

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

PRINTED: 10/05/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 552652	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2010
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NAME OF PROVIDER OR SUPPLIER SATELLITE DIALYSIS OF WHITE ROAD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SOUTH WHITE ROAD, SUITE 30 SAN JOSE, CA 95127
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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	INITIAL COMMENTS Surveyor: 05189 The following represents the findings of the California Department of Public Health, Licensing and Certification Unit during an Initial Certification visit conducted on 6/21/2010. Representing the Department: Dorothy Rice, HFEN The following deficiency was identified during the visit.	V 000		
V 412	494.60(d)(2) PE-ER PREP-PTS ORIENTED/TRAINED The facility must provide appropriate orientation and training to patients, including the areas specified in paragraphs (d)(1)(i) of this section. This STANDARD is not met as evidenced by: Surveyor: 05189 Based on patient and staff interview and record review, the facility failed to ensure that one (Patient 1) of one patient interviewed was knowledgeable and trained about the emergency procedures during an outside disaster event. This failure did not ensure that the patient would know how to handle the emergency and what to do in the event of a disaster out of the facility. Findings: On 6/21/10 at approximately 9:20 a.m., the surveyor conducted an interview with Patient 1. At that time when the evaluator asked Patient 1 what he was told to do in emergency situations, Patient 1 clearly described and demonstrated the appropriate procedure to disconnect herself from the machine. However, when the surveyor asked	V 412		6/23/10

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 412	<p>Continued From page 1</p> <p>Patient 1 to verbalize how she would handle an emergency out of the facility such as an earthquake, Patient 1 stared at the surveyor, and stated, "I would panic if there was an earthquake!" Patient 1 further stated that staff had given her some "papers" which might have contained the information, but she was not sure.</p> <p>Subsequently, during a later interview, Staff H stated she had given Patient 1 some emergency dietary informational material, but had not reviewed and explained the information to Patient 1.</p> <p>On 6/21/10, the review of the record showed that Patient 1 was admitted to the facility on 5/7/10.</p> <p>The review of the Nutritional Assessment, dated 5/28/10, showed that Staff H gave Patient 1 the "Diet & Dialysis Working Together" booklet. It contained "Disaster Diet Information" and "Suggested Emergency Meal Pattern" material. However, there was no documented evidence to include some measure of patient understanding, such as return teaching or demonstration.</p>	V 412			