

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:  <b>052761</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/13/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER DIALYSIS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7612 ATLANTIC AVENUE CUDAHAY, CA 90201</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  The following represents the findings of the Department of Public Health during a Complaint visit.  Complaint Intake Number: CA00244121 - Substantiated	V 000		
V 111	494.30 IC-SANITARY ENVIRONMENT  The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.  This STANDARD is not met as evidenced by: Based observation and interview, the facility failed to monitor a sanitary environment to minimize the transmission of infectious agents between the unit and other public areas. In the waiting room area the toilet paper and toilet seat cover dispensers were empty.  Findings:  On October 13, 2010 at 9:30 a.m., in the waiting area restroom, the toilet paper and toilet seat cover dispensers were empty. There was a pile of toilet seat covers on the floor next to the toilet bowl. There were three patients in the waiting area at the time of observation.  On October 13, 2010 at 9:55 a.m., a tour was conducted with the facility administrator. In the waiting area restroom, the toilet paper and toilet seat cover dispensers were empty. There was a	V 111		

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 111	Continued From page 1 pile of toilet covers on the floor next to the toilet bowl.  At the same time, during an interview, the facility administrator stated there should be toilet paper in the restroom.	V 111			