

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>052715</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>PACIFIC DIALYSIS SERVICES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1830 LOMITA BLVD</b> <b>LOMITA, CA 90717</b>	
(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: 19582 The following reflects the findings of the Department of Public Health during a Complaint visit:  Complaint Intake Number: CA00171141 - Unsubstantiated  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:  Belinda Rarela, RN-Health Facilities Evaluator Nurse	V 000		
V 402	494.60(a) PHYSICAL ENVIRONMENT: BUILDING  The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.  This STANDARD is not met as evidenced by: Surveyor: 19582 Based on observation and interview, the facility failed to maintain and ensure the safety of the patients and the staff.  Findings:  On January 5, 2009 at 11 a.m., the service door in front of the parking lot leading to the dialysis facility was propped opened. No one answered when evaluator knocked and called out.	V 402		2/4/09

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 402	<p>Continued From page 1</p> <p>During the initial tour with Staff A, on January 5, 2009 at 11:20 a.m., in the hallway outside the treatment area and leading to the service door, the re-use room door was propped opened. Dialyzers were observed and no re-use technician was present. Further down the hallway was another room with the door propped open with a dialysis machine labeled for repair. At the end of the hallway, there were boxes of supplies and the service door leading to the parking lot was propped open and no facility staff present.</p> <p>During the tour of the treatment area on January 5, 2009 at 11:30 a.m., the baseboard adjacent to the janitor's closet and the baseboard by Station 1 were torn.</p> <p>In an interview on January 5, 2009 at 1:15 p.m., Staff A stated the service door was usually locked. Staff A stated there were supplies and computers. Staff A stated the torn baseboards must be from the oxygen tanks.</p>	V 402			