

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

PRINTED: 10/29/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052754	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2009
NAME OF PROVIDER OR SUPPLIER AIRPORT DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 4632 WEST CENTURY BLVD INGLEWOOD, CA 90301	
(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: 17030 The following reflects the findings of the Department of Public Health during a Complaint Investigation on February 9, 2009. Complaint Intake Number: CA00170293 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		
V 401	494.60 PHYSICAL 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: 17030 Based on observation of the treatment area, interview with patients and staffs, and record review, the facility failed to be maintain their dialysis treatment area to provide dialysis patients a safe environment. Findings: A review of the patient summary information sheet revealed Patient A was admitted to the facility on November 6, 2006 with diagnoses of hypertension and renal failure. The patient was discharged on January 14, 2009.	V 401		

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 401	<p>Continued From page 1</p> <p>On February 9, 2009 between 9:45 a.m. and 9:55 a.m., during the tour in the treatment area, between station 19 and station 21, two fly catchers were observed hanging on the ceiling with multiple gnat.</p> <p>In an interview on February 9 2009 at 10 a.m., Patient C stated there were gnat and roaches in the treatment area.</p> <p>A review of the pest control report dated May 14, 2008 disclosed one roach trap and four fly catchers (glue traps) were used in the facility.</p> <p>In an interview with Employee 1 on February 9, 2009 at 11:15 a.m., as well as a review of the CQI report, disclosed the facility had identified and addressed the source of the gnat on July 22, 2008. However, the sources of the roaches was not identified and addressed in the CQI report.</p>	V 401			