

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>552622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/09/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CANYON SPRINGS DIALYSIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22555 ALESSANDRO BLVD BLDG #5 MORENO VALLEY, CA 92553</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 23046 The following reflects the findings of the California Department of Public Health during an Initial Certification Survey conducted on 4/9/09.</p> <p>Representing the Department: Octavio Relopez, HFEN</p> <p>The facility have one (1) active patient.</p> <p>Abbreviations and Acronyms:</p> <p>RN- Registered Nurse CHT- Certified Hemodialysis Technician FA- Facility Administrator CSS- Clinical Services Specialist IDT- Interdisciplinary Team</p> <p>Surveyor: 26387 The following represents the findings of the Department of Public Health, Life Safety Code Unit, during an Initial Certification Life Safety Code Survey of the facility, utilizing the NFPA "National Fire Protection Association", 101, 2000 Edition (existing) of the Life Safety Code. The facility was surveyed under 42 CFR (Code of Federal Regulations) 416.44 (b) for Ambulatory Surgery Centers.</p> <p>K3 BUILDING: 01 K6 PLAN APPROVAL: 2008 K7 SURVEY UNDER: 2000 NEW</p> <p>STRUCTURE TYPE: One Story Building, Type V (III), Fully Sprinklered, located in business occupancy.</p>	V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 000	Continued From page 1	V 000			
V 113	<p>The facility is not in compliance with 42 CFR 416.44 (b) for Ambulatory Surgery Centers.</p> <p>Representing the California Department of Public Health, Life Safety Code Unit: Jerry Leggett, HFE 1</p> <p>Census: 34</p> <p>494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE</p> <p>Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 23046 Based on observation, interview and record review, the facility failed to ensure that proper use of gloves during care of patient's vascular access had been implemented by staff which had the potential to result in cross contamination and infection to patient's vascular access.</p> <p>Findings:</p> <p>During observation on 4/9/09, at 10 AM, RN 1, while disinfecting Patient 1's central venous catheter (CVC-flexible tube inserted to the blood vessel) ports on the right upper chest to prepare for dialysis treatment, touched Patient 1's mask with his gloves to expose the patient's mouth at the same time CHT 1 placed a thermometer strip in patient's mouth to check her temperature.</p>	V 113		5/6/09	

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V 113	Continued From page 2 RN 1 than touched the patient's catheter ports, aspirated blood and flushed ports without changing gloves. Patient 1 was observed occasionally coughing with mask on, prior to cleaning of the CV catheter.  During review of the facility's infection control policy and procedure (Policy: 1-05-01, revised December 2008, page 2) on 4/9/09, it indicated that gloves should be changed when going from a "dirty" area or task to a "clean" area or task; and when moving from a contaminated body site to a clean body site of the same patient.  During interview with RN 1 on 4/9/09, at 10:40 AM, he acknowledged that he should have changed gloves after touching patient's mask and before returning to continue care of patient's CV catheter.	V 113			
V 417	494.60(e)(1) FIRE SAFETY  Except as provided in paragraph (e)(2) of this section, by February 9, 2009. The dialysis facility must comply with applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference at §403.744(a)(1)(i) of this chapter).  This STANDARD is not met as evidenced by: Surveyor: 26387 The facility failed to comply with the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association as evidenced by the following:	V 417		5/30/09	

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V 417	Continued From page 3  K 051 A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The Fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1. This standard was not met as evidenced by: Based on observation, the facility failed to maintain the fire alarm system as evidenced by 2 of 10 smoke detectors that failed to sound an alarm and a bell failed to sound (refer to K051). This could cause harm to patients and staff if the alarm system fails during a fire emergency.  Findings:  During alarm testing with facility staff on April 30, 2009, the fire alarm system was examined and tested.  At 8:41 a.m., there was a smoke detector near station 32 that failed to sound an alarm when tested with canned smoke. Four attempts were made without success.  At 8:46 a.m., there was a smoke detector near station 27 that failed to sound an alarm when tested with canned smoke. Three attempts were made without success.  At 9:17 a.m., there was a bell outside of the facility that failed to sound an alarm when tested. The inspector test valve was flowing and the general alarm inside of the building was sounding when the bell outside was not sounding an alarm.	V 417			
V 541	494.90 PATIENT PLAN OF CARE	V 541		5/28/09	

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V 541	<p>Continued From page 4</p> <p>The interdisciplinary team as defined at §494.80 must develop and implement a written, individualized comprehensive plan of care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include measurable and expected outcomes and estimated timetables to achieve these outcomes. The outcomes specified in the patient plan of care must be consistent with current evidence-based professionally-accepted clinical practice standards.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 23046 Based on interview and record review, the facility failed to develop a written, individualized comprehensive plan of care built from the Interdisciplinary Team's (IDT) comprehensive assessment and changes in the patient's condition for 1 sampled patient (Patient 1) by failing to include at minimum: the problem(s) identified at assessment/reassessment, measurable goals/outcomes, planned interventions for achieving the goals, and timetables and reassessment dates. This had the potential to result in failure to provide appropriate interventions that could cause decline in patient's health condition.</p> <p>Findings:</p> <p>During review of Patient 1's comprehensive assessment and care plan on 4/9/09, the patient care plan dated 3/17/09 was in a standardized and computerized fashion with standard problems, goals with no timetables for meeting</p>	V 541			

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V 541	<p>Continued From page 5</p> <p>the goals and reassessment dates. The care plan did not indicate that it was built from the patient's current IDT comprehensive assessment and changes in patient's condition.</p> <p>During review of the facility's policy and procedure for patient assessments and plan of care (Policy: 1-01-07, dated September 2008, page 2), the following were documented:</p> <ol style="list-style-type: none"> <li>1. A follow up comprehensive assessment will occur within three (3) months of completion of the initial assessment. The comprehensive re-assessment will provide information to adjust the patient care plan.</li> <li>2. The facility's interdisciplinary team will develop and implement a written, individualized comprehensive plan of care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and will include measurable and expected outcomes and estimated timetables to achieve these outcomes.</li> </ol> <p>During an interview with the Facility Administrator (FA) and Clinical Services Specialist (CSS) on 4/9/09, at 3:10 PM, the FA indicated that the current comprehensive assessment was an initial assessment dated 12/12/08 and that a 90 day IDT comprehensive assessment had not been done.</p> <p>The FA and CSS acknowledged that Patient 1's care plan was not individualized with no timetables for meeting the goals and reassessments, and were not based on the patient's current IDT comprehensive assessment</p>	V 541			

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V 541	Continued From page 6 and changes of condition.	V 541			