

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: 052788	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/12/2009
NAME OF PROVIDER OR SUPPLIER NEPHRON DIALYSIS CENTER OF LAKEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 5750 DOWNEY AVENUE, SUITE 203 LAKEWOOD, CA 90712	
(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 Surveyor: 14041 The following reflects the findings of the Department of Public Health during a Complaint visit. Complaint Intake Numbers: CA00191123 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: Elizabeth Arenas, REHS, HFE I	V 000		
V 403	494.60(b) EQUIPMENT MAINTENANCE The dialysis facility must implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations. This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility failed to maintain a program that would ensure that the patients' dialysis treatment chairs were maintained for effective cleaning/disinfecting. There were four patient treatment chairs (Station 7, 13, 17 and 26) that had torn upholstery on the footrest and/or armrest that was being used in the dialysis treatment area. Findings: On June 12, 2009, at approximately 9 a.m., a	V 403		

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 403	Continued From page 1 complaint investigation regarding unsanitary conditions in the facility was conducted. The evaluator observed three dialysis patients in Station 7, 17, and 26. The upholstery on the dialysis treatment chair footrests were observed cracked and torn. When Staff 2 removed the cover sheet from the dialysis treatment chair at Station 13, the evaluator observed two large 3-inch holes below the inside of the two armrest.	V 403			
V 405	494.60(c)(2) PATIENT CARE ENVIRONMENT The dialysis facility must: (i) Maintain a comfortable temperature within the facility; and (ii) Make reasonable accommodations for the patients who are not comfortable at this temperature. This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility failed to ensure the ambiance temperature in the facility was maintain at a comfortable level for the patients. Findings: On June 12, 2009 at 9:00 a.m., an investigation was conducted at the facility regarding unsanitary conditions. The evaluator observed a patient at Station 5 fanning himself stating that the facility was too hot. The patient also stated that the	V 405			

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V 405	Continued From page 2 facility is always too warm and asked the staff when was the facility going to fix the air conditioner? On June 12, 2009 at 9:10 a.m., an interview was held with the Staff 1, he stated that the temperature in the facility was 75 degrees Fahrenheit. Staff 1 stated that the temperature in the facility should be between 68 - 72 degrees Fahrenheit. Staff 1 and the evaluator located the facility's thermostats, only to find the thermostat control panel was broken and the temperature reading could not be ascertained. There was no evidence of an accurate temperature reading in the facility.	V 405			