

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: 052864	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2009
NAME OF PROVIDER OR SUPPLIER SAN YSIDRO DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3010 DEL SOL BLVD SAN DIEGO, CA 92154	
(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: 22383 The following reflects the findings of the California Department of Public Health during the investigation of complaint/self-reported event. Complaint #: CA00182285 Regarding: Quality of Care The investigation was limited to the specific complaint/self-reported event investigated and does not represent the findings of a full inspection of the facility/agency. Representing the Department of Public Health: Jackie Gallen, HFEN. The findings do not represent a full survey of the facility. The findings were identified during an investigation of the complaint allegation.	V 000		
V 452	494.70(a)(1) PATIENTS' RIGHTS The patient has the right to- (1) Respect, dignity, and recognition of his or her individuality and personal needs, and sensitivity to his or her psychological needs and ability to cope with ESRD; This STANDARD is not met as evidenced by: Surveyor: 22383 Based on interview the facility failed to treat Patient A with dignity and respect when they failed to provide him with a urinal in a timely manner.	V 452		

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 452	Continued From page 1 Findings: Patient A had been dialyzing in the facility since 11/26/08. During an interview with Patient A on 5/8/09 at 12:00 P.M., he stated that on 3/21/09 while receiving dialysis, he informed the staff he needed to urinate. The staff did not respond to his request. He said he told the staff 3 times that he needed to urinate. He said that it took the staff 45 minutes to bring him a urinal but by that time, he had already wet himself. He stated that during the 45 minutes he was waiting, the staff were "chatting in the kitchen and attending to other patients." The clinic manager was interviewed on 4/21/09 at 3:21 P.M. She stated that Patient A was Spanish speaking only and the staff had difficulty understanding him. She stated that on 3/21/09 Patient A used the urinal once and wanted to use it again and by the time the staff provided the urinal the patient had urinated on himself.	V 452			