

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>052624</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FMC OF PETALUMA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>715 SOUTHPOINT BLVD, SUITE A</b> <b>PETALUMA, CA 94954</b>	
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V 000	INITIAL COMMENTS  Surveyor: 17151 The following reflects the findings of the California Department of Public Health during the investigation of a complaint #CA00177394.  Representing the California Department of Public Health: Barbara Ebert, Health Facilities Evaluator Nurse.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Two deficiencies were written as a result of complaint #CA00177394.  Abbreviations: beats per minute=bpm electrocardiogram=EKG nasal cannula=nc	V 000		
V 502	494.80(a)(1) ASSESSMENT CRITERIA  The patient's comprehensive assessment must include, but is not limited to, the following: (1) Evaluation of current health status and medical condition, including co-morbid conditions.  This STANDARD is not met as evidenced by: Surveyor: 17151 Based on staff interview, record review, and document review, the facility failed to provide a comprehensive assessment of: 1) Patient 1's pacemaker for the type of pacemaker and the function of the pacemaker when Patient 1	V 502		5/29/09

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 502	<p>Continued From page 1</p> <p>experienced an irregular heart rhythm potentially resulting in pacemaker malfunction or pacemaker failure; and 2) Patient 1 experienced shortness of breath and was started on oxygen without determining the cause of Patient 1's shortness of breath as indicated in the facility's policy and procedure which potentially could have resulted in Patient 1 experiencing a cardiac event.</p> <p>Findings:</p> <p>Record review was conducted on 2/10/09 at 1:00 p.m., and revealed the following: The history and physical dated 7/11/08, from the acute rehabilitation hospital indicated that Patient 1 had diagnoses including end stage renal disease, coronary artery disease with history of cardiac arrest, and "pacemaker uncertain reason."</p> <p>Patient 1 was admitted to the in center hemodialysis clinic on 1/9/09 (no time noted). The comprehensive interdisciplinary assessment dated 1/9/09, indicated that Patient 1 had a regular heart beat. There was no pulse rate documented on the admission assessment.</p> <p>Hemodialysis treatment record dated 1/9/09 at 2:26 p.m., documented Patient 1's pre dialysis pulse at 98 bpm and regular.</p> <p>The interdisciplinary team notes dated 1/22/09, indicated that Patient 1 was unstable. A checklist of reasons for unstable conditions were listed on the interdisciplinary notes but the reason for Patient 1's unstable condition was not marked. According to the checklist of reasons "c. Sudden onset of recurrent cardiac arrhythmias" was considered an unstable condition.</p>	V 502		

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V 502	<p>Continued From page 2</p> <p>The hemodialysis treatment record revealed that for 7 of 13 days that Patient 1 was dialyzed, Patient 1 had an irregular heart rhythm on the following days:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Pulse</th> <th>rhythm</th> </tr> </thead> <tbody> <tr> <td>1/12/09 pre dialysis</td> <td>105</td> <td>irregular</td> </tr> <tr> <td>1/14/09 pre dialysis</td> <td>104</td> <td>irregular</td> </tr> <tr> <td>1/19/09 pre dialysis</td> <td>82</td> <td>irregular</td> </tr> <tr> <td>1/19/09 post dialysis</td> <td>76</td> <td>irregular</td> </tr> <tr> <td>1/23/09 during dialysis</td> <td>100-107</td> <td>irregular</td> </tr> <tr> <td>2/2/09 during dialysis</td> <td>75-103</td> <td>irregular</td> </tr> <tr> <td>2/6/09 post dialysis</td> <td>119</td> <td>irregular</td> </tr> </tbody> </table> <p>During an interview on 2/27/09 at 9:50 a.m., Licensed Nurse A stated that Patient 1 always had an irregular heart rate. Licensed Nurse A said that she did not go back to evaluate Patient 1's baseline heart rate and rhythm to compare the rate and rhythm to the current heart rhythm on 2/2/09, 2/6/09, 2/12/09, and 2/14/09. Licensed Nurse A stated that she was aware that Patient 1's history and physical indicated that Patient 1 had a "pacemaker for uncertain reason." Licensed Nurse A was asked if she considered calling Patient 1's physician regarding the type of pacemaker and the expected function of the pacemaker, Licensed Nurse A stated, "I did not consider asking Patient 1's physician about the pacemaker because he would know." (sic)</p> <p>During an interview on 3/3/09 at 1:10 p.m.,</p>	Date	Pulse	rhythm	1/12/09 pre dialysis	105	irregular	1/14/09 pre dialysis	104	irregular	1/19/09 pre dialysis	82	irregular	1/19/09 post dialysis	76	irregular	1/23/09 during dialysis	100-107	irregular	2/2/09 during dialysis	75-103	irregular	2/6/09 post dialysis	119	irregular	V 502		
Date	Pulse	rhythm																										
1/12/09 pre dialysis	105	irregular																										
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1/23/09 during dialysis	100-107	irregular																										
2/2/09 during dialysis	75-103	irregular																										
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V 502	<p>Continued From page 3</p> <p>Physician B stated that Patient 1 had arrested twice in the past and had complete heart block requiring a pacemaker. Physician B stated that he expected Patient 1's rhythm to be regular and the pacemaker was set at 70 bpm. Physician B said that he had a pacemaker with two pacing leads, one in the atrium and one in the ventricle that had the capability to sense and pace both the atrium and the ventricle. Physician B stated that the dialysis facility should have called him and he would have ordered an electrocardiogram (EKG) to monitor the heart rhythm. Physician B was asked about the cause of Patient 1's death, and responded it was either a "cardiac event or pacemaker failure."</p> <p>The facility's policy and procedure titled, "Evaluating the patient pre dialysis and post dialysis dated 1/28/04, revealed the following: "3. Take and document patient's pulse rate, rhythm and quality. Rationale 3. To determine if the patient has an irregular heart rate and Provides baseline information should the patient develop chest pain, arrhythmias or other symptoms during treatment. Can be an indicator of the patient's volume status."</p> <p>The comprehensive interdisciplinary assessment dated 1/9/09, indicated that Patient 1 had a respiratory rate of 18 with a cough, sometimes coughing up white phlegm. Patient 1's lung sounds were "rales/crackles." There was no shortness of breath marked on the admission assessment.</p> <p>The hemodialysis treatment record revealed that Patient 1 experienced shortness of breath on 7 of 13 days. The physician was not notified of the</p>	V 502			

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V 502	<p>Continued From page 4</p> <p>Patient 1's shortness of breath and that oxygen was initiated on 4 of 13 days:</p> <p>Date        Respiratory</p> <p>1/12/09 shortness of breath on exertion.</p> <p>1/14/09 shortness of breath at rest.</p> <p>1/23/09 shortness of breath, dry cough refused oxygen.</p> <p>1/29/09 shortness of breath on exertion. initiated oxygen 2 liters/min by nasal cannula (n.c.).</p> <p>1/30/09 oxygen initiated, no liter flow documented or rationale for oxygen.</p> <p>2/2/09 shortness of breath at rest, ongoing shortness of breath, oxygen initiated, no flow rate or oxygen device doc., or no rationale for oxygen.</p> <p>2/6/09 shortness of breath at rest, oxygen initiated, no flow rate or oxygen device doc., or no rationale for oxygen.</p> <p>The facility's policy and procedure titled, "Treatment of Shortness of Breath" dated 10/1/95, indicated that the causes were fluid overload, congestive heart failure, or cardiac event. "1. Assess the cause of the shortness of breath. Follow the procedure pertaining to that complication. Rationale 1. Assures that appropriate information communicated to the physician for treatment plans." Oxygen therapy can not be started without a physician's order as indicated in the facility's policy and procedure.</p>	V 502		

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V 502	Continued From page 5 Review of the facility's policy and procedure and during a concurrent interview on 2/10/09 at 3:15 p.m., Licensed Nurse A stated that they had standing orders to initiate oxygen therapy. Review of the standing orders did not indicate that the licensed nurses could initiate oxygen therapy for shortness of breath. Licensed Nurse A stated that it is not unusual for a patient to be short of breath and she did not notify the physician that Patient 1 had shortness of breath and she initiated oxygen therapy. Licensed Nurse A confirmed that the oxygen flow and oxygen device was not documented on the hemodialysis treatment record.	V 502			
V 504	The policy and procedure titled, "Guidelines for Nursing Assessment" indicated "Significant changes in the patient condition that...or observed by the patient care staff should be brought to the immediate attention of the physician." 494.80(a)(2) ASSESSMENT CRITERIA  [The patient's comprehensive assessment must include, but is not limited to, the following:] Blood pressure, and fluid management needs.  This STANDARD is not met as evidenced by: Surveyor: 17151 Based on staff interview, record review, and document review, the facility failed to provide a comprehensive assessment of Patient 1's elevated blood pressure of 214/108 after hemodialysis on 1/23/09, to determine the potential cause. The facility failed to implement their standing orders to notify the physician of a systolic (upper reading) blood pressure of >	V 504		6/18/09	

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V 504	<p>Continued From page 6</p> <p>(greater than) 160 post hemodialysis which potentially could have resulted in Patient 1 suffering an adverse event.</p> <p>Findings:</p> <p>Record review was conducted on 2/10/09 at 1:00 p.m., and revealed that the history and physical from the acute rehabilitation hospital dated 7/11/09, indicated that Patient 1 had a blood pressure of 135/91.</p> <p>A hemodialysis note from the acute care rehabilitation hospital dated 1/5/09, indicated Patient 1's pre dialysis blood pressure was 131/71 and post dialysis blood pressure was 139/77. Patient 1 was dialyzed three hours and remained hemodynamically stable.</p> <p>Patient 1 was admitted to the in center hemodialysis with diagnoses including end stage renal disease and a comprehensive interdisciplinary assessment was conducted on the same day on 1/9/09 (no time). Patient 1's blood pressure, sitting, was 126/71 on the right arm. The comprehensive assessment indicated that Patient 1's average pre dialysis blood pressure was 132/83 and the post dialysis blood pressure was 138/78.</p> <p>A physician's order for hypertension dated 1/9/09, indicated that the licensed nurse was to call the nephrologist for medication order if the post dialysis systolic blood pressure was &gt; 160.</p> <p>The hemodialysis treatment record dated 1/21/09 revealed that Patient 1's pre dialysis blood pressure was 126/71 and the post dialysis blood pressure was 158/83.</p>	V 504			

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V 504	Continued From page 7  The nursing plan of care dated 1/22/09, for blood pressure and fluid management revealed that the goal was to achieve blood pressure control.  The hemodialysis treatment record dated 1/23/09, indicated that Patient 1's pre dialysis blood pressure was 180/60. Patient 1 post dialysis had a blood pressure of 214/108.  During an interview on 3/3/09 at 4:30 p.m., Licensed Nurse C stated that she did not remember the blood pressure of 214/108. Licensed Nurse C was asked if she had reviewed the hemodialysis treatment record post dialysis treatment before Patient 1 was discharged, Licensed Nurse C replied that she does not always review the hemodialysis record post dialysis and the dialysis technician are supposed to bring it to her attention. Licensed Nurse C was asked if she reviewed the hemodialysis record later and did she remember the high blood pressure, Licensed Nurse C stated that she does not remember. Licensed Nurse C stated that she did not write the vital signs on the skilled nursing facility's nursing dialysis communication record or sign it.  During an interview on 3/4/09 at 9:00 a.m., Hemodialysis Technician D stated that he did let Licensed Nurse C know that Patient 1's blood pressure was 214/108. Hemodialysis Technician D stated that he wrote the vital signs in but the registered nurse has to assess Patient 1 before discharge and sign the skilled nursing facility's dialysis communication record.  The facility's policy and procedure titled, "Evaluating the Patient Post Dialysis" dated	V 504			

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V 504	Continued From page 8 1/28/04, revealed "Take and document patient's sitting blood pressure. Compare to pre dialysis and previous treatment readings. Rationale 1. To determine if patient is hypotensive or hypertensive so appropriate measures can be taken to address any problems identified. Blood pressures can be an indicator of the patient's volume status...1. Compare data to pre dialysis findings and treatment goals. 2. Implement appropriate nursing interventions based on assessment data...4. Notify the patient's physician of any significant changes or problems."	V 504			