

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

PRINTED: 02/10/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052848	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2010
NAME OF PROVIDER OR SUPPLIER FMC DIALYSIS SERVICES RIVERSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 3470 LA SIERRA AVENUE RIVERSIDE, CA 92503	
(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 The following reflects the findings of the California Department of Public Health during an End Stage Renal Disease chronic dialysis recertification survey. Representing the Department: Marion Leatherwood, HFEN Elna Ramos, HFEN Census: 169 Sample size: 15	V 000		
V 143	494.30(b)(2) IC-ASEPTIC TECHNIQUES FOR IV MEDS [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: Based on observation, record review and staff interview, the facility failed to ensure that expired medications were not available for use. Findings: On 8/30/2010 at 11:30 a.m., during medication area inspection, two expired medications vials were found. The vials were: Pneumococcal vaccine vial with open date of 4/19/10, and Pneumococcal vaccine with open date of 5/17/10. On the same day and time, during an interview with the licensed staff, the licensed staff stated	V 143		

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 that all vaccines are to be discarded 30 days after it was opened.	V 143			
V 401	494.60 PE-SAFE/FUNCTIONAL/COMFORTABLE 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: Based on observation and interview, the facility failed to ensure that the dialysis treatment area was free of a fly in order to maintain an environment free of potential infection transmission for two sampled patients (Patients 8 and 14) and a universe of 24 other patient dialysis treatment stations. Findings: During interviews of Patient 8 and Patient 14 by the surveyors in the treatment area conducted on 8/31/10 at 10:10 a.m., a fly was observed flying in the area. Patient 8 and Patient 14 dialysis treatment stations were next to each other and the fly landed several times on the clothing of both patients and the two surveyors. Patient 8	V 401			

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V 401	Continued From page 2 stated, "look here it (fly) is on my pant". It was observed that the entrance into the treatment area was from an interior door.	V 401			
V 402	494.60(a) PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the water treatment/supply storage entrance/exit door to the outside was flush with the floor in order to prevent the potential of insects or other small rodents from crawling inside the room. Findings: During the initial tour of the water treatment/storage room on 8/31/10 at 10:45 a.m., with the Chief Technician, an exit door was observed which had an opening between the bottom of the door and the floor. The technician stated that the exit door led to the rear parking lot. Boxes of supplies used for dialysis treatment systems were stored in close proximity to the door. Upon closer examination and measurement, the	V 402			

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V 402	Continued From page 3 opening between the bottom of the door and the floor measured approximately 3/4 inches and the length of each door panel (2) measured 36 inches each.	V 402			
V 554	During an interview with the Chief Technician, he stated that he would follow up. 494.90(a)(7)(ii) POC-TRANSPLANT STATUS PLAN OR WHY NOT When the patient is a transplant referral candidate, the interdisciplinary team must develop plans for pursuing transplantation. The patient's plan of care must include documentation of the- (A) Plan for transplantation, if the patient accepts the transplantation referral; (B) Patient's decision, if the patient is a transplantation referral candidate but declines the transplantation referral; or (C) Reason(s) for the patient's nonreferral as a transplantation candidate as documented in accordance with §494.80(a)(10). This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to indicate the medical reason for non-referral for one of 15 sampled patients, Patient 6, as a transplant candidate. Findings: On 9/1/10, medical record review for Patient 6 was conducted. A review of the Plan of Care (POC) dated 10/9/09, indicated that Patient 6 is interested in a kidney transplant; however, patient is not eligible and no referral in place. The POC did not indicate the reason for non eligibility and	V 554			

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V 554	Continued From page 4 reason for non referral. On the same day, during an interview with management staff, she stated that the reason for the non-eligibility of kidney transplant should have been indicated on the POC.	V 554			