

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: 052781	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/07/2010
NAME OF PROVIDER OR SUPPLIER NORTH HOLLYWOOD DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 12126 VICTORY BOULEVARD N HOLLYWOOD, CA 91606	
(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
V 000	INITIAL COMMENTS Surveyor: 14041 The following reflects the findings of the Department of Public Health during a Complaint visit. Complaint Intake Numbers: CA00210086 Inspection was limited to specific complaints investigated and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: E.D.Arenas, 14041	V 000		
V 114	494.30(a)(1)(i) IC-SINKS AVAILABLE A sufficient number of sinks with warm water and soap should be available to facilitate hand washing. This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility failed to ensure that the sinks were designated and immediately available to facilitate hand washing. Finding: On January 7, 2010, during the inspection of the facility, the evaluator observed a sink that had a draining bag of saline and bicarbonate. An interview was held with the staff and she said that the sink was a clean sink and should have been not used to drain the saline or bicarbonate. There was no sign posted referring to the sink as clean	V 114		

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 114	Continued From page 1 or dirty.	V 114			
V 117	<p>In an interview, the staff member stated the sink was used by the patients to clean their access sites before the dialysis treatment. There was no sign posted over the sink.</p> <p>494.30(a)(1)(i) IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS</p> <p>Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.</p> <p>When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.</p> <p>Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility staff failed to clearly identify clean and dirty areas and maintain a separation of supplies and records from the Dialysis Stations.</p> <p>Finding:</p>	V 117			

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V 117	Continued From page 2 On January 7, 2010, the evaluator observed a physician pushing a cart that was full of medical records from one Dialysis Station to another. The cart was not held in the center walk-way. The cart was pushed up between two Dialysis Stations which were occupied by the patients. The evaluator also observed the following: A push cart used to store potassium was covered with debris and was not clean, ten containers of supplies, and twelve containers of partially filled potassium jugs held directly on the Nurse Station floor. An interview was held with the supervisor and she stated that the containers would be removed as soon as possible.	V 117			
V 121	494.30(a)(4)(i) IC-HANDLING INFECTIOUS WASTE [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; This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility failed to properly handle, store, and dispose of potentially infectious waste.	V 121			

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V 121	Continued From page 3 Finding: On January 7, 2010, the evaluator conducted an inspection and observed a filled container of sharps was held directly on the Nurse Station floor. An interview with the supervisor and she stated that the sharp container should be removed and secured as soon as possible.	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: 14041 Based on observation and interview, the facility failed to ensure that the computer stand located in the Dialysis Station was maintained in an optimal condition. Finding: On January 7, 2010, the evaluator conducted a complaint investigation and observed the Laptop computer stands located in the Dialysis Stations had rusted legs (Station # 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, and 17. Unprotected metal cannot be clean or remain safe for the patients or the staff. An interview was held with the Nurse in Charge	V 401			

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V 401	Continued From page 4	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. This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility failed to ensure that the hot water heater was properly and safely vented to the outside. Finding: The evaluator conducted an inspection of the facility and observed that the hot water heater exhaust duct was not sealed at the ceiling. The water heater exhaust was to be fully removed and discharged into the outside air at all times and not back into the building or crawl space. An interview was held with the staff and she stated that the exhaust duct would be serviced as soon as possible.	V 402		
V 417	494.60(e)(1) PE-FIRE SAFETY-LIFE SAFETY CODE 2000 (1) Except as provided in paragraph (e)(2) of this section, by February 9, 2009. The dialysis facility must comply with applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association (which is	V 417		

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V 417	<p>Continued From page 5 incorporated by reference at §403.744 (a)(1)(i) of this chapter).</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14041 NFPA 10, Standard for Portable Fire Extinguishers 1998, 1-6.7 Portable fire extinguishers other than wheeled types shall be securely installed on the hanger in the bracket supplied or placed in cabinets or wall recesses. The hanger or bracket shall be securely and properly anchored to the mounting surface in accordance with the manufacturer's instructions. Wheeled-type fire extinguishers shall be located in a designated location.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that all portable fire extinguishers were properly secured at all times.</p> <p>Findings:</p> <p>On January 7, 2010 at 11:00 a.m., the evaluator conducted an inspection of the facility and observed a portable fire extinguisher was stored directly on the floor and not properly secured or anchored.</p> <p>An interview was held with the staff and she stated the portable fire extinguisher would be secured as soon as possible.</p>	V 417		