 had a physician order for a 180 minute (3 hours) treatment. Further review showed Patient 2 ' s treatment was started at 6:30 a.m., 30 minutes late. When asked about the delay, Staff J stated Patient 2 arrived at the facility on time, but could not be started on treatment because Patient 2 was "soaking wet [with urine], uncomfortable, shouting ", and had to be returned to the skilled nursing facility where the patient resided. Review of the quarterly Minimum Data Set, dated 3/5/10 and utilized by the skilled nursing facility as an assessment tool, showed that Patient 2 ' s cognitive skills were "moderately impaired", and Patient 2 was "incontinent (inadequate control)" of both bladder and bowel. During an interview on 5/4/10, Staff J stated there was no plan of care developed for Patient 2 to address his needs related to urinary incontinence. Staff J further stated that the facility used an inter-facility communication document utilized by both facilities (the dialysis center and the skilled nursing facility). Review of the inter-facility communication document showed no evidence that the incident of incontinent episode interfering with the dialysis treatment was communicated and addressed.	V 541			
V 726	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE 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	V 726			

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V 726	Continued From page 9 other home dialysis patients whose care is under the supervision of the facility. This STANDARD is not met as evidenced by: Surveyor: 05189 Based on staff interview and record review, the facility failed to maintain complete records for one (Patient 2) of six records reviewed. Patient 2's care needs related to incontinence were not documented in the medical record. This failure placed Patient 2 at risk of not having a comprehensive plan of care that addressed his needs. Findings: On 5/4/10 at approximately 9:00 a.m., staff completed Patient 2's treatment. Staff J (RN) stated that the patient's scheduled treatment time was from 6:00 a.m. to 9:00 a.m. Review of the flowsheet, dated 5/4/10, showed Patient 2 had a physician order for a 180 minute (3 hours) treatment. Further review showed Patient 2 ' s treatment was started at 6:30 a.m., 30 minutes late. When asked about the delay, Staff J stated Patient 2 arrived at the facility on time, but could not be started on treatment because Patient 2 was "soaking wet [with urine], uncomfortable, shouting ", and had to be returned to the skilled nursing facility where the patient resided. However, there was no evidence in Patient 2's clinical record that this incident was documented, in order to be evaluated and addressed. (refer to V541)	V 726		
V 757	494.180(b)(1) GOV-STAFF # & RATIO MEET PT NEEDS The governing body or designated person responsible must ensure that-	V 757		

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V 757	<p>Continued From page 10</p> <p>(1) An adequate number of qualified personnel are present whenever patients are undergoing dialysis so that the patient/staff ratio is appropriate to the level of dialysis care given and meets the needs of patients;</p> <p>This STANDARD is not met as evidenced by: Surveyor: 05189 Based on observation, staff interview and record review, the facility failed to have adequate number of qualified staff present during treatment to ensure that three of 27 patients observed had the treatment initiated timely (Patients 3, 4, 17). This failure created inconvenience and anxiety for patients and had the potential that treatments be cut short in order to accommodate next shift of patients.</p> <p>Findings:</p> <p>On 5/4/10, the surveyor observed three patients sitting in treatment chairs awaiting the start of treatment. Patient 17's treatment was scheduled to start at 9:30 a.m., but was not started until 10:30 a.m. Patient 3 was scheduled for treatment at 9:45 a.m., but was not started until 10:30 a.m. and Patient 4's treatment was started at 10:45 a.m. instead of 9:15 a.m. (Refer to V452)</p> <p>On 5/5/10, during an interview, Staff F stated that the reason why treatments were initiated late on 5/4/10 (Tuesday) was because of the patients' acuity. Staff F stated the acuity factor included a lot of patients with catheters (vascular access placement) on Tuesdays that were not scattered throughout the assignment, and required direct Registered Nurse (RN) care. Staff F further explained that the staffing pattern included two</p>	V 757			

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V 757	<p>Continued From page 11</p> <p>RNs. Each of the RNs was assigned to one of the two teams of patients. One of the teams (where the above patients were included) had concentration or clusters of patients with catheter that were concentrated in one area during same time interval, making it difficult for staff to meet the patients scheduled start time.</p> <p>Review of the "Staffing: Medical And Clinical" policy, revised 10/08, showed that each center "shall develop a staff plan" based on "patient acuity [based on things such as...care needs]"</p> <p>Staff E and Staff F acknowledged the deficient practice. Staff E stated the facility was "working on eliminating catheters", and had adopted a new pilot staffing plan, titled "Spot Tool" that included patient acuity assessment. Staff F stated the tool had provided better staffing but had been implemented only for the "Monday, Wednesday, Friday" patient schedule and not for the "Tuesday, Thursday, Saturday" schedule.</p>	V 757			