

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

PRINTED: 04/27/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052877	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2010
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NAME OF PROVIDER OR SUPPLIER PLUMAS STREET DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 640 PLUMAS STREET YUBA CITY, CA 95991
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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

The following reflects the findings of the California Department of Public Health during a revisit survey on 4/22/10. (Previous survey on 1/29/10)

Representing the Department:
Glenn Ingo, HFEN
Steven Gardner, HFEN

5/4/10 HFEN

{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: Based on observation, interview, and record review, the facility failed to ensure:

- * That expired chemical test strips were unavailable for use.
- * That open medication vials were labeled per the facility's policy.
- * That medications were securely stored per the facility's policy.

Findings:

On 2/22/10 at 1:20 pm, a review of the facility's Medication Policy dated 8/15/08, indicated that, "Vials of medication will be dated, timed and initialed when opened." In the same section, the policy indicated that, "Multi-dose vials are only good for 30 days once they have been opened. Medications left in the vials must be discarded."

{V 000} V 000

The governing body of this facility has reviewed this deficiency statement and in-services were given again to the staff. In-services are attached for your review. The POC was reviewed and approved.

5/3/10

{V 401} V 401, 1 & 2

V 401, 1 & 2

1&2. The staff was in-serviced on the medication policies on April 28th, 29th, 30th, May 1st and 3rd 2010 regarding labeling pre drawn medications and securing them in a drawer until administration, and documentation on open vials of medication with date and time opened and the initials of the staff member who opened the vial. Open vials are to stay in the medication area in a locked cabinet and must not be left at the nurse's station. Any further deviations to these policies will result in disciplinary action. Clinic Manager will ensure compliance through direct observation, by being in the treatment area several times throughout the day. Medical Director will also observe when he is in the treatment area during the day,

5/3/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ed Howard RN</i>	TITLE <i>Clinic Manager</i>	(X6) DATE <i>5/3/2010</i>
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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 401} Continued From page 1

- During an observation of the treatment area on 4/22/10 at 10:25 am, three 10 cc syringes labeled as heparin (a blood thinner) and a 1cc syringe filled with an unidentified clear liquid were found in an unlocked drawer near the sink across from Station 5.
- During an observation on 4/22/10 at 10:25 am, an open 30 mL vial of heparin 1,000 units/mL (units per milliliter) without an open date or initials written on the label, was found unsecured at the nurse's station.
- During an observation on 4/22/10 at 10:25 am, a bottle of chlorine test strips was found in a drawer on the treatment floor. The expiration date on the bottle was 02/10

On 4/22/10 at 10:25 am, RN A confirmed that heparin syringes should be in the locked box provided.

On 4/22/10 at 10:40 am, RN A confirmed that the unlabeled syringe was heparin and should be in the locked box.

On 4/22/10 at 2:15 pm, Tech B acknowledged the presence of an expired bottle of chlorine test strips. He stated they were used when testing for residual bleach after cleaning the machines at night.

{V 401}

V 401, 3 5/3/10

- Staff was in-serviced on April 28th, 29th, 30th, May 1st and 3rd 2010 regarding checking the expiration dates on all vials of chlorine strips and other testing material before use. The chlorine testing strips have been added onto the monthly medication tracking form which monitors expiration dates. Clinic Manager will ensure compliance through review of this sheet and through spot checks.

Any deviations from policies will be brought to the monthly governing body meetings and further action will be taken.



Plumas Street Dialysis Center

Inservice Attendance Record and Acknowledgement

Date: April 28th, 29th, 30th, May 1st, 3rd; 2010
 Instructor: Edward HOUSHMAND,
 Title: RN, Clinic Manager

Inservice: **State Certification, Visit 4/22/2010,**
Plan of Correction

Critique of Material Covered:

<p>V 000</p> <p>The governing body of this facility has reviewed this deficiency statement and in-services were given again to the staff. In-services are attached for your review. The POC was reviewed and approved.</p>	<p>V 401 I & 2</p> <p>The staff was in-serviced on the medication policies on April 28th, 29th, 30th, May 1st, 3rd; regarding labeling pre drawn medications and securing them in a drawer until administration, and documentation on open vials of medication with date and time opened and the initials of the staff member who opened the vial. Open vials are to stay in the medication area in a locked cabinet and must not be left at the nurse's station. Any further deviations to these policies will result in disciplinary action. Clinic Manager will ensure compliance through direct observation, by being in the treatment area several times throughout the day. Medical Director will also observe when he is in the treatment area during the day,</p>	<p>V 401 3.</p> <p>Staff was in-serviced on April 28th, 29th, 30th, May 1st, 3rd; regarding checking the expiration dates on all vials of chlorine strips and other testing material before use. The chlorine testing strips have been added onto the monthly medication tracking form which monitors expiration dates. Clinic Manager will ensure compliance through review of this sheet and through spot checks. Any deviations from policies will be brought to the monthly governing body meetings and further action will be taken.</p>
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Attendee's Name / Title

- 1- AMODIA Hannah .RD
- 2- COLEMAN Tamika .SEC
- 3- COLEMAN Sara .RN
- 4- CARIZALES Casey .CCHT
- 5- CLARK Jean .LMSW
- 6- CHAVIRA Victoria .CCHT
- 7- DUL Nathalie .RN
- 8- GENATO Catheriue .RN
- 9- GREENWOOD Paul .CCHT
- 10- HOUSHMAND Ed .FGM
- 11- MACKAY Kira .CCHT
- 12- MCINTOSH Denise .CCHT
- 13- MCKOY Joyce .CCHT
- 14- SIRYY Taras .CCHT
- 15- SUTTON Shawna .CCHT
- 16- SWEET Aaron .FTM
- 17- VILLEGAS Jesus .CCHT
- 18- WOLUCKA, SHERRIL .CCHT

Initials / Signature

[Handwritten signatures and initials corresponding to the list above]

Hannah RD

Tamika SEC

Sara RN

Casey CCHT

Jean LMSW

Victoria CCHT

Nathalie RN

Catheriue RN

Paul CCHT

Ed FGM

Kira CCHT

Denise CCHT

Joyce CCHT

Taras CCHT

Shawna CCHT

Aaron FTM

Jesus CCHT

Sherril CCHT