

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: 052810	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/09/2009
NAME OF PROVIDER OR SUPPLIER BENICIA DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 560 FIRST STREET SUITE D103 BENICIA, CA 94510	
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V 000	INITIAL COMMENTS Surveyor: 14067 The following reflects the findings of the California Department of Public Health during a COMPLAINT visit. Complaint number(s): CA00169229 Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Beverly VandeWeg, HFEN	V 000		
V 114	494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE 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: 14067 Based on observation and staff interview, the facility failed to ensure that the designated handwashing sink for patients to use to wash their access site prior to dialysis, was available at all times and not obstructed by equipment. Findings: On 1/9/09 at 9 am, a patient entered into the patient care area. The patient went directly to the patients' designated bathroom, leaving the door ajar. The patient was observed washing her access site in the bathroom sink. A handwashing sink, was observed adjacent to the patient care area. The sink was not clearly identified as the sink that the patients would use to wash their	V 114		3/31/09

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 access sites prior to dialysis. This sink was obstructed by wheelchairs, an IV pole, and the large oxygen tank. During a concurrent interview, Administrative Staff N acknowledged that the patients' designated handwashing sink was not well identified; but stated it was available for all patients to wash their access prior to dialysis and all the patients' know it is there for them to use.	V 114			
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: 14067 Based on observation and staff interview, the facility failed to ensure that the medications were secured against loss, tampering, destruction, or unauthorized use. Findings: On 1/9/09 at 8:45 am, the medication room adjacent to the patient care area was open and unsecured. The medication refrigerator inside of the medication room was unlocked. The keys and lock were sitting next to the refrigerator. The cabinets where medications were stored were unlocked. Patients were observed to walk past the open medication room to use the bathroom. During a concurrent interview, the Registered Nurse (RN) stated that the medication room and the medication refrigerator were always open during clinic hours of operation. The RN stated that it is easier for the staff to get supplies. Upon inquiry regarding the safety of the medication	V 401		2/20/09	

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V 401	Continued From page 2 against loss, tampering, destruction, the RN stated that he had not thought about that, and that someone could go into the room without asking permission.	V 401			
V 404	494.60(c)(1) PATIENT CARE ENVIRONMENT The space for treating each patient must be sufficient to provide needed care and services, prevent cross-contamination, and to accommodate medical emergency equipment and staff. This STANDARD is not met as evidenced by: Surveyor: 14067 Based on observation and staff interview, the facility failed to ensure that the space for treating each patient must be sufficient to prevent cross-contamination between patients and equipment. Findings: On 1/9/09 at 9 am, observation of the patient care area and the storage of the dialyzers, Chux (blue waterproof pad), needles, gloves, that were packaged and ready for the next patients were stored on top of a metal cart within approximately 16 inches of a patient that was currently dialyzing. The patient access site was in his left arm, which was in direct line of the packaged dialyzers and supplies. Upon inquiry regarding preventing cross-contamination, the Registered Nurse (RN) stated that he had not been aware that the packaged dialyzers could not be stored in that particular place of the patient care area. The RN stated that this facility had limited space and was very crowded, it is hard to find a home for everything.	V 404		2/2/09	
V 407	494.60(c)(4) PATIENT CARE ENVIRONMENT	V 407		3/26/09	

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V 407	Continued From page 3 Patients must be in view of staff during hemodialysis treatment to ensure patient safety (video surveillance will not meet this requirement). This STANDARD is not met as evidenced by: Surveyor: 14067 Based on observation and staff interview, the facility failed to ensure patients vascular access sites and bloodline connections are visible to staff at all times during dialysis to ensure safety. Findings: On 1/9/09 at 8:33 am, observation revealed that the access sites and bloodline connections of three (3) random patients' were not visible to staff during the dialysis treatment. During a concurrent interview, staff stated that the patients want to be covered because they get cold while sitting so long. During another concurrent interview, Administrative Staff N stated that it is the standard of practice of the facility that all access sits and connections are visible to staff. The teammates should be enforcing this practice and it seems that they are not.	V 407			
V 413	494.60(d)(3) EMERGENCY PREPAREDNESS Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available. This STANDARD is not met as evidenced by:	V 413		2/20/09	

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V 413	<p>Continued From page 4</p> <p>Surveyor: 14067</p> <p>Based on observation, policy and procedure review, and staff interview, the facility failed to have a completely equipped and clean emergency cart (Crash Cart) in the facility at all times and failed to ensure that the contents list was complete and comprehensive.</p> <p>Findings:</p> <p>On 1/9/09 at 9:15 am, inspection of the crash cart revealed that the top was dusty and dirty. The preventative maintenance sticker on the suction machine that was on top of the crash cart was past due (due 12/10/08).</p> <p>The following items were missing:</p> <ol style="list-style-type: none"> 1. Back board 2. Contents List 3. Oxygen tank 4. The Yankauer suction device (a suction tip with a large opening surrounded by a bulbous head. Designed to suction out secretions from the mouth). <p>A review of the contents list once provided (documented that it was checked on 12/1/08, 12/8/08, and 12/15/08) revealed the following regarding the medications and supplies in the crash cart:</p> <ol style="list-style-type: none"> 1. The quantity of all the medications and all supplies are not listed. 2. Expiration dates were not listed for the 	V 413			

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V 413	<p>Continued From page 5</p> <p>following medications; Calcium Gluconate 10%, Solumedrol 40 mg, Epinephrine 1:10,000 1 ml/ syringe, and a full box of Betadine pads.</p> <p>The crash cart checklist indicated that there was to be three (3) Ambu Bags on the crash cart. Inspection revealed only one (1).</p> <p>The number (# 0233559) on the plastic breakaway lock (used for security of the medications and supplies on the crash cart) was not listed at the bottom of the crash cart checklist, nor the reason the crash cart had been entered.</p> <p>Concurrent interview with the Registered Nurse (RN) revealed that the crash cart is checked weekly by an RN. The RN is checking to make sure that the medications and supplies are not out dated. Upon inquiry regarding the difference in the breakaway lock numbers, the RN stated that he was not sure who or why the crash cart was opened. Upon inquiry regarding the lack of signatures and initials on the checklist, the RN stated that it is the responsibility of each RN to sign and initial when they have checked the crash cart. The RN stated that it is the responsibility of the RN checking the cart to clean it.</p> <p>Policy and procedure titled, "Maintenance of Emergency Cart (Crash Cart)," dated August 2006, read that the emergency cart will be checked on a weekly basis by a licensed nurse teammate for cleanliness, functionality of equipment, and completeness. A list of all dated supplies will be posted, with the expiration dates, on the cart and is to be checked weekly by the person assigned to check the emergency cart. Either oxygen tanks or oxygen concentrators may be used. The oxygen tank(s) will be checked for</p>	V 413			

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V 413	Continued From page 6 an adequate amount of oxygen (500 pounds per square inch [psi] or more). The part of the cart containing medications and other supplies will be sealed with a breakaway lock and is only to be opened in the event of an emergency situation or the replacement of an outdated item	V 413			
V 516	494.80(b)(1) FREQUENCY OF ASSESSMENT An initial comprehensive assessment must be conducted on all new patients (that is, all admissions to a dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session. This STANDARD is not met as evidenced by: Surveyor: 14067 Based on record review and staff interview, the facility failed to ensure that all new patients admitted to the facility have an initial comprehensive assessment conducted by dietary within a period of 30 calendar days or 13 Hemodialysis sessions beginning with the first dialysis session for Patient 2. Findings: Patient 2's medical record was reviewed on 12/30/08 at 1:20 pm. Patient 2 was admitted to the facility on 7/4/08 with a diagnosis of end stage renal disease. Review of the Registered Dietitian's (RD) initial assessment revealed that the assessment was completed on 9/3/08 (61 days late). Administrative Staff F stated during a concurrent interview that he unaware that the RD's comprehensive assessment was late. The RD was not available for interview. Interview on 12/30/08 at 3 pm, with Administrative	V 516		4/1/09	

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V 516	Continued From page 7 Staff L and Administrative Staff N corroborated the above findings. Administrative Staff L and Administrative Staff N stated that the facility is to be in compliance with all of the CMS regulations and the corporation written policies and procedures and the Facility Administrator is responsible for ensuring that all comprehensive assessments are completed timely.	V 516			
V 726	494.170 MEDICAL RECORDS The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility. This STANDARD is not met as evidenced by: Surveyor: 14067 Based on record review and staff interview, the facility failed to ensure that medical records (both hard copy and electronic) which are pertinent to each patient is complete, accurate, and accessible on all patients (Patient 2). Findings: On 12/30/08 at 3:15 pm, review of Patient 2's closed medical record revealed that the record was incomplete. The following documents were missing from the record: treatment flowsheets, history and physical (H&P), plan of care, medication reports, and initial assessments by the Registered Nurse and Medical Social Worker. Concurrent interview with Administrative Staff L and Administrative Staff N corroborated that Patient 2's medical record was incomplete. This	V 726		4/1/09	

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V 726	Continued From page 8 was a closed medical record and the record should have been compiled and ready for review. Administrative Staff L and Administrative Staff N stated that it is the standard of practice of the facility to have every patients' record maintained and complete.	V 726			
V 728	494.170(a) PROTECTION OF THE PATIENT'S RECORD [The dialysis facility must-] (3) Obtaining written authorization from the patient or legal representative before releasing information that is not authorized by law. This STANDARD is not met as evidenced by: Surveyor: 14067 Based on document review, policy and procedure review, family member and staff interview, the facility failed to ensure that Patient 2's medical record was available after the legal representative provided a written request and authorization to release the patient's medical records. Findings: On 11/25/08 at 9:45 am, during an interview Family Member (FM K) stated that she and the patient's spouse (legal representative) went to the facility on 10/17/08 to request a copy of Patient 2's medical record. FM K stated that they met with Administrative Staff F. They requested a copy of Patient 2's medical record. Patient 2 had dialyzed on 10/6/08, became ill and was transferred to the local emergency department for treatment and expired a few hours later. FM K stated that they offered to pay for the copying of the medical records. FM K stated that Administrative Staff F told them that they needed	V 728		4/1/09	

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V 728	<p>Continued From page 9</p> <p>to be a legal representative before he would release the medical records. FM K stated that she explained to Administrative Staff F that the patient's spouse was the legal representative. Administrative Staff F told them that they would need to fill out a release for medical record request form. FM K stated that this could be accomplished if Administrative Staff F would provide the form to them to fill out and sign. Administrative Staff F stated that he did not have the form for them to fill out. FM K stated that she asked if they "hand" write the request, would that be acceptable. Administrative Staff F stated that a hand written request would be acceptable. FM K stated that a hand written request stating that the patient's spouse gave his consent to release the patient's medical record to himself was given to Administrative Staff F signed and dated. FM K stated that during the meeting, Administrative Staff F told them that they could not have all of the patient's medical records, just some of them. FM K stated that Administrative Staff F would call them when the medical records were ready to be picked up. FM K stated that as of 11/15/08 (27 business days later) neither she nor the legal representative had received the medial records that they requested.</p> <p>On 12/30/08 at 2 pm, during an interview Administrative Staff F stated that it was his understanding that even if the legal representative requested a copy the medical record, he had to contact Risk Management. Administrative Staff F stated that when the legal representative requested the medical records. He told the legal representative that they would have to fill out a request form; however he did not have one. They hand wrote their request. Administrative Staff F stated that he told the legal</p>	V 728			

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V 728	Continued From page 10 representative that if the hand written request was acceptable, then he would proceed in copying the medical record. Administrative Staff F stated that he contacted Risk Management on either 10/17/08 or 10/18/08 and Risk Management directed him to the policy and procedure 3-05-22A for the, "Request for Access to Protected Health Information," for the release of the medical record, that is kept in the policy and procedure binder in the facility. Administrative Staff F stated that Risk Management told him that the hand written request was not legal, that the request needed to be on the, "Request for Access to Protected Health Information." Administrative Staff F stated that he called FM K three (3) times (no documentation of dates or times called) and left messages that he had the proper form and if the legal representative wanted to fill it out he had it at the facility. Administrative Staff F stated that there was no response from FM K. Administrative Staff F stated that he got the fax numbers and faxed the above form to the FM K on 12/11/08 (39 business days from the original request date of 10/17/08). The form was signed by the legal representative, dated 12/13/08, and faxed back on 12/17/08. Administrative Staff F stated that on 12/15/08 Network 17 called the facility and spoke with him regarding the lack of releasing Patient 2's medical record. Administrative Staff F acknowledged that he did not know where to look for the 3-05-22A form and had not looked through the facility's policy and procedure binder prior to calling Risk Management. Administrative Staff F acknowledged that he was not aware of the timeframe specified in the policy and procedure for California. Administrative Staff F stated that he had misplaced file that contained the request and when he recovered the misplaced file, he proceeded with contacting the legal	V 728			

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V 728	<p>Continued From page 11 representative.</p> <p>On 12/30/08 at 3 pm, interview with Administrative Staff L and Administrative Staff N corroborated that the patient's medical record should have been copied and ready to be mailed once the facility administrator received the signed request form from the family.</p> <p>FM K sent a document dated 2/18/09 to DPH, indicating that on 1/7/09 the legal representative received and signed for the delivery of requested medical records. Inspection of the medical record package revealed that most of the package contained the medical records from the local hospital and not all of the medical records from the dialysis facility, which is what they had requested.</p> <p>On 3/6/09 at 9 am, FM K stated during an interview that there were no treatment flowsheets or a Short Term Care Plan, no physician orders, and no progress notes.</p> <p>On 12/30/08 at 1:45 pm, a review of the policy and procedure titled, "Personal Representative Requests to Access Patient Protected Health Information," dated June 2006, indicated that once the legal authority had been verified, then the legal authority (Personal representative) may either review or obtain a copy of the patient's medical record. When a request has been received the date of receipt is to be noted on the form. All requests will be processed within 30 days of receipt of the request, except for requests to facilities located in the states listed below. Requests in the states listed below should be processed based on the timeframe specified below: California: Requests to Inspect Record On</p>	V 728			

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V 728	Continued From page 12 Site = 5 days. Requests for Copies of Record = 15 days.	V 728			