

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: 052550	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2010
NAME OF PROVIDER OR SUPPLIER LOMA LINDA UNIV KIDNEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11375 ANDERSON STREET LOMA LINDA, CA 92354	
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V 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during a recertification survey conducted on 9/3/10.</p> <p>Representing the California Department of Public Health Services:</p> <p>Frances Bratton, HFEN Octavio Relopez, HFEN</p> <p>Census: 150 Sample size: 15</p> <p>Abbreviations and Acronyms:</p> <p>RN - Registered Nurse LN - Licensed Nurse RD - Registered Dietician IDT - Interdisciplinary Team ESRD - End Stage Renal Disease FA - Facility Administrator DOD - Director of Outpatient Dialysis DA - Dialysis Assistant PPE - Protective Personal Equipment POC - Plan of Care</p>	V 000		
V 113	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</p> <p>Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure hand hygiene</p>	V 113		9/24/10
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 113	Continued From page 1 was followed by a DA while performing duties in the facility. Findings: On 9/1/10 at 6:10 PM, a DA was observed to assist a patient to his car wearing full PPE. The PPE included: gloves, gown and face shield. The DA was observed to carry the patient's personal belongings while assisting the patient into the automobile. The DA then reentered the facility and the treatment floor, proceeded to return a suitcase to a patient and wipe down a dialysis chair. The DA continued to wear the same PPE as observed when he was assisting a patient outside. The DA did not wash his hands between patient and/or equipment contact. In an interview with the DOD at 6:15 PM, on 9/1/10, the DOD was informed of the incident and stated that this was "not the practice of the facility." According to the DOD, the job duties of the DA consisted of operating and cleaning hemodialysis and peritoneal dialysis equipment pre and post treatment and assists with collecting water specimens for bacteriology, endotoxins, and chemical analysis. On 9/2/10 at 9:30 AM, a review of the policy and procedures for "Universal Precautions," revealed that staff should "wash hands after removal of gloves immediately after hand contact with blood or other potentially infectious materials, prior to donning PPE, when initiating or terminating a dialysis treatment or procedure, and when leaving the work area."	V 113			
V 124	494.30(a)(1)(i) IC: HBV: TEST ALL,REV RESULTS/STATUS B4 ADMIT	V 124		9/30/10	

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V 124	<p>Continued From page 2</p> <p>Routine Testing for Hepatitis B</p> <p>The HBV serological status (i.e. HBsAg, total anti-HBc and anti-HBs) of all patients should be known before admission to the hemodialysis unit.</p> <p>Routinely test all patients [as required by the referenced schedule for routine testing for Hepatitis B Virus]. Promptly review results, and ensure that patients are managed appropriately based on their testing results.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that routine testing for Hepatitis B infection had been implemented for one of 15 sampled patients (Patient 2) which had the potential to result in the transmission of Hepatitis B infection among dialysis patients.</p> <p>Findings:</p> <p>On 9/2/10, Patients 2's medical record was reviewed. Patient 2 was a resident of a skilled nursing facility and was admitted to the facility on 2/14/08.</p> <p>Patient 2's immunization record indicated that Patient 2 had received and completed the 4 series Hepatitis vaccine on 8/8/08. Laboratory (lab) test result dated 10/17/08, indicated that Patient 2 was a "non responder" to the vaccine. Patient 2's HBsAB (test marker used to determine the presence of antibodies and a person's immune status) test result was "non reactive," which indicated that Patient 2 did not have a sufficient amount of antibodies and was susceptible to the Hepatitis B infection.</p>	V 124			

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V 124	Continued From page 3 No documentation was found which indicated that Patient 2 had been offered and given additional doses of the vaccine against Hepatitis B. No documentation was found which indicated that monthly testing for HBsAg (a test marker used to determine the presence of Hepatitis B infection) to monitor the presence of Hepatitis B infection had been done until after 15 months on 1/13/10. According to the recommendations found in "Recommendations For Preventing Transmission of Infections Among Chronic Hemodialysis Patients," developed by the CDC and MMWR dated April 29, 2001, on pages 20 and 21, the following schedules for routine testing and vaccination for Hepatitis B Virus (HBV) included the following: "... Monthly - HBsAg for HBV susceptible patients including nonresponders to vaccine..." "Hepatitis B Vaccination: Vaccinate all susceptible patients against Hepatitis B. Test for anti-HBs 1-2 months after last dose. If anti-HBs is less than 10 U/mL, consider patient susceptible, revaccinate with an additional three doses, and retest for anti-HBs."	V 124			
V 407	494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement). This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that multiple patients receiving dialysis treatments had their vascular access	V 407		9/30/10	

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V 407	Continued From page 4 (method used to gain access to the blood stream) sites exposed and visible to staff members during dialysis treatments which created the potential to result in undetected accidental needle or blood line disconnection which could result in massive blood loss and death within minutes. Findings: During patient care observation on the treatment floor on 9/1/10, at 10:35 AM, 4 patients who were undergoing dialysis treatment in stations A8, A6, A4 and A2, had their vascular access sites and blood lines covered with blankets during dialysis treatment, while LN 1 and LN 2 were present close to patients at chairside. The access sites were covered for approximately 5 minutes until the surveyor intervened. During an interview with LN 1 and LN 2 on 9/1/10, at 10:35 AM, LN 1 and LN 2 confirmed that the patients' access sites were covered and could not be seen by staff. LN 1 proceeded to uncover and exposed the access site of the patient in station A8. LN 2 acknowledged that access sites should always be with in view of staff during dialysis treatment. LN 2 further stated, "Sometimes they (patients) cover it and we have to keep telling them to uncover their access sites."	V 407		
V 413	494.60(d)(3) PE-ER EQUIP ON PREMISES-02, AED, SUCTION Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.	V 413		9/10/10

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V 413	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that emergency equipment was ready for use at all times, by failing to have a suction machine immediately available for use which created the potential to result in serious harm to patients in the event of a medical emergency in a universe of 153 patients.</p> <p>Findings:</p> <p>During an observation on the treatment floor, on 9/1/10, at 10:20 AM, LN 2 was asked to show the surveyor where the emergency equipment was located and to test the equipment for proper functioning.</p> <p>LN 2 opened a cabinet closet behind the treatment chair of a station located at one end of the "B" treatment floor which revealed a suction machine that had not been assembled and ready for use. The suction machine parts included the cannister (drainage container) and packaged plastic connector tubings.</p> <p>LN 2 was asked to assemble the suction machine, however LN 2 could not find the appropriate connector tubings for the machine and had to ask LN 3 to find the appropriate tubings. LN 3 returned with the red emergency box where the connector tubings, suction tips, and an Ambu-bag (a hand held device used to provide ventilation to a patient who is not breathing) were found. LN 3 stated that the red emergency box was stored separately at the other end of the "B" treatment floor. LN 2 took approximately 5 minutes to completely assemble the machine and ready for used.</p>	V 413			

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V 413	Continued From page 6 During an interview with the DOD on 9/1/10, at approximately 10:35 AM, she acknowledged that the suction machine should be immediately accessible and ready for use in the event of an unforeseen medical emergency. The DOD acknowledged that the facility did not have a monitoring system to ensure that the emergency equipment was functioning properly and ready for use at all times.	V 413		
V 506	494.80(a)(3) PA-IMMUNIZATION/MEDICATION HISTORY The patient's comprehensive assessment must include, but is not limited to, the following: Immunization history, and medication history. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 2 of 16 sampled patients (Patients 2 and 15) were tested at least once for baseline tuberculin skin test results and re-screened if tuberculosis exposure was detected in a universe of 153 patients. Findings: 1. Review of Patient 15's medical record on 9/1/10, indicated that the patient was admitted to the facility on 11/4/03 for hemodialysis treatment. Physician progress notes dated 9/26/07, documented that Patient 15 had a positive PPD (a skin test for TB) which indicated that the patient had been exposed to tuberculosis. The physician further recommended that the patient needed to complete a 9 month medication	V 506		9/30/10

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V 506	<p>Continued From page 7</p> <p>treatment regimen which included INH 300 mg/day with Vitamin B6 50 mg/day. Patient 15 was to be carefully supervised during treatment due to past nonadherence with medications. No documentation was found which indicated that Patient 15 had completed the treatment and re-screened for TB. No documentation was found which indicated that Patient 15 had been screened for TB prior to admission to the facility.</p> <p>During an interview with the DOD on 9/1/10, at 5:40 PM, she reviewed Patient 15's medical record and was unable to find documentation which indicated that the patient had been screened for TB prior to admission and re-screened after a positive PPD had been detected.</p> <p>2. Review of Patient 2's medical record on 9/2/10 indicated that she was admitted to the facility for dialysis treatment on 2/14/08. No documentation was found which indicated that Patient 2 had been screened for TB prior to admission to the facility.</p> <p>During an interview with the DOD on 9/2/10, she reviewed Patient 2's medical record and was unable to find documentation which indicated that the patient had been screened for TB prior to admission to the facility.</p> <p>Review of the facility's operational guidelines for admission of hemodialysis patients on 9/1/10, Operational Guideline # PI-20 dated 10/2006 documented that "information shall be obtained from the patient that is required to initiate (dialysis) treatment. This includes but is not limited to... current lab work (laboratory tests results), immunizations." The transfer information</p>	V 506			

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V 506	Continued From page 8	V 506			
V 542	<p>form to be obtained prior to admission included most recent lab results and PPD test.</p> <p>494.90(a) POC-IDT DEVELOPS PLAN OF CARE</p> <p>The interdisciplinary team must develop a plan of care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop an individualized plan of care for 3 of 15 patients (Patients 9, 12, and 14) which would address the care needs of the Arteriovenous Fistula (an artery/venous shunt used to access the circulation to initiate dialysis treatment) through proper assessment and procedural techniques.</p> <p>Findings:</p> <p>1a. On 9/1/10, at 10:30 AM, Patient 9 was observed being prepared for dialysis treatment by RN 1. The nurse was observed to access the Arteriovenous Fistula (AVF) using a needle brought to her by RN 2. A small amount of bleeding was noted however, the dialysis treatment was able to be initiated.</p> <p>A review of the medical record at 2:30 PM revealed an alert which read "Buttonhole Blunt Needles Only." A review of the outpatient hemodialysis record dated 9/1/10 revealed documentation under the section titled "Needle Cannulation: Access Type & Location" that a sharp needle was used to access the AVF.</p> <p>An interview with the DOD at 5:25 PM, revealed that sharp needles were still being used on Patient 9, the DOD on 9/3/10 at 8:45 AM revealed that a sharp needle was used for Patient 9</p>	V 542		9/30/10	

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V 542	Continued From page 9 because the RN was unable to gain access to the site using the blunt needle. There was no documentation to indicate the results or any problems with the access site on the treatment record. b. On 9/1/10, at 3:00 PM, a review of the medical records for Patients 12 and 14 revealed alerts regarding use of the blunt needle due to buttonhole access. According to the Operational Guidelines for Cannulation of the AV Fistula/Buttonhole (Dry Stick), there is "less pain, bleeding, infiltrations, infections, and access failure with the buttonhole" and blunt needles are safer. Bleeding around the needle site may indicate cutting of the tract with a sharp needle or stretching of the tract (such as skin pulled tight by tape"). A review of the plan of care for Patients 9, 12, and 14 failed to indicate the necessary care needs of the buttonhole access site and the precautions to be taken to prevent any negative outcomes which may occur due to the use of the sharp needle through the buttonhole AVF.	V 542			
V 545	494.90(a)(2) POC-EFFECTIVE NUTRITIONAL STATUS The interdisciplinary team must provide the necessary care and counseling services to achieve and sustain an effective nutritional status. A patient's albumin level and body weight must be measured at least monthly. Additional evidence-based professionally-accepted clinical nutrition indicators may be monitored, as appropriate.	V 545		9/30/10	

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V 545	<p>Continued From page 10</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the IDT provided the necessary care and counseling services to achieve and sustain an effective nutritional status for one of 15 sampled patients (Patient 10) by failing to develop and implement an individualized plan of care that addresses patient's unstable blood sugar level due to diabetes mellitus. This resulted in the patient's poor management of his blood sugar level and was taken to the emergency hospital due to hypoglycemia (abnormally low blood sugar level).</p> <p>Findings:</p> <p>During record review on 9/1/10, Patient 10's medical record documented that he had diagnosis that included diabetes mellitus and ESRD. Patient 10 had been on insulin treatment which was a medication used to control the patient's blood sugar level to help manage his diabetes.</p> <p>The lab test results indicated that Patient 10's glucose (blood sugar) levels were abnormally high (hyperglycemia) at 250 mg/dL for June and 163 for July 2010 (glucose level normal range included a goal of less than or equal to 120 mg/dL).</p> <p>The RD's Nutrition Quarterly Progress Notes dated 1/18/10, documented that Patient 10's nutritional problems included uncontrolled diabetes and non-compliance with diet. The RD's notes further documented that a family member had called 911 and took Patient 10 to the hospital emergency when the patient's blood sugar dropped to an abnormally low level of 24 mg/dL</p>	V 545			

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V 545	Continued From page 11 (hypoglycemia). Review of the Comprehensive Patient Plan of Care dated 6/9/10, no documentation was found which indicated that the IDT had developed a plan of care to address the management of Patient 10's uncontrolled diabetes including unstable blood sugar levels, hyperglycemia and hypoglycemia. During an interview with the RD 1 on 9/1/10, at 2:05 PM, she reviewed Patient 10's medical record and failed to find documentation which indicated that the IDT had developed a plan of care which addressed the patient's uncontrolled diabetes. The RD stated that the physicians and staff had not been providing diabetic management care for out patient dialysis because the care was not "billable." The RD explained that diabetic patients had not been provided diabetic teachings or foot checks because the provision of care was strictly dialysis treatment. The RD further stated that staff would inform diabetic patients to go to their primary physicians for diabetic care services.	V 545			
V 559	494.90(b)(3) POC-OUTCOME NOT ACHIEVED-ADJUST POC If the expected outcome is not achieved, the interdisciplinary team must adjust the patient's plan of care to achieve the specified goals. When a patient is unable to achieve the desired outcomes, the team must- (i) Adjust the plan of care to reflect the patient's current condition; (ii) Document in the record the reasons why the patient was unable to achieve the goals; and (iii) Implement plan of care changes to address	V 559		9/30/10	

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V 559	<p>Continued From page 12</p> <p>the issues identified in paragraph (b)(3)(ii) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility's IDT failed to ensure that the patient's plan of care was adjusted when expected care goals had not been achieved for 3 of 15 sampled patients (Patients 1, 10 and 15).</p> <p>For Patient 15, the IDT failed to adjust the patient's plan of care to manage blood pressure and fluid management needs when the patient experienced signs and symptoms of hypertension (high blood pressure) during the course of hemodialysis (removal of waste from the blood) treatment.</p> <p>For Patient 10, the IDT failed to adjust the plan of care to manage nutritional status and high blood pressure, when the patient's albumin level and blood pressure goals had not been achieved for the past 8 months (January to August 2010).</p> <p>For Patient 1, the IDT failed to adjust the plan of care to manage nutritional status when the patient's phosphorus (an essential mineral) levels remained abnormally high and goals had not been achieved for the past 5 months (April to August 2010).</p> <p>These failures resulted in the IDT's failure to implement appropriate plan of care changes, the patients' inability to achieve the desired goals, and signs and symptoms of adverse outcome for the patient.</p> <p>Findings:</p>	V 559			

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V 559	<p>Continued From page 13</p> <p>1. Patient 15's medical record was reviewed on 9/1/10. The hemodialysis treatment records from 8/22/10 to 8/31/10 documented the following:</p> <p>a. The pre-treatment assessment documentation on 8/22/10 and 8/24/10, indicated that Patient 15 had complained of a headache and his blood pressure had been abnormally high at 180/89 and 171/111, respectively. Patient 15 was administered medication to relieve headache.</p> <p>b. The post-treatment assessment documentation on 8/29/10, indicated that Patient 15 had complained of a headache and his blood pressure was abnormally high at 175/86. Patient 15 was administered medication to relieve his headache.</p> <p>Review of the Patient Comprehensive Plan of Care dated 10/27/09, indicated that Patient 15's blood pressure goal was to maintain blood pressure (BP) at or below 130/80. Patient 15's blood pressure goal had not been met for the past 4 months, from May to August 2010. No documentation was found which indicated that the IDT had adjusted the plan of care in order to meet expected goals and to prevent potential adverse health outcomes.</p> <p>During an interview with the DOD on 9/1/10, at 5:40 PM, she reviewed Patient 15's medical record and acknowledged that the IDT had failed to adjust the patient's care plan for blood pressure and goals had not been met for the past 4 months.</p> <p>2. Patient 10' medical record was reviewed on 9/1/10. The treatment records for August 2010</p>	V 559			

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V 559	<p>Continued From page 14</p> <p>indicated that the patient's post-treatment blood pressure had been abnormally high at a range of above 160/70. The patient's albumin (a type of protein in the blood and one indicator of malnutrition) levels had been below the target goal of 4.0 grams per deciliter (g/dL) or above for the past 8 months from January to August 2010.</p> <p>Review of the Patient Comprehensive Plan of Care dated 5/19/10, indicated that Patient 10's blood pressure goal to maintain BP at or below 130/80 had not been met for the past 7 months from January to August 2010. Patient 10's albumin level goal of 4.0 or above had not been met for the past 8 months from January to August 2010.</p> <p>The RD's Quarterly Progress Notes dated 1/18/10, documented that Patient 10's albumin level was low at 3.4. Interventions included, "Gave 32 ounces bottle sample of ProStat64" (a high protein drink).</p> <p>No documentation was found which indicated that the IDT had reassessed and adjusted the nutritional plan of care to maintain Patient 10's albumin level at or above the 4.0 goal.</p> <p>No documentation was found which indicated that the IDT had reassessed Patient 10's persistent high blood pressure and adjusted the care plan until after 8 months when the physician had prescribed a dialysis treatment order change of sodium (Na) conductivity.</p> <p>During an interview with RD 1 on 9/1/10, at 2:05 PM, she reviewed Patient 10's medical record and acknowledged that the patient's nutritional problem of low albumin had persisted and that the</p>	V 559			

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V 559	<p>Continued From page 15</p> <p>patient's goals had not been met for the past 8 months. Further more, RD 1 acknowledged that the IDT failed to reassessed and adjust the patient's plan of care.</p> <p>During an interview with the DOD on 9/1/10, at 5:40 PM, she reviewed Patient 10's medical record and acknowledged that the IDT had failed to adjust the patient's care plan for blood pressure and goals had not been met for the past 8 months.</p> <p>3. Patient 1's medical record was reviewed on 8/31/10. The treatment records for the month of August 2010 indicated that the patient's post-treatment blood pressures were abnormally high at a range of above 160/90. Patient 1's phosphorus levels were abnormally high for 4 consecutive months, from 5.6 for April to 8.1 for August 2010.</p> <p>Review of the Patient Comprehensive Plan of Care dated 5/19/10, indicated that Patient 1's Blood Pressure goal was to maintain her blood pressure at or below 130/80. Patient 1's blood pressure had not been met for the past 8 months (from January to August 2010). Patient 1's bone management goal was to maintain phosphorus level at 3.5 - 5.5. Patient 1's phosphorus level had not been met for the past 7 months from January to August 2010.</p> <p>No documentation was found which indicated that the IDT had adjusted Patient 1's bone management and blood pressure plans of care to maintain patient's phosphorus level and blood pressure at an acceptable level.</p> <p>During an interview with the DOD on 8/31/10, at</p>	V 559			

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V 559	Continued From page 16 3:15 PM, the DOD stated that Patient 1's status had been considered unstable due to frequent hospitalization. The DOD reviewed the facility's hospitalization tracking report which documented the following dates and reasons for Patient 1's hospitalization: a. From 5/5/10 to 5/14/10 - hospitalized due to hypertension and hyperkalemia (high concentration potassium in the blood). b. From 5/29 to 5/30/10 - due to hypertension. c. From 7/11 to 7/12/10 - due to hypertension. d. From 7/31 to 8/14/10 - due to stomach pain, nausea (an urge to vomit), headache and hypertension. The DOD acknowledged that the interdisciplinary team failed to adjust Patient 1's blood pressure and bone management plans of care.	V 559		
V 765	494.180(e) GOV-INTERNAL GRIEVANCE SYS ID/IMPLEMENTED The facility's internal grievance process must be implemented so that the patient may file an oral or written grievance with the facility without reprisal or denial of services. The grievance process must include- (1) A clearly explained procedure for the submission of grievances. (2) Timeframes for reviewing the grievance. (3) A description of how the patient or the patient's designated representative will be informed of steps taken to resolve the grievance. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the grievance process was	V 765		9/30/10

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V 765	<p>Continued From page 17</p> <p>implemented by failing to follow its grievance procedure to investigate, address and resolve patient's concerns and complaints in a timely manner for 1 of 16 sampled patients (Patient 1) which may have resulted in the development of patient's psychosocial problems which included verbally abusive behavior and non-compliance to prescribed treatment.</p> <p>Findings:</p> <p>During a phone interview with Patient 1 and a family member on 8/17/10, at 10:25 AM, Patient 1 stated that on June 2010 she and a family member had complained to LN 3, the Charge Nurse that the dialysis machine used during her dialysis treatment had been malfunctioning and had stopped several times during the treatment.</p> <p>Patient 1's family member explained that the machine had caused Patient 1 to become sick and was hospitalized due to very high creatinine (used to evaluate kidney function) level at "12" and had requested LN 3 to change the machine. LN 3 had told the family member that there was no need to change machine because it was not the machine but Patient 1's catheter (hemodialysis access site) was "no good."</p> <p>Patient 1 stated that after Patient 1's catheter was changed on 8/3/10, the facility staff had promised to change the machine but on 8/6/10, during the dialysis treatment, the same machine was used which had stopped during the treatment and Patient 1 only received 3 1/2 hours instead of the prescribed treatment time of 4 hours.</p> <p>Patient 1 stated that she had been crying because staff would not change the machine and</p>	V 765			

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V 765	<p>Continued From page 18</p> <p>had not allowed her family member to be with her during dialysis treatment. Patient 1 further stated that she had been angry with the staff and had told them she would not come for dialysis treatment unless the facility changed the machine she had been using.</p> <p>During review of Patient 1's medical record on 8/31/10, the Annual Comprehensive IDT Patient Assessment dated May 2010 indicated that Patient 1 was admitted to the facility for dialysis treatment on 5/19/09. The physician's assessment section on Section 1 (Nephrology) documented that patient's psychiatric status was "normal," and the social worker's assessment on Section 5 (Social Work) documented "behavior not present," no current concerns or mood disturbances, and no signs and symptoms of depression or anxiety problems.</p> <p>Review of the nurses progress notes dated from 7/28/10 to 8/25/10, documented the following staff's action, in addition to the patient and family's psychosocial and behavioral changes:</p> <p>"7/28/10- Security was called after (patient's family member) was asked to wait in the lobby and she proceeded into patient care area... was given an official 602 warning stating that if she returned into the patient care area... and security is back, she will be arrested."</p> <p>"7/30/10- Patient no show. Family said, she is bringing Patient 1 to the hospital emergency room (ER)."</p> <p>"8/9/10- Family member called to speak with secretary that unless we (staff) change patient's machine, she (Patient 1) is not coming for</p>	V 765			

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V 765	<p>Continued From page 19</p> <p>hemodialysis... no show as stated by family member."</p> <p>"8/10/10- Family member called... wanting to bring Patient 1 for treatment, requested to change machine. (Staff) told her this is not Patient 1's regular treatment day and don't have available spot this p.m. (evening). Family member said that it was the machine that caused Patient 1 to go to the hospital. (Staff) told her there's nothing wrong with the machine, ended the conversation..."</p> <p>"8/11/10- Family member walked into the unit. Instructed her that she is not allowed in the treatment area. She ignored the instruction... security called."</p> <p>"8/13/10- ...Patient non compliant with phos binder (medication to treat high phosphorus level), refuses IV iron, refuses change on hemodialysis access."</p> <p>"8/23/10- Patient arrived late today... at 5:45 PM. Patient and family member informed that... she needs to be her before that and patient will not be able to have her full treatment tonight due to being late..."</p> <p>"8/25/10- Patient was late again today for one and a half hour... offered to reschedule her for a later time... will leave message to follow up with her Social Worker (SW)."</p> <p>Review of Patient 1 ' s dialysis treatment records dated 8/18/10 and 8/20/10, documented that during the course of the patient ' s hemodialysis treatment, there was " frequent stopping of the (dialysis) pump " and " increased machine alarms. "</p>	V 765			

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V 765	<p>Continued From page 20</p> <p>Review of the Social Worker's progress notes dated 8/10/10, documented that on 8/31/10, at 4:40 PM, the SW had contacted Patient 1 and family by phone and discussed patient's complaints about the dialysis machine used to dialyze patient and her request to change the machine. No documentation was found which indicated that a satisfactory resolution had been met after the telephone conversation ended. The Social Worker's follow up conversation with the patient and family member took more than 2 months after Patient 1 and family had verbally voiced their complaint.</p> <p>During an interview with the DOD on 8/31/10, she stated, "We have no complaints or grievance for 2010. If patients have complaints we encourage them to go to the main building (of the hospital) and file their grievances with Patient Relations Services."</p> <p>When asked if the complaint of Patient 1 and family regarding the non-functioning dialysis machine had been investigated addressed and resolved, the DOD stated that she would have to call the Patient Relations Services and find out. The DOD proceeded to call Patient Relations Services and was given information that there had been no record of a grievance or complaints for the facility for 2010. The DOD reviewed Patient 1's medical record and was unable to find documentation which indicated that staff had appropriately investigated, followed-up and acted upon the patient and family's complaints in a timely manner. No documentation was found which indicated that the patient and family's complaints had been satisfactorily resolved.</p>	V 765			

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V 765	Continued From page 21 Review of the facility's policy and procedure, titled "Patient Complaints And Grievances" dated 8/2009, the following were noted: "4. Patient care complaints... during the course of treatment shall be managed by the patient care staff... or department manager of the department involved whenever possible. ... If the manager or patient care staff cannot satisfactorily resolve the complaint within the department on the same day the complainant is received... the patient or family member shall be referred to the Patient Relations Department... Unresolved complaints referred to the Patient Relations shall be managed as "grievances"... A system shall be maintained to keep records of all grievances reported, including the date of the report, circumstances surrounding the grievance, investigative action taken if any, follow-up performed and copies of any communication to the patient."	V 765			