

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: 052857	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/26/2009
NAME OF PROVIDER OR SUPPLIER FLORIN DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7000 STOCKTON BLVD SACRAMENTO, CA 95823	
(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: 21966 The following reflects the findings of the California Department of Public Health during a COMPLAINT INVESTIGATION: CA00179553 Representing the California Department of Public Health: HFEN 1872. The inspection was limited to the specific complaint investigation and does not represent the findings of a full inspection of the facility.	V 000		
V 143	Deficient Practice Identified: V-143 and V-715 494.30(b)(2) OVERSIGHT [The facility must-] (2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and This STANDARD is not met as evidenced by: Surveyor: 21966 Based on observation, interview and record review the facility failed to ensure that clinical staff demonstrated aseptic technique when dispensing medication from a vial of heparin (an anti-clotting medication) for three syringes. Findings: Observation on 5/26/09 at 11:35 a.m., of PCT A (Patient Care Technician A) drawing up three syringes of heparin for use with dialysis patients, revealed that PCT A inserted a needle, attached to a syringe, into a vial of heparin without first	V 143		8/15/09

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 143	Continued From page 1 wiping the top of the vial with a disinfectant. After withdrawing the heparin into the syringe, PCT A recapped the needle, took the needle off of the syringe and placed the needle on the countertop. PCT A then capped the syringe and labeled the syringe with a patient's identifying information and put the syringe on the countertop. PCT A then took a different syringe, put the needle, which had been used with the prior syringe from the countertop, on the new syringe. PCT A then inserted the needle into the above described vial of heparin, without wiping the top of the vial and withdrew a dose of heparin. This process was observed for three syringes filled with heparin. The Clinical Nurse Manager stated during an interview on 5/26/09 at 12 noon, that the facility's expectation is that the clinical staff would use a separate transfer needle with each medication draw and that the top of the vial of each medication would be wiped with alcohol prior to entering the vial with a needle. Review of the policy and procedure titled "Preparation and administration of Parenteral Medications (Non-EPO)" Revised date: March 2008, revealed under Procedure-Preparation of Parenteral Medications (Non-EPO) #6. If the medication is in a vial, remove the vial cap, and clean vial stopper with an alcohol prep pad. A new alcohol prep pad is used prior to each time a vial is entered.	V 143			
V 715	494.150(c)(2)(i) POLICIES AND PROCEDURES The medical director must- (2) Ensure that- (i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat	V 715		7/23/09	

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V 715	<p>Continued From page 2</p> <p>patients in the facility, including attending physicians and nonphysician providers;</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21966 Based on observation, policy and procedure review, and staff interview, the Medical Director failed to ensure that staff implemented the policies and procedures titled "AV Fistula or Graft Cannulation With Safety Fistula Needles (SFN) and the Administration of Heparin," Procedure 1-04-01A, revision date: June 2008, for two observed patients with the potential for the transmission of bloodborne pathogen.</p> <p>Findings:</p> <p>1. Observation on 5/26/09 at 11:09 a.m. at station 11, revealed PCT B preparing the left arm of a patients' dialysis access. PCT B used one alcohol swab to prepare each insertion site. The patient declined the use of Betadine.</p> <p>PCT B stated during an interview on 5/26/09 at 11:15 a.m., that the patient informed her that he was allergic to Betadine and only wanted the PCT to use alcohol.</p> <p>Review of the above patient's clinical record on 5/26/09, revealed no allergies to Betadine.</p> <p>2. Observation on 5/26/09 at 11:23 a.m., revealed PCT C preparing the left arm of a patients' dialysis access. PCT C used three alcohol swabs to prepare each insertion site. PCT C then placed a tourniquet above the prepared sites prior to accessing the sites. The tourniquet was observed to drape over and touch the</p>	V 715			

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V 715	<p>Continued From page 3</p> <p>venous access site, PCT C moved the tourniquet away from the site and accessed the venous site without reprepping the site.</p> <p>The Clinical Nurse Manager stated during an interview on 5/26/09 at 12 noon, that the facility's expectation is that the access sites will be prepped by using either one alcohol swab and then one Betadine swab or with four alcohol swabs if the patient is allergic to Betadine.</p> <p>Review of the facility's policy and procedure titled "AV Fistula or Graft Cannulation With Safety Fistula Needles (SFN) and the Administration of Heparin," Procedure 1-04-01A, revision date: June 2008, on 5/26/09, revealed under Procedure/Rationale # 11. (Procedure) For patients who have an allergy to povidone iodine (Betadine) or other germicidal agents, necessitating alcohol alone, apply alcohol using a circular rubbing motion, center out for 1 minute immediately prior to cannulation. (Rationale) Alcohol can be very drying to the skin and less effective than other skin disinfectants. Teammate will need to use a minimum of 4 prep pads per site for at least 1 minute total contact time to adequately prep cannulation site. Cannulation site must remain wet with alcohol. Alcohol is only effective when wet."</p>	V 715			