

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:  <b>052830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BMA CALEXICO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>408 EAST THIRD STREET SUITE A</b> <b>CALEXICO, CA 92231</b>	
(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: 17130 The following reflects the findings of the California Department of Public Health, Licensing and Certification Program during the investigation of complaint # CA00173402. The investigation was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Representing the Department: Linda Mosel, HFEN  Glossary of Abbreviations: CM                   Clinic Manager PPD                 Purified Protein Derivative TB                   Tuberculosis	V 000		
V 142	494.30(b)(1) OVERSIGHT  The facility must- (1) Monitor and implement biohazard and infection control policies and activities within the dialysis unit;  This STANDARD is not met as evidenced by: Surveyor: 17130 Based on observation, interview and record review, the facility failed to ensure that Staff Member 1 was screened and tested for TB prior to beginning work. The facility failed to screen and test two randomly sampled direct care staff members (2, 3) for symptoms of TB per the policy and procedure. The facility failed to develop a policy and procedure to screen and test patients for TB.	V 142		

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 142	<p>Continued From page 1</p> <p>Findings:</p> <p>1. On 1/16/09 at 10:30 A.M., an unannounced visit was made to the facility in response to a complaint that an employee of the dialysis center tested positive for TB.</p> <p>On 1/16/09, the facility policy and procedure for New Hire Medical Evaluation dated 2/1/98 was reviewed. The policy statement specified that "All new Direct Patient Care and Indirect Patient Care employees are required to have various health requirements completed after an offer of employment is extended. The results of these tests must be received and evaluated before an employee actually starts working."</p> <p>On 1/16/09, Staff Member 1's employee file was reviewed. According to the file, Staff Member 1's first day of work was on 10/13/08. Sixteen days later, on 10/29/08, a PPD was performed. On 10/31/08, the PPD was read as "positive". On 11/11/08, a chest x-ray was ordered. As a result of the chest x-ray, on 11/25/08, the staff member was diagnosed a having active pulmonary TB and treatment was started. On 12/22/08, after completing treatment, Staff Member 1 was cleared by the Public Health Department to return to work.</p> <p>During an interview on 1/16/09 at 11:00A.M., the CM stated that the employee worked in the dialysis center for 33 days before TB screening results were obtained. According to the CM, Staff Member 1 was required to walk through the patient care area during the course of the work day. In addition, the CM stated that the PPD solution was not available in the unit for testing because of purchase order problems.</p>	V 142			

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V 142	<p>Continued From page 2</p> <p>The facility failed to ensure that Staff Member 1 was screened and tested for TB prior to beginning work according the the facility policy and procedure and potentially exposed staff and patients to TB.</p> <p>2. During an interview on 1/16/09 at 12:00P.M., the Inservice Coordinator stated that all staff members were to have PPD testing every six months.</p> <p>On 1/16/09, two randomly selected direct care staff members files were reviewed.</p> <p>Staff Member 2 was hired on 6/21/99. The file lacked evidence that PPD testing was done in December 2007 and June 2008.</p> <p>Staff Member 3 was hired on 10/19/92. The file lacked evidence that PPD testing was done in December 2007 and June 2008.</p> <p>During an interview on 1/16/09 at 12:30P.M., the CM agreed that the testing was not done every six months.</p> <p>3. On 1/16/09 at 11:45 A.M., the evaluator requested the facility policy and procedure for screening and testing patients for TB. During an interview on 1/16/09 at 12:00P.M., the Inservice Coordinator stated that the facility did not currently have a policy for screening and testing patients.</p> <p>On 1/16/09, four of five random patient records were reviewed for TB screening and testing. Patient A was admitted on 3/17/06. The record lacked any type of screening or testing since that</p>	V 142			

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V 142	Continued From page 3 date.  Patient B was admitted on 10/21/05. The record lacked any type of screening or testing since that date.  Patient C was admitted on 11/06/2000. Seven years later in July 2007, Patient C had a chest x-ray. The record lacked evidence of screening or testing since 2007.  Patient D was admitted on 4/14/04. Four years later in October 2008, a chest x-ray was done.	V 142			