

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: 052638	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2009
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NAME OF PROVIDER OR SUPPLIER KIDNEY CENTER OF SIMI VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 2950 SYCAMORE DRIVE, #100 SIMI VALLEY, CA 93065
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V 000	INITIAL COMMENTS Surveyor: 14724 The following represents the findings of the Department of Public Health during investigation of complaint #CA00184770 regarding patient care and services. Investigation was limited to the specific allegations of the complaint and does not represent the findings of a full inspection of the facility.	V 000		
V 509	494.80(a)(6) ASSESSMENT CRITERIA [The patient's comprehensive assessment must include, but is not limited to, the following:] (6) Evaluation of nutritional status by a dietitian. This STANDARD is not met as evidenced by: Surveyor: 14724 Based on interview and record review, the facility failed to ensure 5 of 9 home hemodialysis patients sampled (1,2,5,6,9) were evaluated as to their nutritional status by a Dietitian, resulting in inadequate assessment of their nutritional care needs. Findings: A 5/13/09 review of the facility "Patient List" showed that 9 home hemodialysis patients were admitted under the care of Nephrologist 2 on 3/5/09 and 3/6/09. When reviewed on 5/13/09	V 509		

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 509	Continued From page 1 and 5/14/09, the medical records for Patients 1,2,5,6, and 9 indicated that the patients had not been seen by the Dietitian for assessment of their nutritional status and needs in over 2 months since admission. The record for Patient 9 did not include a nutritional assessment by the Dietitian, although there were progress notes of the Dietitian's attempts to contact the patient by phone. The records for Patients 1,2,5, and 6 contained "Nutritional Assessment" documents indicating that the assessments were conducted by the Dietitian over the phone. Under the "comments" section of the assessment forms, the Dietitian documented that the assessments were done "via phone. Unable to make visual assessment of pt."	V 509			
V 510	494.80(a)(7) ASSESSMENT CRITERIA [The patient's comprehensive assessment must include, but is not limited to, the following:] (7) Evaluation of psychosocial needs by a social worker.	V 510			

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V 510	Continued From page 2 This STANDARD is not met as evidenced by: Surveyor: 14724 Based on interview and record review, the facility failed to ensure 5 of 9 home hemodialysis patients sampled (1,2,5,6,9) were evaluated as to their psychosocial status by a Social Worker, resulting in inadequate assessment of their psychosocial needs. Findings: A 5/13/09 review of the facility "Patient List" showed that 9 home hemodialysis patients were admitted under the care of Nephrologist 2 on 3/5/09 and 3/6/09. When reviewed on 5/13/09 and 5/14/09, the medical records for Patients 1,2,5,6, and 9 indicated that the patients had not been seen by the Social Worker for assessment of their psychosocial status and needs in over 2 months since admission. The records for Patients 2,6, and 9 did not include a psychosocial assessment by the Social Worker, although there were progress notes of the Social Worker's attempts to contact the patients by phone. The records for Patients 1 and 5 contained "Psychosocial Assessment" documents indicating that the assessments were conducted by the Social Worker over the phone. Under the "comments" section of the assessment forms, the Social Worker documented that the assessments were done "by telephone since it was indicated that Pt. will not come to [facility name]." In the section for "Affect", the Social Worker entered "Unable to assess due to this assessment being done by telephone". On 5/13/09 at 2:30 P.M., the Dietitian and Social Worker were interviewed. They expressed	V 510			

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V 510	Continued From page 3 frustration that 5 of 9 home hemodialysis patients who transferred to the facility in March, 2009 would not come to the facility. The Social Worker stated that she attempted to contact the 5 patients by phone to conduct the initial comprehensive nutritional assessments, and had been able to talk with 2 of those patients. The Social Worker stated that it was not possible to adequately assess patients' psychosocial status or determine their psychosocial needs without seeing them.	V 510			
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: 14724 Based on interview and record review, the facility interdisciplinary team failed to ensure the development of a written, individualized patient plan of care for 5 of 9 home hemodialysis patients sampled (1,2,5,6,9). Findings: A 5/13/09 review of the facility "Patient List"	V 541			

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V 541	Continued From page 4 showed that 9 home hemodialysis patients were admitted to the facility under the care of Nephrologist 2 on 3/5/09 and 3/6/09. A 5/13/09 and 5/14/09 review of the medical records for the 9 patients showed that they transferred to the facility from other home hemodialysis programs. There were no comprehensive interdisciplinary assessments and patient plans of care sent to the facility from the transferring home dialysis programs. The medical records for Patients 1,2,5,6, and 9 all contained written patient plan of care forms, but the forms were blank and lacked the signatures of all the required members of the interdisciplinary team. During a 5/14/09, 10:45 A.M. interview, RN 1 stated that the 5 patients' care plans were blank because the patients had not been seen by the Dietitian and Social Worker since admission.	V 541			
V 560	494.90(b)(4) IMPLEMENTATION OF THE PATIENT PLAN OF CARE The dialysis facility must ensure that all dialysis patients are seen by a physician, nurse practitioner, clinical nurse specialist or physician's assistant providing ESRD care at least monthly, as evidenced by a monthly progress note placed in the medical record, and periodically while the hemodialysis patient is receiving in-facility dialysis. This STANDARD is not met as evidenced by: Surveyor: 14724 Based on interview and record review, the facility failed to ensure 7 of 9 home hemodialysis patients sampled (1,2,3,4,5,6,9) were seen every month by a physician, nurse practitioner, clinical nurse specialist or physician assistant providing ESRD care.	V 560			

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V 560	Continued From page 5 Findings: A 5/13/09 review of the facility "Patient List" showed that 9 home hemodialysis patients were admitted to the facility, under the care of Nephrologist 2, on 3/5/09 and 3/6/09. A review of the medical records for the 9 patients showed that the 9 patients transferred to the facility from other home hemodialysis programs. The medical records for Patients 1,2,3,4,5,6, and 9 indicated that the patients were seen by Nephrologist 2 one time in over 2 months since admission. The 7 patients' records each contained one progress note, indicating they were seen by Nephrologist 2 between 3/23/09 and 3/27/09. There was no evidence that the patients were seen by a non-physician medical practitioner during the time period. During an interview on 5/14/09 at 10:45 A.M., RN 1 stated she was not aware that home dialysis patients were required to be seen by their physicians every month. RN 1 stated she was told the home dialysis patients were to be seen every 2 months, at a minimum.	V 560			
V 764	494.180(d) FURNISHING SERVICES The governing body is responsible for ensuring that the dialysis facility furnishes services directly on its main premises or on other premises that are contiguous with the main premises and are under the direction of the same professional staff and governing body as the main premises (except for services provided under §494.100). This STANDARD is not met as evidenced by: Surveyor: 14724	V 764			

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V 764	<p>Continued From page 6</p> <p>Based on patient and staff interview and record review, the facility failed to ensure home dialysis support services were provided on the premises for 5 of 9 home hemodialysis patients sampled (1,2,5,6,9). This failure resulted in insufficient contact with the professional interdisciplinary care team to allow assessment of the patients, and determination of their individual care needs.</p> <p>Findings:</p> <p>1. Patient 1 was admitted to the facility (Facility A) on 3/13/09 and was on home hemodialysis. During an interview on 5/13/09, Patient 1's spouse stated that they (patient and spouse) had never physically been to Facility A. The spouse stated that he took Patient 1 to another facility in an adjacent county (Facility B) to see Nephrologist 2 and RN 1 two times for "clinic" visits since 3/13/09.</p> <p>When reviewed on 5/13/09, Patient 1's medical record supported the interview, that the patient had not been to the facility she was on census at (Facility A). The initial comprehensive psychosocial and nutritional assessments of Patient 1 were conducted by the Social Worker and Dietitian over the phone in April, 2009.</p> <p>2. Patient 2 was admitted to Facility A on 3/5/09 and was on home hemodialysis. When interviewed on 5/13/09 at 1:50 P.M., Patient 2 stated she had never been to Facility A, rather went to Facility B for her monthly clinic visits to see Nephrologist 2 and RN 1. Patient 2 stated she did not intend to come to Facility A, as it was less convenient that Facility B.</p> <p>A 5/13/09 review of Patient 2's medical record</p>	V 764			

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V 764	<p>Continued From page 7</p> <p>showed no evidence of contact with the Social Worker. The Dietitian comprehensive nutritional assessment of Patient 2 was conducted over the phone on 5/1/09.</p> <p>On 5/13/09 at 2:30 P.M., the Social Worker and Dietitian expressed frustration that 9 home hemodialysis patients were admitted to the facility (Facility A) in March, 2009, and that 5 of the patients (1,2,5,6, and 9) would not come to Facility A. The Social Worker and Dietitian stated that the 5 patients seemed to think that they would be routinely seen at Facility B. The Social Worker and Dietitian stated that neither of them worked at Facility B, and, although they attempted to conduct the initial patient nutritional and psychosocial assessments over the phone, it was not possible to do so adequately without meeting the patients face-to face. The Social Worker and Dietitian stated they were told to go to Facility B on 5/21/09 to see the home hemodialysis patients.</p> <p>During an interview on 5/13/09 at 1:00 P.M., the Medical Director stated that Facility B was not certified for home dialysis training and support. The Medical Director stated he thought that some of the home hemodialysis patients went to Facility B occasionally in emergencies, but were not routinely seen there.</p> <p>3. When the medical record for Patients 5, 6, and 9 were reviewed on 5/14/09, there was no indication that they had been to Facility A since admission on 3/5/09. There was no evidence of contact between the Social Worker and Patients 6 and 9, although there were progress notes that the Social Worker had attempted phone contact with them. There was no evidence of contact</p>	V 764			

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V 764	Continued From page 8 between the Dietitian and Patient 9, although there were progress notes of the Dietitian's attempts at phone contact with the patient. The Social Worker conducted the initial psychosocial assessment of Patient 5 by phone, and the Dietitian conducted the initial nutritional assessments of Patients 5 and 6 by phone. The medical records for Patients 5,6, and 9 all contained Nephrologist's progress notes in March, 2009. When interviewed on 5/14/09 at 10:45 A.M., RN 1 stated that some of the patients were seen by Nephrologist 2 at the office adjoining Facility B in March, 2009.	V 764			