

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: 052888	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2010
NAME OF PROVIDER OR SUPPLIER PARKWAY KIDNEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 PLAZA PARKWAY, SUITE B1 MODESTO, CA 95350	
(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 reflects the findings of the California Department of Public Health-Licensing and Certification during an ESRD RECERTIFICATION survey. Representing the California Department of Public Health - Licensing and Certification: Donna Marqueling RN HFEN; Beverly Griffin RN HFEN; and Julie Slaughter RN HFEN. Census: 100 Sample: 11 Abbreviations: AND - Administrative Nursing Director BFR - Blood Flow Rate HBV - Hepatitis B virus IDT - Interdisciplinary Team MD - Medical Doctor PCT - Patient Care Technician RD - Registered Dietician RN - Registered Nurse SW - Social Worker	V 000		
V 116	494.30(a)(1)(i) IC-IF TO STATION=DISP/DEDICATE OR DISINFECT Items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient. -- Nondisposable items that cannot be cleaned and disinfected (e.g., adhesive tape, cloth covered blood pressure cuffs) should be dedicated for use only on a single patient. -- Unused medications (including multiple dose vials containing diluents) or supplies (syringes,	V 116		2/1/11

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 116	<p>Continued From page 1</p> <p>alcohol swabs, etc.) taken to the patient's station should be used only for that patient and should not be returned to a common clean area or used on other patients.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, and administrative document review, the facility failed to ensure equipment (protective face shield) used in the Isolation Room (a separate room used for Hepatitis B Virus Positive patients) was disinfected prior to being used on the general treatment floor. This failure had the potential to expose susceptible patients to HBV.</p> <p>Findings:</p> <p>On 11/16/10 at 2:20 p.m., during an observation in the Isolation Room, PCT 5 was seen removing the blood lines and dialyzer from the machine following Patient 1's dialysis treatment. PCT 5 pushed up the visor on the protective face shield with the same gloves that were used for the dialysis treatment. PCT 5 then removed and disposed of the gown and gloves prior to leaving the isolation room. PCT 5 then returned to the general treatment floor without removing the face shield.</p> <p>On 11/16/10 at 3:25 p.m., during an interview, PCT 5 stated the face shield should not have been touched with dirty gloves and should have been disinfected prior to going onto the general treatment floor.</p> <p>On 11/16/10 at 3:35 p.m., during an interview, RN 2 stated the Isolation Room equipment and supplies (including face shields) are dedicated to</p>	V 116			

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V 116	Continued From page 2 the isolation room and should not be removed from that room. On 11/16/10 at 3:45 p.m., during an interview, the AND stated staff in the Isolation Room should use only dedicated supplies and should not take any of the supplies or equipment onto the general treatment floor prior to complete disinfection. The facility policy and procedure, titled, "In-Service for Dialyzing Hepatitis B Positive Patients" dated 7/12/10, indicated: "Termination of Treatment: ...All equipment and surfaces will be cleaned thoroughly with disinfectant and allowed to dry. All will remain in isolation [room]."	V 116			
V 470	494.70(c) PR-RIGHTS POSTED, STATE/NW CONTACT INFO The dialysis facility must prominently display a copy of the patient's rights in the facility, including the current State agency and ESRD network mailing addresses and telephone complaint numbers, where it can be easily seen and read by patients. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to post the current State Agency mailing address and telephone number where complaints could be lodged. This failure had the potential to not protect patients' right to file a complaint against the facility. Findings: On 11/15/10 at 1 p.m., during the initial environmental tour of the lobby, the Patients Rights board was observed. The current State	V 470		12/9/10	

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V 470	Continued From page 3 Agency's address and telephone number to report concerns or to file a complaint was not posted. On 11/15/10 at 4:15 p.m., during an interview, the AND stated the reason for not posting the current State Agency address and telephone number was the facility did not have current information.	V 470			
V 501	494.80 PA-IDT MEMBERS/RESPONSIBILITIES The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care. This STANDARD is not met as evidenced by: Based on staff interview, clinical record, and administrative document review, the facility failed to ensure the Interdisciplinary Team (IDT) accurately completed patient comprehensive assessments for four of eleven patients (Patients 2, 3, 8, and 11). These failures had the potential to result in the expectations of care not being met. Findings: 1. On 11/17/10, Patient 2's clinical record was reviewed. There were five entries in Patient 2's Interdisciplinary plans of care. Five of five entries	V 501		12/31/10	

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V 501	<p>Continued From page 4</p> <p>contained no dates, two of five entries had no nurse's signature, and five of five entries did not have a patient signature.</p> <p>On 11/17/10 at 11 a.m., during an interview, the AND stated plans of care should be dated and signed by the treatment team (IDT) including the patient. She acknowledged the patient's signature was not on the plans of care in Patient 2's clinical record.</p> <p>The facility's policy and procedure titled, "Medical Records - General Policies" dated 5/01, indicated: "...All entries shall be current, dated and signed."</p> <p>2. On 11/17/10, Patient 3's clinical record was reviewed. Patient 3 was assessed as a "stable" patient requiring annual nursing assessments. Patient 3's annual nursing assessment due September 2010 was missing from the record.</p> <p>On 11/17/10 at 2:35 p.m., the AND stated an annual nursing assessment for Patient 3 was due in September 2010, and confirmed there was no documentation found in the record.</p> <p>The facility's policy and procedure titled, "Medical Records - General Policies" dated 5/01, indicated: "...All entries shall be current, dated and signed." The section titled: "Assessments" indicated: "...A comprehensive reassessment needs to be done annually for stable patients..."</p> <p>3. On 11/17/10, a review of Patient 8's IDT plans of care, indicated two of nine plans of care were undated; nine of nine entries were missing the MDs signature; and nine of nine entries were missing the Patient 8's signature.</p>	V 501			

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V 501	Continued From page 5 On 11/17/10 at 11:00 a.m., during an interview, the AND stated the plans of care should be dated and signed by the treatment team (IDT) including the patient. She acknowledged dates and signatures were missing from the plans of care in Patient 8's clinical record. The facility's policy and procedure titled, "Medical Records - General Policies" dated 5/01, indicated: "...All entries shall be current, dated and signed." 4. Patient 11's clinical record was reviewed on 11/17/10, and indicated Patient 11 was admitted on 10/1/10 and had a total of 17 dialysis treatments. The Initial Comprehensive Assessment was undated and unsigned by the IDT. The form titled "Nursing Assessment" for Patient 11 was undated and the section titled "Home Medications" was blank. There was no Plan of Care in the record for Patient 11. On 11/17/10 at 11 a.m., during an interview, the AND stated plans of care should be dated and signed by the treatment team (IDT) including the patient. She acknowledged dates and signatures were missing from the plans of care in Patient 11's clinical record. On 11/18/10 at 11 a.m., during an interview, RN 1 confirmed the nursing assessment for Patient 11 was undated and the home medication sheet was blank. The facility's policy and procedure titled, "Medical Records - General Policies" dated 5/01, indicated: "...All entries shall be current, dated and signed."	V 501			
V 516	494.80(b)(1) PA-FREQUENCY-INITIAL-30 DAYS/13 TX	V 516		1/1/11	

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V 516	Continued From page 6 An initial comprehensive assessment must be conducted on all new patients (that is, all admissions to a dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session. This STANDARD is not met as evidenced by: Based on staff interview, clinical record, and administrative document review, the facility failed to complete the IDT Initial Comprehensive Assessment for one of eleven sampled patients (Patient 11) within the required time frame. This failure had the potential to deliver care not meeting the full benefit of physical and psychosocial well-being for Patient 11. Findings: On 11/17/10 a review of the clinical record indicated Patient 11 was admitted to the facility on 10/1/10. No documented evidence was provided that the Initial Comprehensive Assessment had been completed, 46 days and 17 treatments since the admission date. On 11/17/10 at 2:50 p.m., during an interview, the AND stated an Initial Comprehensive Assessment should have been done within 30 days or 13 visits. The facility policy and procedure titled, "Chart Contents" dated 5/03, indicated: "...Assessments: A Comprehensive Assessment is completed by all disciplines [of the IDT] within 30 days or 13 hemodialysis sessions."	V 516			
V 715	494.150(c)(2)(i) MD RESP-ENSURE ALL ADHERE TO P&P	V 715		3/1/11	

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V 715	<p>Continued From page 7</p> <p>The medical director must-</p> <p>(2) Ensure that-</p> <p>(i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, clinical record, and administrative document review, the facility failed to follow facility policy and procedure when Blood Flow Rate was not included on the initial physician dialysis prescription for one of eleven patients (Patient 11). This failure had the potential to increase the risk for administering incorrect dialysis prescription and possible harm to the patient.</p> <p>Findings:</p> <p>Review of Patient 11's initial physician standing orders, dated 10/1/10, did not contain the BFR (Blood Flow Rate) required for the dialysis prescription.</p> <p>On 11/18/10 at 11 a.m., during an interview, RN 1 confirmed the BFR was blank on the initial physician standing order sheet. RN 1 stated she remembered taking the BFR from a conversation with MD 4 about Patient 11's dialysis prescription. RN 1 remembered inputting the BFR into the computer, and confirmed she failed to transfer the BFR to the prescription order sheet.</p> <p>The facility policy and procedure titled "Chart Contents" dated 5/03, indicated: "Physicians</p>	V 715			

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V 715	Continued From page 8 Orders:...Prior to the first treatment in the facility, the physician shall inform the nurse functioning in the charge role of at least the patient's diagnosis, medications, hepatitis status, allergies, and dialysis prescription (including the BFR). The clinical record shall include this data. No dialysis shall be initiated until this requirement is met...".	V 715			