

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: 052395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2009
NAME OF PROVIDER OR SUPPLIER RADY CHILDREN'S HOSPITAL - SAN DIEGO ESRD			STREET ADDRESS, CITY, STATE, ZIP CODE 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	
(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: 14724 The following represents the findings of the Department of Public Health during a recertification visit. The facility census at the time of the visit was 24 patients and the patient sample consisted of 3 hemodialysis patients and 2 peritoneal dialysis patients. Representing the Department of Public Health were Teri Spencer, HFEN and Jackie Gallen, HFEN.	V 000		
V 113	494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE 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. This STANDARD is not met as evidenced by: Surveyor: 14724 Based on observation and staff interview, the facility failed to ensure 1 of 3 staff (RN 2) wore gloves when touching the dialysis machine, and sanitized hands between dirty and clean tasks. Findings: On 6/02/09 at 3:16 P.M., after initiating the hemodialysis treatment for the patient at station 1, RN 2 touched the control panel of the dialysis machine with bare hands, to program the machine settings and obtain the patient's vital signs. RN 2 then proceeded to don gloves and obtained clean supplies, without first sanitizing hands. At 3:20 P.M., RN 2 picked up and handled	V 113		6/29/09
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 113	Continued From page 1 a filled blood tube with bare hands, then, without sanitizing hands, touched and opened a supply cupboard, contaminating the cupboard door.	V 113		
V 187	When interviewed on 6/02/09 at 4:00 P.M., RN 1 stated that staff should always wear gloves when touching a patient's hemodialysis machine. 494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 8 Environment: schematic diagrams/labels Water systems should include schematic diagrams that identify components, valves, sample ports, and flow direction. Additionally, piping should be labeled to indicate the contents of the pipe and direction of flow. If water system manufacturers have not done so, users should label major water system components in a manner that not only identifies a device but also describes its function, how performance is verified, and what actions to take in the event performance is not within an acceptable range. This STANDARD is not met as evidenced by: Surveyor: 14724 Based on observations and staff interview the facility failed to ensure that the components of the water system were labeled and that a schematic diagram that identified the components of the water system was posted. Findings: On 6/02/09 1:48 P.M. there was no posted schematic diagram of the water pretreatment components at either patient treatment area. The	V 187		6/29/09

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V 187	Continued From page 2 water treatment components were not labeled, and the water flow direction was not indicated. The Biomedical Technician stated on 6/03/09 , at 8:45 A.M., that he was primarily responsible for the water treatment systems at the facility. He stated that he understood the configurations of the systems and the functions of the components; but was not aware of the labeling requirements.	V 187		
V 220	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 7 Strategies for bacterial control 7.1 General: machine supply line disinfected Users should establish a procedure for regular disinfection of [the line between the outlet from the water distribution system and the back of the dialysis machine]. This STANDARD is not met as evidenced by: Surveyor: 14724 Based on observation and staff interview, the facility failed to establish and implement a procedure for the routine disinfection of the hemodialysis machine water supply line for 5 of 5 hemodialysis machines. Findings: On 6/03/09, during the initial tour of the facility, 3 hemodialysis machines were in use at 2 hemodialysis patient treatment areas. Individual portable reverse osmosis (RO) units supplied the machines with purified water for dialysis. The Biomedical Technician stated during interview on 6/03/09 at 9:16 A.M. that the facility had a total of 5 hemodialysis machines and 4 portable RO water treatment units, which he maintained. The Biomedical Technician explained that the water supply lines between the portable RO units and	V 220		6/29/09

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V 220	Continued From page 3 the machines were approximately 6-8 feet long, and he did not disinfect them when disinfecting the portable RO units. The Biomedical Technician stated that the facility did not have a procedure for routine disinfection of the dialysis machine supply lines.	V 220			
V 558	494.90(b)(2) IMPLEMENTATION OF THE PATIENT PLAN OF CARE Implementation of monthly or annual updates of the plan of care must be performed within 15 days of the completion of the additional patient assessments specified in §494.80(d). This STANDARD is not met as evidenced by: Surveyor: 14724 Based on interview and record review, the facility failed to ensure the implementation of the dialysis prescription for 1 of 5 sampled patients (1). Findings: Patient 1 received 5 hemodialysis treatments at the facility, per week. The medical record was reviewed on 6/03/09. Patient 1's dialysis prescription called for a dialysate bicarbonate level of 35. The dialysis treatment records for the 10 treatments Patient 1 received between 5/14/09 and 5/27/09 identified that on 5/22/09, a bicarbonate level of 38 was used for the treatment, contrary to the dialysis prescription. RN 1 stated on 6/03/09 at 4:00 P.M., that the default bicarbonate setting on the hemodialysis machines was 38. The staff were to reprogram the machines when a patient's prescription called for an alternate bicarbonate setting, such as 35. RN 1 stated that there was no way to determine if	V 558		6/29/09	

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V 558	Continued From page 4 the wrong bicarbonate setting was used for Patient 1's dialysis on 5/22/09, or if it was a documentation error.	V 558		
V 587	494.100(b)(2),(3) HOME DIALYSIS MONITORING [The dialysis facility must -] (2) Retrieve and review complete self-monitoring data and other information from self-care patients or their designated caregiver(s) at least every 2 months; and (3) Maintain this information in the patient's medical record. This STANDARD is not met as evidenced by: Surveyor: 22383 Based on interview and record review the facility failed to maintain patient self-monitoring data in the patient's medical record for 2 of 2 home peritoneal dialysis (PD) patients (4,5). Findings: Patient 4 and 5's records both electronic and paper were reviewed on 6/03/09. There were no home treatment records found. The PD nurse stated on 6/03/09 at 10:00 A.M. that she had the patients or their caregivers bring the treatment record chip, from the machine, with every visit. She downloaded the record into her computer and reviewed them. She stated the information did not become part of the patient's record. She was unaware of the requirement.	V 587		6/29/09
V 726	494.170 MEDICAL RECORDS The dialysis facility must maintain complete,	V 726		6/29/09

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V 726	<p>Continued From page 5</p> <p>accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14724 Based on record review and interview, the facility failed to ensure the medical record for 1 of 5 sampled patients (1) accurately reflected the dialysis treatments delivered.</p> <p>Findings:</p> <p>Patient 1 received hemodialysis treatments at the facility 5 times per week, per medical record review on 6/03/09. Patient 1's dialysis prescription called for a 3.0 potassium/3.0 calcium dialysate, alternating with 2.0 potassium/2.5 calcium dialysate for the 5 treatments each week. When the dialysis treatment records for the 10 treatments between 5/14/09 and 5/27/09 were reviewed, the records for the 5/20/09 and 5/26/09 treatments showed that a 3.0 potassium/2.5 calcium dialysate was used.</p> <p>When interviewed on 6/3/09 at 4:00 P.M., RN 1 explained that there was no 3.0 potassium/2.5 calcium dialysate at the facility, and the documentation on the 2 treatment records was an error.</p>	V 726			