

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>052705</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RAI - NORTH CALIFORNIA - STOCKTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2350 N CALIFORNIA STREET</b> <b>STOCKTON, CA 95204</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: 14067 The following reflects the findings of the California Department of Public Health during a COMPLAINT visit. Complaint number(s): CA00169090.  Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Representing the California Department of Public Health: Beverly VandeWeg, HFEN	V 000		
V 691	494.140(d) SOCIAL WORKER  The facility must have a social worker who- (1) Holds a master's degree in social work with a specialization in clinical practice from a school of social work accredited by the Council on Social Work Education; or (2) Has served at least 2 years as a social worker, 1 year of which was in a dialysis unit or transplantation program prior to September 1, 1976, and has established a consultative relationship with a social worker who qualifies under §494.140(d)(1).  This STANDARD is not met as evidenced by: Surveyor: 14067 Based on staff interview, the facility failed to ensure that there was a Licensed Clinical Social Worker (LCSW) to provide supervisory oversight for the social worker.	V 691		6/26/09

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 691	<p>Continued From page 1</p> <p>Findings:</p> <p>On 3/4/09 at 2:20 pm, Masters of Social Work (MSW) J stated during an interview that since she was hired October 2007, she had not been provided supervisory oversight by an LCSW. MSW J stated that she had talked with LCSW R in 2008. LCSW R indicated that she would be providing the supervisory oversight needed to be in compliance with the California law. MSW J stated that she attended a quarterly MSW support meeting in December 2008 conducted by an LCSW from another dialysis clinic. The LCSW indicated that there was going to be another LCSW that was going to provide the supervisory oversight. MSW J stated that there had not been any follow up from the LCSW regarding supervisory oversight. MSW J stated that in October/November 2008 she contacted the group leader-LCSW and the LCSW indicated that she could not help out in providing supervisory oversight. MSW J stated that she completed the initial psychosocial assessments and the annual assessments.</p> <p>During interview on 3/4/09, the Facility Administrator (FA) who is a MSW, indicated that she was not aware that the California law requires a LCSW to provide supervisory oversight of MSWs.</p> <p>During interview on 3/4/09, the Regional Director stated he thought that the facility had an LCSW for the supervisory oversight of the MSW.</p>	V 691			