

P.O.C accepted
SC 7/7/10

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052865	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2010
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NAME OF PROVIDER OR SUPPLIER SANTA MONICA DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1260 15TH STREET, SUITE #102 SANTA MONICA, CA 90404
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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 Department of Public Health during a Complaint Investigation. Complaint Intake Number: CA00223406 The Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: Sir Lin Chang, RN, HFEN	V 000	Members of the facility Governing Body (GB) discussed and formulated Plan of Correction for the Conditions required for participation in the Medicare program that were not met during Department of Public Health complaint investigation visit completed on June 2, 2010. The following Conditions were not met: 409.80 Patient Assessment, 494.90 Patient Plan of Care, 494.150 Responsibilities of the Medical Director, 494.180 Governance. Ongoing compliance to the Plan of Corrections will be reviewed during the monthly Quality Improvement Facility Management Meeting and during the facility Governing Body meetings held no less than monthly for three month,, and if compliance reported, at least annually thereafter. The Facility Administrator representing the GB will be responsible for ensuring implementation and ongoing compliance with this Plan of Correction.	
V 468	494.70(b)(1) PR-INFORMED-D/C & TRANS P&P INC IVD The patient has the right to- (1) Be informed of the facility's policies for transfer, routine or involuntary discharge, and discontinuation of services to patients; This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure Patient A was informed of the facility's policies for involuntary discharge, and discontinuation of services for him. Findings: On April 9, 2010., an unannounced investigation was conducted regarding Patient A who had been involuntarily discharged from the facility. On April 9, 2010, a review of the patient summary of information sheet disclosed Patient A was admitted to the facility for hemodialysis on March	V 468	The GB represented by the chief executive officer of the facility will ensure and enforce the implementation of policies and procedurs for involuntary discharge. The facility and the ESRD Network 18 written involuntary discharge policy and guidelines will be consistently implemented when patients considered at risk for involuntary discharge.	06/25/10 and on-going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *mbarejahn* TITLE *FA* (PRN) DATE *June 25, 2010*

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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NAME OF PROVIDER OR SUPPLIER SANTA MONICA DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 1260 15TH STREET, SUITE #102 SANTA MONICA, CA 90404		
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V 488	<p>Continued From page 1 17, 2009 with diagnosis of end stage renal disease.</p> <p>A review of a letter issued to Patient A, dated January 6, 2010, from the facility, revealed the patient would be involuntarily discharged, based upon the following disruptive behaviors:</p> <ol style="list-style-type: none"> 1. Being disrespectful to staff. 2. Refusing to follow treatment orders. 3. Demanding immediate response without regard to other's needs. 4. Verbally loud in the presence of other patients. 5. Constantly threatening facility staff (verbally). 6. Harassing facility staff with threats of lawsuits while they are trying to care for him. <p>According to the facility's policies and procedures (1-01-08), if a patient's behavior was disruptive to the facility, but was non-threatening, a comprehensive patient assessment would be completed by the IDT (Interdisciplinary Team) in order to identify any potential action or plan of correction required. At completion of the assessment, a patient care conference (PCC) is required. The IDT should meet with the patient in a conference setting. If the patient's behavior continues to be disruptive to the facility, but is non-threatening to others, the patient should receive a "First Letter of Concern."</p> <p>The facility's policy/procedure further stipulated if a patient's behavior in the facility was threatening, either verbally or physically, the facility would immediately notify the Medical Director, the patient's physician, the Regional Operations Director (ROD), the ESRD Network and the Risk Specialist. In collaboration with the ESRD</p>	V 488	<p>Members of the Interdisciplinary Team (IDT) were reeducated by the Facility Administrator on the facility policy 1-01-08 Patient Behavior Agreement, 30 Day Discharge, Involuntary Discharge or Involuntary Transfer, and on the ESRD Network 18 General Guidelines For The Involuntary Discharge Process. With the emphasis on collaboration with ESRD Network 18, inviting patient/patient representative to the Interdisciplinary Team Plan of Care meeting, develop action plan that could prevent the involuntary discharge and provide the patient with a "First Letter of Concern" before 30 day discharge notice is served.</p> <p>Compliance will be monitored daily by the Facility Administrator and/or Social Worker on the case by case basis and documented and reported to the Interdisciplinary Team during monthly Quality Improvement Facility Management Meeting.</p>		

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V 468	Continued From page 2 Network, the facility and risk Specialist would then make a determination of whether the patient should be immediately discharged from the facility due to the nature of the threatening behavior or placed on a "Behavior Agreement." This collaboration with the ESRD Network would then be documented in the medical record. If it was determined that a Behavior Agreement was appropriate, the Behavior Agreement would be drafted. A PCC would then be scheduled with the patient and IDT to discuss the Behavior Agreement. The Behavior Agreement will also be mailed to patient via certified mail, return receipt requested. There was no documentation that the above-mentioned policy/procedure was implemented for Patient A. In an interview with Employee 1 on April 9, 2010 at 2:35 p.m., she revealed there was no IDT meeting to assess the patient with an intent to identify any potential action or plan that could prevent the need to discharge the patient involuntarily prior to giving a 30 day discharge notice to Patient A on January 6, 2010. During a telephone interview with Employee 1 on April 16, 2010 at 10:20 a.m., she disclosed the facility never provided Patient A with a "First Letter of Concern" or a "Behavior Agreement," prior to serving a 30 day notice of involuntary discharge on January 6, 2010.	V 468			
V 500	494.80 CFC-PATIENT ASSESSMENT This CONDITION is not met as evidenced by: Based on interviews and record review, it was determined that the facility did not meet the Conditions of Participation (COP) for patient assessment by failing to:	V 500	V 500 Social Worker, Dietitian and all Registered Nurses were re-inserviced on "Unstable" patient criteria by the Facility Administrator. All teammates attending the in-service verbalized understanding that it is essential that any patient considered at risk for involuntary discharge or transfer must	06/25/10 and on-going	

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V 500	Continued From page 3 1. Ensure the interdisciplinary team (IDT) was responsible for providing Patient A with an individualized and comprehensive assessment of his needs. (Refer to V501) 2. Ensure Patient A's psychosocial needs was evaluated by a social worker. (Refer to V510)	V 500	be considered unstable and that patient at risk for involuntary discharge must be reassessed monthly by Social Worker, Registered Nurse and the Dietitian. Further it is essential to include corrective/preventative measures. If all efforts to resolve the problem have failed, and if the behavioral issues and interventions have been properly documented, the Medical Director and attending Nephrologist will give an order for initiation of the involuntary discharge of the patient. Compliance will be monitored daily by the Facility Administrator and/or Social Worker on the case by case basis and documented and reported to the Interdisciplinary Team during monthly Quality Improvement Facility Management Meeting. Person Responsible: Facility Administrator	
V 501	494.80 PA-IDT MEMBERS/RESPONSIBILITIES The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care. This STANDARD is not met as evidenced by: Based on interviews and review of the policy, the facility failed to ensure the interdisciplinary team (IDT) was responsible for providing Patient A with an individualized and comprehensive assessment of his needs. Findings: On April 9, 2010, a review of the facility's policies and procedures for involuntary discharge disclosed the patient was automatically designated as "unstable" and therefore, per policy, required an assessment. Also, per facility policy, the IDT must assess the patient with an	V 501	V 501 Social Worker, Dietitian and all Registered Nurses were re-inserviced on "Unstable" patient criteria by the Facility Administrator. All clinical teammates verbalized understanding that it is essential that any patient with inadequate dialysis treatment trend will be considered unstable and treatment course will be discussed with the treating physician as soon as possible, but no later than during the monthly Plan of Care meeting. Further all teammates understand that patients considered at risk for involuntary discharge or transfer must be considered unstable and that patient at risk for	06/25/10 and on-going

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V 501	<p>Continued From page 4</p> <p>intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily.</p> <p>In an interview with Employee 2 on April 9, 2010 at 8:30 a.m., she revealed she had not been involved in the governing body or IDT meetings, where Patient A's disruptive behavior and involuntary discharge were discussed. According to Employee 2, she was not asked for any input regarding Patient A's involuntary discharge from the facility.</p> <p>During a telephone interview with Physician 2 on April 14, 2010 at 10:12 a.m., he revealed Employee 3 had complained of Patient A's treatment non compliance on several occasions (e.g. fluid removal, blood flow, and saline rinse). According to Physician 2, the patient had a "personality conflict" with Employee 3 and there were no "quality of care" issues. Physician 2 stated he was neither involved in IDT meetings for Patient A, nor had Employee 2 contacted him to assess the patient's behavior issues and involuntary discharge. According to Physician 2, "Both Employee 1 and Physician 1 called me to write a discharge order for the patient. It was not my decision to discharge the patient."</p> <p>The patient's electronic "post treatment" record and the "9 month cumulative" report were reviewed on May 25, 2010 to determine the adequacy of the hemodialysis treatments being rendered. According to the above-mentioned documents, Patient A's "KtV (measurement of hemodialysis adequacy)" declined from 1.30 in November 2009 to 0.91 in December 2009. There was no documentation that the IDT had provided a comprehensive assessment of the</p>	V 501	<p>involuntary discharge must be reassessed monthly by Social Worker, Registered Nurse and the Dietitian. Further it is essential to include corrective/preventative measures. If all efforts to resolve the problem have failed, and if the behavioral issues and interventions have been properly documented, the Medical Director and attending Nephrologist will give an order for initiation of the involuntary discharge of the patient.</p> <p>Compliance will be monitored daily by the Facility Administrator and/or Social Worker on the case by case basis and documented and reported to the Interdisciplinary Team during monthly Quality Improvement Facility Management Meeting. Person Responsible: Facility Administrator</p>	

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V 501 V 510	Continued From page 5 decline of hemodialysis adequacy for the patient. 494.80(a)(7) PA-MSW-PSYCHOSOCIAL NEEDS The patient's comprehensive assessment must include, but is not limited to, the following: (7) Evaluation of psychosocial needs by a social worker. This STANDARD is not met as evidenced by: Based on interview with staff and record review, the facility failed to ensure Patient A's psychosocial needs was evaluated by a social worker. Findings: On April 9, 2010, a review of the entire clinical record for Patient A and the governing body minutes, disclosed there was a governing body meeting held on January 6, 2010 between 6 p.m. and 6:30 p.m. to discuss Patient A's behavior and involuntary discharge, and to serve a 30 day involuntary discharge notice. According to the records, Physician 2, Employee 2 and Employee 3 did not attend the governing body meeting. In an interview with Employee 2 on April 9, 2010 at 9:30 a.m., revealed she acknowledged she had not been involved with the patient's disruptive behavior. She stated she had not been involved in the governing body or IDT (Interdisciplinary Team) meeting where Patient A's involuntary discharge was discussed. According to Employee 2, she was not asked for any input regarding Patient A's involuntary discharge.	V 501 V 510	V 510 Social Worker (SW) has been re-in-serviced on the role of the Interdisciplinary Team (IDT) by the lead LCSW. SW will participate in the IDT meetings and document goals and treatment plans as appropriate. Supervising Licensed Clinical Social Worker (LCSW) created a system to track quarterly SW notes. FA to review list for compliance on monthly basis and document/report findings to the Medical Director during monthly Quality Improvement Facility Management Meeting. Non - compliance will lead to immediate disciplinary action by the Facility Administrator. Person Responsible: Facility Administrator	06/25/10 and on-going

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V 510	Continued From page 6	V 510			
V 540	According to the facility's job description for the social worker, some of the essential duties and responsibilities are: Complete and document quarterly and annual psychosocial evaluation; document and monitor ongoing psychosocial issues and patient goals. Notify the multidisciplinary team of patient psychological issues affecting treatment. Coordinate and participate in patient/family care conferences with multidisciplinary team. There was no documentation that Employee 6 fulfilled her required job duties for Patient A. 494.90 CFC-PATIENT PLAN OF CARE	V 540	V 540 Lead LCSW reviewed role of the social worker with the facility MSW. Supervising LCSW will complete the skills checklist to verify MSW's understanding of presented material. Lead LCSW will re in-service all clinical teammates on documentation of complaints and grievances. All clinical teammates will have the opportunity to ask questions. Compliance with documentation of complaints and grievances will be monitored daily by the Facility Administrator and/or Social Worker and documented and reported to the Interdisciplinary Team during monthly Quality Improvement Facility Management Meeting. Person Responsible: Facility Administrator.	6/25/10 and ongoing	
V 552	This CONDITION is not met as evidenced by: Based on interviews and record review, it was determined that the facility did not meet the Conditions of Participation (COP) for patient assessment by failing to: Ensure the Interdisciplinary team (IDT) provided the necessary monitoring and social work interventions. (Refer to V552) 494.90(a)(6) POC-P/S COUNSELING/REFERRALS/HRQOL TOOL	V 552	V 552 Lead LCSW will re-educate MSW on KDQOL process. Review with the MSW Patient	6/25/10 and ongoing	
	The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed				

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V 552	<p>Continued From page 7 basis.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure the Interdisciplinary team (IDT) provided the necessary monitoring and social work interventions. These include, but are not limited to, counseling services and referrals for other social services to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.</p> <p>Findings:</p> <p>On April 9, 2010, a review of the entire clinical record for Patient A and the governing body minutes, disclosed there was a governing body meeting held on January 6, 2010 between 6 p.m. and 8:30 p.m., to discuss Patient A's behavior and involuntary discharge, and to serve a 30 day involuntary discharge notice to the patient.</p> <p>In an interview with Employee 1 on April 9, 2010 at 2:35 p.m., she revealed there was no IDT meeting to assess the patient with an intent to identify any potential plan that could prevent the need to discharge the patient involuntarily prior to giving a 30 day discharge notice to Patient A on January 6, 2010. According to Employee 1 and the medical record, there was no actual plan to address Patient A's disruptive behaviors.</p> <p>In an interview with Employee 2 on April 9, 2010 at 9:30 a.m., she revealed she had not been involved in various facility meetings where Patient A's disruptive behavior was discussed. She</p>	V 552	<p>Counseling and General documentation. The LCSW will complete the Skills checklist for both presentations. MSW will complete the post test for both presentations. The skills checklist and the quiz outcomes (>/=80%) will be kept in the MSW personnel record.</p> <p>MSW will participate in scheduled monthly IDT meetings during which patient concerns are discussed. MSW will be involved with behavioral issues identified by the IDT and will comply with Policies and Procedures 1-01-8 Patient Behavior Agreements. 30 day discharge. Involuntary discharge or involuntary transfer. Involuntary discharge will be implemented as needed.</p> <p>If the patient has been identified as unstable during the IDT meeting due to psychosocial issues. MSW will initiate Patient Care Conference as appropriate.</p> <p>LCSW will write monthly supervisory notes to be maintained in the supervisory binder that is located in the Facility Administrator's office. Facility Administrator will verify the presence of monthly documentation.</p> <p>New supervisory guidelines were approved by the governing body on 06/25/10. LCSW and FA to review new guidelines with MSW by 6/30/2010.</p> <p>MSW to participate in IDT meetings. IDT meeting schedule will be provided to MSW by the Facility Administrator. Compliance will be monitored monthly</p>		

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V 552	<p>Continued From page 8</p> <p>stated she had not been involved in the governing body or IDT meetings where Patient A's involuntary discharge was discussed. According to Employee 2, she was not asked for any input on Patient A's involuntary discharge.</p> <p>According to the facility's job description for the social worker, some of the essential duties and responsibilities are: Complete and document quarterly and annual psychosocial evaluation; document and monitor ongoing psychosocial issues and patient goals. Notify multidisciplinary team of patient psychological issues affecting treatment. Coordinate and participate in patient/family care conferences with multidisciplinary team.</p> <p>On April 23, 2010, a review of the monthly clinical social work supervision record, from March, 2009 to January, 2010, revealed no documented evidence that Employee 2 had been supervised by Employee 5 as related to Patient A's disruptive behavior and involuntary discharge.</p> <p>Based on a "Responsibility Statement for Supervisors An Associate Clinical Social Worker" signed by Employee 5 on May 16, 2008, Employee 5 should be performing the following: review patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, monitor and evaluate the ability of the associate to provide services at the sites where he or she will be practicing to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.</p>	V 552	<p>by the Facility Administrator and documented and reported to the Medical Director during monthly Quality Improvement Facility Management Meeting.</p> <p>Person Responsible: Facility Administrator</p>		

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V 552	Continued From page 9	V 552			
V 881	<p>There was no documentation that both Employee 2 and Employee 5 fulfilled their required job duties for Patient A.</p> <p>494.140 PQ-STAFF LIC AS REQ/QUAL/DEMO COMPETENCY</p> <p>All dialysis facility staff must meet the applicable scope of practice board and licensure requirements in effect in the State in which they are employed. The dialysis facility's staff (employee or contractor) must meet the personnel qualifications and demonstrated competencies necessary to serve collectively the comprehensive needs of the patients. The dialysis facility's staff must have the ability to demonstrate and sustain the skills needed to perform the specific duties of their positions.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure Employee 2 met the applicable scope of practice board and licensure requirements as a Clinical Licensed Social Worker in the State of California.</p> <p>Findings:</p> <p>On April 16, 2010, a review of the IDT (interdisciplinary Team) social worker assessments, dated April 13 and July 15, 2009, as well as a review of the entire patient progress notes, revealed all assessment and notes were completed by Employee 2. However, there was no documented evidence that Employee 5 had countersigned the IDT social worker assessment and clinical notes for Employee 2.</p> <p>During a telephone interview with Employee 1 on</p>	V 881	<p>V 681 The supervising LCSW will co-sign initial psychosocial assessments. AA will provide list of new patients to supervising LCSW during monthly visits. Only the initial psychosocial assessments are co-signed by the supervising LCSW.</p> <p>Evidence for LCSW licensure is attached. Expiration date of the license is 9/30/2010.</p> <p>Facility Administrator/ Designee will check monthly that all initial assessments are cosigned by the supervising LCSW. Compliance will be documented and reported to the Medical Director during monthly Quality Improvement Facility Management Meeting. Person Responsible: Facility Administrator</p>	06/25/10 and ongoing	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2010
NAME OF PROVIDER OR SUPPLIER SANTA MONICA DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 1260 15TH STREET, SUITE #102 SANTA MONICA, CA 90404		
(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 681	Continued From page 10 April 18, 2010 at 3:45 p.m., she acknowledged there was no documented evidence that Employee 5 had countersigned the IDT notes and patient progress notes for Employee 2. On April 23, 2010, a review of the monthly clinical social work supervision record, from March 2009 to January 2010, revealed no documented evidence that Employee 2 had been supervised by Employee 5 as related to Patient A's disruptive behavior and involuntary discharge. In addition, there was no evidence that Employee 5 (Facility's Social Worker) had met the State of California requirements as a "Licensed Clinical Social Worker" in order for her to hold this position.	V 681			
V 710	494.150 CFC-RESPONSIBILITIES OF THE MEDICAL DIRECTOR This CONDITION is not met as evidenced by: Based on interviews and record review, it was determined that the facility did not meet the Conditions of Participation (COP) for the responsibilities of the Medical Director due to: The medical director failed to ensure that the interdisciplinary team (IDT) adhered to the discharge and transfer policies and procedures specified in §494.180(f). (Refer to V716).	V 710	V 710 The ROD reviewed with the Medical Director the Role of the Medical Director, Medical Director Agreement. Further the ROD reviewed with the Medical Director the Medical Director Qualifications and Responsibilities Policy. Policy number 3-03-108 and the Medical Director completed the medical director responsibilities presentation on the DaVita Learning Management System. Medical Director overseen that the Social Worker, Dietitian and all Registered Nurses were re-inserviced on "Unstable" patient criteria by the Facility Administrator. All teammates attending the in-service verbalized understanding that it is essential that any patient considered at risk for involuntary discharge or transfer must be considered unstable and that patient at risk for involuntary discharge must be re assessed monthly by Social	6/25/10 and ongoing	
V 716	494.150(c)(2)(ii) MD RESP-ENSURE IVD P&P FOLLOWED The medical director must- (2) Ensure that- (ii) The interdisciplinary team adheres to the discharge and transfer policies and procedures	V 716			

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NAME OF PROVIDER OR SUPPLIER SANTA MONICA DIALYSIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 14TH STREET, SUITE #102 SANTA MONICA, CA 90404		
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V 716	<p>Continued From page 11 specified in §494.180(f).</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the medical director failed to ensure that the interdisciplinary team (IDT) adhered to the discharge and transfer policies and procedures specified in §494.180(f).</p> <p>Findings:</p> <p>On April 9, 2010, a review of the facility's policies and procedures for involuntary discharge disclosed the patient was automatically designated as "unstable" and therefore required an assessment. Per the facility's policy, the Interdisciplinary Team (IDT) must assess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily.</p> <p>On April 9, 2010 at 9 a.m., an interview was conducted with Physician 1 and revealed some facility staff members were "intimidated" by Patient A because of his behavior pattern. Physician 1 stated, "We tend to react strongly whenever there is any threat were toward facility staff members. I can't say for sure I had a conversation with Physician 2 about discharging Patient A. We had a meeting and gave the patient a 90-day discharge notice on that day (January 8, 2010)."</p> <p>In an interview with Employee 2 on April 9, 2010 at 9:30 a.m., it was revealed she had positive relationship with Patient A. She stated she had not been subjected to the patient's disruptive</p>	V 716	<p>Worker, Registered Nurse, physician and the Dietitian. Further it is essential to include corrective/preventative measures. If all efforts to resolve the problem have failed and patient's actions continue to be unacceptable, and if the behavioral issues and interventions have been properly documented, the Medical Director and attending Nephrologist may give an order for initiation of the involuntary discharge of the patient. The Facility Administrator will inform the Medical Director regarding compliance with documentation of complaints and grievances at least monthly during monthly Quality Improvement Facility Management Meeting or if non compliance observed-immediately. Non compliance will follow disciplinary action by the FA. Person Responsible: Medical Director</p> <p>V 716 The ROD reviewed with the Medical Director the Role of the Medical Director, Medical Director Agreement. Further the ROD reviewed with the Medical Director the Medical Director Qualifications and Responsibilities Policy. Policy number 3-03-108 and the Medical Director completed the medical director responsibilities presentation on the DaVita Learning Management System. Medical Director overseen that the Social Worker, Dietitian and all Registered Nurses were re-inserviced on "Unstable" patient criteria by the Facility Administrator. All teammates attending the in-service verbalized understanding that it is essential that any patient</p>	6/25/10 and ongoing

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V 716	Continued From page 12 behavior. She further stated she had not been involved in the governing body or IDT meeting regarding Patient A's involuntary discharge. According to Employee 2, she was not asked for any input regarding Patient A's involuntary discharge. In an interview with Employee 1 on April 9, 2010 at 2:35 p.m., she revealed there was no IDT meeting to assess the patient with an intent to identify any potential plan that could prevent the need to discharge Patient A involuntarily, prior to giving him a 30 day discharge notice on January 6, 2010. On April 9, 2010, a review of the entire clinical record disclosed there was a governing body meeting held on January 8, 2010 between 6 p.m. and 6:30 p.m. to discuss Patient A's behavior and involuntary discharge, and to serve the 30 day notice for involuntary discharge. According to the record, Physician 2 and Employee 2 and Employee 3 did not attend that governing body meeting. There was no documented evidence to indicate there was an IDT meeting held to assess the patient's disruptive behaviors and to identify a plan that could prevent the need to discharge the patient involuntarily prior to January 6, 2010.	V 716	considered at risk for involuntary discharge or transfer must be considered unstable and that patient at risk for involuntary discharge must be reassessed monthly by Social Worker, Registered Nurse, attending physician and the Dietitian. Further it is essential to include corrective/preventative measures. If all efforts to resolve the problem have failed, and if the behavioral issues and interventions have been properly documented, the Medical Director and attending Nephrologist may give an order for initiation of the involuntary discharge of the patient. The Facility Administrator will inform the Medical Director regarding compliance with documentation of complaints and grievances at least monthly during monthly Quality Improvement Facility Management Meeting or if non compliance observed immediately. Non compliance will follow disciplinary action by the FA. Person Responsible: Medical Director	
V 750	484.160 CFC-GOVERNANCE This CONDITION is not met as evidenced by: Based on interviews and record review, it was determined that the facility did not meet the Conditions of Participation (COP) for governance due to: 1. The governing body failed to ensure that all staff followed the facility's discharge and transfer	V 750	V 750 The Medical Director has directed that the policies and procedures for involuntary discharge were reviewed by all teammates. The facility and the ESRD Network 18 written involuntary discharge policy and guidelines will be consistently implemented when patients considered at risk for involuntary discharge. Members of the Interdisciplinary Team (IDT) were reeducated by the Facility Administrator	06/25/10 and ongoing

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NAME OF PROVIDER OR SUPPLIER SANTA MONICA DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1260 15TH STREET, SUITE #102 SANTA MONICA, CA 90404
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V 750	<p>Continued From page 13</p> <p>polices and procedures for Patient A. The medical director failed to ensure that Patient A's discharge from the facility was necessary for the patient's welfare because the facility could no longer meet Patient A's documented medical needs. (Refer to V766)</p> <p>2. The Medical Director failed to ensure that the patient's interdisciplinary team (IDT) documented the reassessments, ongoing problems, and efforts made to resolve the problems, and entered this documentation into the patient's medical record. The medical director failed to ensure that the patient's IDT obtained a written physician's order signed by both the medical director and the patient's attending physician concurring with the patient's discharge from the facility. (Refer to V767)</p> <p>V 766 494.180(f)(1)-(3) GOV-GB&MED DIR RESP STAFF FLW DC/TRANSFER P&P</p> <p>The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures.</p> <p>The medical director ensures that no patient is discharged or transferred from the facility unless -</p> <p>(1) The patient or payer no longer reimburses the facility for the ordered services;</p> <p>(2) The facility ceases to operate;</p> <p>(3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs;</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the governing body failed to ensure that all staff</p>	V 750	<p>on the facility policy 1-01-08 Patient Behavior Agreement, 30 Day Discharge, Involuntary Discharge or Involuntary Transfer, and on the ESRD Network 18 General Guidelines For The Involuntary Discharge Process. With the emphasis on collaboration with ESRD Network 18, inviting patient/patient representative to the Interdisciplinary Team Plan of Care meeting, develop action plan that could prevent the involuntary discharge and provide the patient with a "First Letter of Concern" before 30 day discharge notice is served. If all efforts to resolve the problem have failed, and if the behavioral issues and interventions have been properly documented, the Medical Director and attending Nephrologist may give an order for initiation of the involuntary discharge of the patient. The Medical Director and the patient's attending physician must be in agreement with the patient discharge. Person Responsible: Medical Director</p> <p>V 766 The Medical Director ensured that the Social Worker, Dietitian and all Registered Nurses were re-inserviced on "Unstable" patient criteria by the Facility Administrator. All teammates attending the in-service verbalized understanding that it is essential that any patient considered at risk for involuntary discharge or transfer must be considered unstable and that patient at risk for involuntary discharge must be reassessed monthly by Attending Physician, Social Worker, Registered Nurse and the</p>	6/25/10 and ongoing

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V 766	<p>Continued From page 14</p> <p>followed the facility's discharge and transfer policies and procedures for Patient A. The Medical Director failed to ensure that Patient A's discharge from the facility was necessary for the patient's welfare because the facility could no longer meet Patient A's documented medical needs.</p> <p>Findings:</p> <p>1. On April 9, 2010, a review of the facility's policies and procedures for involuntary discharge disclosed the patient was automatically designated as "unstable" and therefore requires an assessment. Per the facility's policy, The Interdisciplinary Team (IDT) must assess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily.</p> <p>According to the facility's policies and procedures (1-01-08), if the patient's behavior was disruptive to the facility, but was non-threatening, a comprehensive patient assessment would be completed by the IDT in order to identify any potential action or plan of correction required. The assessment must focus on identifying the root causes of the disruptive behavior and result in a plan of care aimed at addressing those causes and resolving disruptive behavior.</p> <p>If a patient's behavior in the facility was threatening, either verbally or physically, the facility would immediately notify the Medical Director, the patient's physician, the Regional Operations Director (ROD), the ESRD Network and the Risk Specialist. In collaboration with the ESRD Network, the facility and Risk Specialist would make a determination of whether the</p>	V 766	<p>Dietitian. Further it is essential to include corrective/preventative measures. If all efforts to resolve the problem have failed, and if the behavioral issues and interventions have been properly documented, the Medical Director and attending Nephrologist may give an order for initiation of the involuntary discharge of the patient.</p> <p>Compliance will be monitored daily by the Facility Administrator and/or Social Worker on the case by case basis and documented and reported to the Medical Director during monthly Quality Improvement Facility Management Meeting.</p>		

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V 766	<p>Continued From page 15</p> <p>patient should be immediately discharged from the facility due to the nature of the threatening behavior or placed on a Behavior Agreement. The collaboration with the ESRD Network should be documented in the medical record.</p> <p>In an interview with Employee 1 on April 9, 2010 at 2:36 p.m., she revealed there was no IDT meeting to assess the patient with an intent to identify any potential plan that could prevent the need to discharge Patient A involuntarily prior to issuing him a 30 day discharge notice on January 6, 2010. According to Employee 1, the facility neither notified the ESRD Network nor collaborated with the ESRD network to make a determination of whether the patient should be immediately discharged from the facility due to the nature of the threatening behavior or placed on a Behavior Agreement.</p> <p>According to the the facility's job description for the facility administrator (FA), the FA functions as the facility CEO and is responsible for ensuring that the governing body enforces policies and procedures, develops facility action plans and ensure resolution of issues. There was no evidence that Employee A fulfilled her job duties as they relate to the involuntary discharge of Patient A.</p> <p>2. During an interview with Physician 1 on April 9, 2010 at 9 a.m., he revealed that some facility staff members were "intimidated" by Patient A because of his behavior pattern. Physician 1 stated, "We tend to react strongly whenever there is any threat toward facility staff. I can't say for sure I had a conversation with Physician 2 about discharging Patient A. We had meeting and gave the patient a 30 day discharge notice on that day</p>	V 766			

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V 766	Continued From page 16 (January 8, 2010). During a telephone interview with Physician 2 on April 14, 2010 at 10:12 a.m., he revealed Employee 3 had complained of treatment non compliance involving Patient A on several occasions (e.g. fluid removal, blood flow, and saline rinse). The patient had a "personality conflict" with Employee 3. However, there were no "quality of care" issues. Physician 2 stated, "Psychologically, the patient had short temper. We had a good relationship." Physician 2 further stated he was neither involved in IDT meeting nor was he contacted by Employee 2 to assess the patient's behavior and involuntary discharge. According to Physician 2, "I was not aware of the facility's policy for involuntary discharge. Both Employee 1 and Physician 1 called me to write a discharge order for the patient. It was not my decision to discharge the patient." According to the facility's policy and procedures (3-03-106), one of the Medical Director's responsibilities was to ensure the IDT adheres to the discharge and transfer policies and procedures.	V 766		
V 767	494.180(f)(4) GOV-INVOL DISCHARGE PROCESS REQUIREMENTS The medical director ensures that no patient is discharged or transferred from the facility unless - (4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired, in which case the medical director ensures that the patient's interdisciplinary team- (i) Documents the reassessments, ongoing	V 767	V 767 The Medical Director directed that the policies and procedures for involuntary discharge were reviewed by all teammates. The facility and the ESRD Network 18 written involuntary discharge policy and guidelines will be consistently implemented when patients considered at risk for involuntary discharge. Facility Administrator will discuss the purpose of the Patient Care Conference with the attending physician and Medical	6/25/10 and ongoing

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V 767	<p>Continued From page 17</p> <p>problems(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record;</p> <p>(ii) Provides the patient and the local ESRD Network with a 30-day notice of the planned discharge;</p> <p>(iii) Obtains a written physician's order that must be signed by both the medical director and the patient's attending physician concurring with the patient's discharge or transfer from the facility;</p> <p>(iv) Contacts another facility, attempts to place the patient there, and documents that effort; and</p> <p>(v) Notifies the State survey agency of the involuntary transfer or discharge.</p> <p>(6) In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the medical director failed to ensure that the patient's interdisciplinary team (IDT) documented the reassessments, ongoing problems, and efforts made to resolve the problems, and enters this documentation into the patient's medical record. The Medical Director failed to ensure that the patient's IDT obtained a written physician's order signed by both the medical director and the patient's attending physician concurring with the patient's discharge from the facility.</p> <p>Findings:</p> <p>1. On April 9, 2010, a review of the facility's policies and procedures for involuntary discharge disclosed that Patient A was automatically designated as "unstable" and therefore required</p>	V 767	<p>Director. Document the problem, solutions, what is expected and when the problem will be revisited. Document any patient or HIPPA Caretaker questions, answers given, and that the patient or HIPPA Caretaker understands the consequences associated with violating the expectations discussed in the Patient Care Conference. FA will have everyone in attendance sign the plan of care at the time of the Patient Care Conference. The Interdisciplinary Team, during the Plan of Care meeting, will attempt to develop an action plan that could prevent the involuntary discharge. If the patient's behavior continues to be disruptive to the facility, per DaVita Policy 1-01-08 the patient should receive a "First Letter of Concern" if all efforts to resolve the problem have failed, if the behavioral issues continue and interventions have been properly documented, the Medical Director and attending Nephrologist may give an order for initiation of the involuntary discharge of the patient in accordance with Policy 1-01-08.</p> <p>Compliance will be monitored daily by the Facility Administrator and/or Social Worker on the case by case basis and documented and reported to the Medical Director during monthly Quality Improvement Facility Management Meeting.</p> <p>Person Responsible: Facility Administrator</p>	

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V 767	<p>Continued From page 18</p> <p>an assessment. The IDT must assess the patient, with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily.</p> <p>On April 9, 2010, a review of the entire clinical record and governing body minutes disclosed there was a governing body meeting held on January 6, 2010 between 6 p.m. and 8:30 p.m. to discuss Patient A's behavior and involuntary discharge, and to serve the 30 day involuntary discharge notice. According to the record, Physician 2 and Employee 2 and Employee 3 did not attend the governing body meeting. There was no documented evidence to indicate any IDT meeting was held to assess the patient's disruptive behavior and to identify a plan that could prevent the need to discharge the patient involuntarily prior to January 6, 2010.</p> <p>In an interview with Employee 1 on April 9, 2010 at 2:35 p.m., she revealed there was no Interdisciplinary Team (IDT) meeting to assess the patient with an intent to identify any potential plan that could prevent the need to discharge the patient involuntarily prior to giving Patient A the 30 day discharge notice on January 6, 2010.</p> <p>2. A review of the physician order, dated February 6, 2010 disclosed a written discharge order for Patient A was signed by Physician 2 only and lacked the Medical Director's signature.</p> <p>During an interview with Physician 1 on April 9, 2010 at 9 a.m., he stated that he was not aware that both Physician 2 and himself were required to sign the discharge order.</p>	V 767			