

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

PRINTED: 02/11/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 552543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2010
NAME OF PROVIDER OR SUPPLIER HOME DIALYSIS THERAPIES OF SAN DIEGO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10672 WEXFORD STREET, SUITE 250 SAN DIEGO, CA 92131	
(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 represents the findings of the Department of Public Health during a recertification visit 8/11/10 and 8/12/10. The facility census at the time of the visit was 43 patients. The sample size was 4 (5 home hemodialysis patients and 38 peritoneal dialysis patients). Representing the Department were; HFEN 22383 and HFEN 17130.	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 observations and staff interview the facility failed discard 3 opened multiple-dose vials in accordance with accepted standards for use. Findings: On 8/11/2010 at 11:40 A.M., there was an open vial of heparin flush dated 5/7/10 in the medication storage area. There also were open and undated vials of Tuberculin solution (used as a skin test to determine if a person was exposed to tuberculosis), and EPO 20,000 (Erythropoietin used for treatment of anemia). The Clinic Director stated on 8/11/2010 at 11:55 A.M., that staff should have discarded the vials	V 143		9/15/10

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 after 30 days, and that staff needed to date the vials when opened.	V 143			