

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>552505</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRESNO PALM BLUFFS DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>770 WEST PINEDALE FRESNO, CA 93711</b>	
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V 000	INITIAL COMMENTS  Surveyor: 23046 The following reflects the findings of the California Department of Public Health during a recertification survey.  Representing the Department: Octavio E. Relopez, HFEN Lourdes Singh, HFEN  Census: 151 Sample Size: 15	V 000		
V 255	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE  7.2 Microbial monitoring methods 7.2.1 General: repeat cultures Cultures should be repeated when bacterial counts exceed the allowable levels. If culture growth exceeds permissible standards, the water system and dialysis machines should be cultured weekly until acceptable results are obtained. Additional samples should be collected when there is a clinical indication of a pyrogenic reaction or septicemia, and following a specific request by the clinician or the infection control practitioner.  If repeat cultures are performed after the system has been disinfected (e.g., with formaldehyde, hydrogen peroxide, chlorine, or peracetic acid), the system should be flushed completely before collecting samples. Drain and flush storage tanks and the distribution system until residual disinfectant is no longer detected before collecting samples.  This STANDARD is not met as evidenced by: Surveyor: 23046	V 255		2/13/09

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 255	Continued From page 1 Based on interview and record review, the facility failed to ensure that water cultures were repeated when the endotoxin culture count result exceeded the permissible standard which had the potential to result in infections and other health problems to patients.  Findings:  During review of the facility's reuse log on 1/12/09, the water treatment endotoxin surveillance for November 2009 indicated that the endotoxin level result on the reuse sampling site (Renatron # 3) was greater than 5.0 endotoxin units (>5.0 EU) which had exceeded the allowable level of less than 2 EU (<2 EU).  During interview with the Biomed technician (person in-charge of water and dialysate cultures) on 1/12/09, at 4 p.m., he indicated that when culture growth exceeds permissible standards, the water sample would be redrawn for re-culture the next day and the whole loop of the Renatron would be disinfected.  When asked if a repeat culture was done, he further stated, "I presume it was not, because it is not there."	V 255		
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:	V 502		2/13/09

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V 502	<p>Continued From page 2</p> <p>Surveyor: 23046</p> <p>Based on interview and record review, the facility failed to evaluate current health status, including co-morbid conditions for 1 of 15 sampled patients (Patient 15) by failing to perform prescribed monthly foot assessments. These failures resulted in the potential for foot infections not identified in a timely manner.</p> <p>Findings:</p> <p>The medical record for Patient 15 was reviewed on 01/13/09, at about 9:00 AM, in the facility's conference room, and indicated that Patient 15 was a 52 year old male, admitted to receive outpatient hemodialysis treatments on 10/14/08, 3 times per week, with admitting diagnoses of end stage renal disease, and diabetes mellitus type II, insulin dependent as a co-morbid condition.</p> <p>Review of the physician's standing orders dated 10/14/08 indicated order for diabetic patients: foot check every month.</p> <p>Review of the Nurse's assessment for Patient 15 dated 10/15/08, under Surgical History indicated a right big toe amputation.</p> <p>During an interview with the staff nurse assigned to provide Patient 15's treatments, on 01/13/09, at 10:05 AM, the request was made by this surveyor for the staff nurse to show evidence that the prescribed foot checks were performed. The staff nurse stated that she was new working for this facility and did not know that foot checks needed to be done monthly for this patient.</p> <p>During an interview with the Clinical Services Specialist on 01/13/09, at 10:10 AM, confirmed</p>	V 502		

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V 502	Continued From page 3	V 502		
V 505	that the ordered foot checks were never done for this patient.  494.80(a)(3) ASSESSMENT CRITERIA  [The patient's comprehensive assessment must include, but is not limited to, the following:] (3) Laboratory profile,  This STANDARD is not met as evidenced by: Surveyor: 23046 Based on interview and record review, the facility failed to evaluate and take appropriate actions regarding abnormal laboratory (lab) test results as they became available for 1 of 15 sampled patients (Patient 3) by failing to evaluate and take action on an abnormal Potassium (K) level of 6.0 (High) reported to the facility on 08/20/08. This failure resulted in delayed provision of critical treatment necessary to re-establish normal K levels.  Findings:  The medical record for Patient 3 was reviewed on 01/14/09, at about 11:00 AM, and indicated that Patient 3 was a 74 year old male, re-started on hemodialysis on 10/25/07 at this facility, with primary diagnosis of end stage renal disease. Patient 3 attended the facility 3 times a week to receive hemodialysis treatments of 3.5 hours each.  Review of the laboratory's final report dated 8/20/08 indicated that the specimen was collected on 08/18/08; the specimen was received on	V 505		2/13/09

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V 505	<p>Continued From page 4</p> <p>08/19/08; and the result was reported on 08/20/08. The final report indicated a K level of 6.0 H (normal levels = 3.5 -5.0).</p> <p>Review of the facility's form titled "Post Treatment" dated 08/20/08, indicated that Patient 3 received treatment as usual and without any incidents.</p> <p>Patient 3's treatment was terminated and post treatment assessment was performed at 3:10 PM.</p> <p>There was no evidence in the Patient 3's medical record that the high K levels were evaluated by the nursing staff, addressed with the Patient, and/or reported to the physician.</p> <p>Review of the facility's form titled "Post Treatment" dated 08/22/08, indicated that Patient 3 did not receive the prescribed treatment due to "No show - in Hospital".</p> <p>To this date, there was no evidence in Patient 3's medical record that showed an evaluation of the high levels of K was done.</p> <p>Review of the Acute Hospital's admission record dated 08/22/08 indicated that Patient 3 was admitted to the hospital for emergent dialysis treatment presenting with altered level of consciousness.</p> <p>During the dialysis session, Patient 3 became obtunded and unresponsive and was transferred to the Intensive Care Unit (ICU).</p> <p>Patient 3 was intubated and placed on mechanical ventilation; however, he was extubated per family's wishes and expired on 08/23/08.</p> <p>Several discharge diagnosis were listed, one which included high levels of Potassium.</p>	V 505		

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V 505	Continued From page 5 During an interview with the Group Facility Administrator (Grp FA), on 01/14/09, at about 1:10 PM, in the conference room, the Grp FA confirmed that the high K levels were reported to the facility on 08/20/08 and was not able to explain why the high K levels were not evaluated and reported to the physician by the nursing staff as the results became available.	V 505		
V 541	494.90 PATIENT PLAN OF CARE  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.  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 15 of 15 sampled patients (Patients 1-15) 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	V 541		2/20/09

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V 541	Continued From page 6 reassessment dates. This failure resulted in the potential for the provision of inappropriate interventions that could cause a decline in patient's health condition.  Findings:  The medical records for patients 1 to 15 were reviewed from 01/12/09 to 01/14/09 in the facility's conference room. There was no evidence in the medical records that a written, individualized comprehensive plan of care was developed based on the patient's comprehensive IDT assessment and that specified the services necessary to address the patient's needs as identified and the changes in the patient's condition.  During an interview with the Grp FA, on 01/12/09, in the facility's conference room, the Grp FA stated that they do not do written individualized care plans because they follow the IDT Patient Review (Patient Care Plan-Progress Notes). In addition, the Grp FA stated that she was aware that the IDT Patient Review was not individualized and confirmed that the goals, timetables and reassessment dates, and planned interventions were not included in the IDT Patient Review.	V 541			
V 636	494.110(a)(2)(viii) PROGRAM SCOPE  [The program must include, but not be limited to, the following:] (viii) Patient satisfaction and grievances.  This STANDARD is not met as evidenced by: Surveyor: 23046	V 636		2/13/99	

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V 636	<p>Continued From page 7</p> <p>Based on interview and record review, the facility failed to ensure that patient grievances were being investigated and monitored which had the potential to result in unresolved complaints and unmet needs of patients.</p> <p>Findings:</p> <p>During interview with Patient 6 on 1/12/09, at 9:00 A.M., he indicated that he had complained to staff that the Reuse Technician (Reuse Tech.) personnel had been creating noise which bothered the patient by singing and whistling while patient was resting during dialysis treatment.</p> <p>Patient 6 further stated that he requested to terminate his dialysis treatment early because he could not stand the noise.</p> <p>During interview with the Social Worker (SW) on 1/14/09, at 3:50 P.M., she indicated that on the month of December 2008, she received a complaint from Patient 12 regarding a Patient Care Technician being rude to her (Patient 12).</p> <p>The SW stated that Patient 12's complaint was noted in the computer but no investigation and plans had been made to resolve the complaint. There was no documentation found in the SW's computer notes indicating that Patient 12's complaint had been investigated or resolved.</p> <p>The SW further indicated that she did not know if the facility had a grievance log used to monitor patient complaints or concerns.</p> <p>During review of facility documents on 1/14/09, the Quality Improvement and Facility</p>	V 636		

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V 636	Continued From page 8 Management Meeting (QIFMM) minutes dated 11/30/08 indicated that patient complaints and concerns were not being investigated and monitored as evidenced by an answer of "Not Applicable" (N/A) to a management indicator question of "Patient Complaints/ Concerns?"  During interview with the Facility Administrator on 1/15/09, at 9:20 A.M., he stated, "We don't have a log for patient grievances. We should be monitoring the grievance and concerns of patients, but we are not."	V 636		