

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: 052861	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/11/2009
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NAME OF PROVIDER OR SUPPLIER FMC DIALYSIS SERVICES SOUTH ORANGE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 EAST FIRST STREET, SUITE 110 SANTA ANA, CA 92705
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(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
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V 000	INITIAL COMMENTS Surveyor: 14724 The following represents the findings of the Department of Public Health during investigation of a self-reported occurrence # 180523 regarding involuntary patient discharge. The investigation was limited to the circumstances surrounding the involuntary discharge and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health was Teri Spencer, HFEN.	V 000		
V 766	494.180(f) INVOL DISCHARGE/TRANSFER POLICY/PROCEDURE The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures. The medical director ensures that no patient is discharged or transferred from the facility unless - (1) The patient or payer no longer reimburses the facility for the ordered services; (2) The facility ceases to operate; (3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; This STANDARD is not met as evidenced by: Surveyor: 14724 Based on interview, medical record review, and review of policies and procedures, the facility governing body failed to ensure staff followed the written policies and procedures for the involuntary discharge of Patient 1. Findings:	V 766		

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 766	<p>Continued From page 1</p> <p>Patient 1 was admitted to the facility in February, 2004, and was receiving hemodialysis treatments three times a week until being involuntarily discharged on 3/6/09. A medical record review on 3/11/09 showed that the reason for the involuntary discharge was for non-payment of fees for services provided.</p> <p>Patient 1 ' s medical record contained numerous social services progress notes between August, 2008 and March, 2009, detailing issues related to Patient 1 ' s health insurance coverage. The social services notes indicated that the facility Social Worker contacted Patient 1 frequently during the 7 month period, and attempted to assist the patient to resolve the insurance coverage problems. A letter, dated 2/4/09 informed Patient 1 that she would no longer be able to receive dialysis at the facility after 3/6/09, unless evidence of insurance coverage or " other assurance that you will be able to pay for your dialysis treatments " was provided. The letter was accompanied by a list of other dialysis facilities ' addresses and phone numbers. The medical record showed that Patient 1 received 3 dialysis treatments per week between 2/4/09 and 3/6/09.</p> <p>A progress note, dated 3/9/09 specified that Patient 1 "showed up" at the facility and was told that she was no longer able to be treated there. A subsequent progress note, dated 3/9/09 at 2:30 P.M., written by the facility Medical Director and signed by Patient 1's Attending Physician explained that Patient 1 was discharged involuntarily from the facility on 3/6/09, due to non-payment and lack of insurance.</p>	V 766			

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V 766	<p>Continued From page 2</p> <p>Patient 1's medical record did not contain a written physician's order to discharge the patient from the facility. The record lacked evidence that someone at the facility attempted to contact another dialysis facility to transfer Patient 1.</p> <p>When reviewed on 3/11/09, the facility policy for "Routine and Involuntary Patient Discharge" reflected the regulatory requirements for discharging patients involuntarily. Under "Documentation", the policy required evidence in the patient's medical record of "A written physician's order signed by both the Medical Director and the patient's attending physician concurring with the patient's transfer or discharge from the facility", and "Contact with another facility to attempt placement of the patient and the outcome of the effort made".</p> <p>During an interview on 3/11/09 at 1:05 P.M. the facility Social Worker stated she did not attempt to contact other dialysis facilities to place Patient 1. The Social Worker explained that Patient 1 was given a list of other dialysis facilities in the area. The Social Worker stated that Patient 1 did not speak English and that the list of facilities was in the patient's native language. The Social Worker stated she had not received training specific to the facility involuntary discharge policy.</p> <p>The Clinic Manager stated on 3/11/09 at 1:25 P.M. that he was not aware of the requirements for a written physician's order for involuntary patient discharge, nor for an attempt to contact other dialysis facilities to place the patient prior to discharge.</p> <p>When interviewed on 3/11/09 at 2:15 P.M. the facility Medical Director stated he was not aware</p>	V 766			

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V 766	Continued From page 3 of the requirement for a written physician's order to involuntarily discharge a patient from the facility, as stated in the facility policy. The facility governing body failed to ensure staff were familiarized with the requirements for involuntarily discharging a patient, resulting in failure to assist Patient 1 in contacting another dialysis facility for possible transfer, and incomplete documentation related to the concurrence of the Medical Director and Patient 1's Attending Physician with the discharge decision.	V 766			