

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: 052689	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2009
NAME OF PROVIDER OR SUPPLIER WALNUT CREEK DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH WIGET LANE WALNUT CREEK, CA 94598	
(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: 25206 The following reflects the finding of the Department of Public Health during the investigation of an entity reported incident and a complaint. The entity reported incident number: CA00156215. The complaint number: CA00156245. Representing the Department: Irene Lam, HFEN The inspection was limited to the specific entity reported incident and the complaint investigated and does not represent the findings of a full inspection of the facility. No deficiency was issued for the complaint CA 00156245. One deficiency was issued for the entity reported incident CA00156215.	V 000		
V 726	494.170 MEDICAL RECORDS The dialysis facility must maintain complete, 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. This STANDARD is not met as evidenced by: Surveyor: 25206 Based on staff interview and record review, the facility failed to maintain complete records for two of ten patients reviewed (Patients 1 and 2) in accordance with the facility policy titled " Against Medical Advice(AMA)/Early Termination of	V 726		5/18/09

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 726	<p>Continued From page 1</p> <p>Treatment". This failure had the potential to compromise the quality of the hemodialysis treatments.</p> <p>Findings:</p> <p>During an interview on 3/30/09 at 11 a.m., Staff 1 stated that the facility experienced a power outage on 7/7/08 at approximately 3:30 p.m. and that not all patients could receive their treatments as scheduled. Patients were rescheduled and received treatment on 7/8/08.</p> <p>The facility policy titled, "Against Medical Advice (AMA)/Early Termination of Treatment", dated September 2007, and reviewed on 3/30/09, showed that an "Against Medical Advice (AMA)/Early Termination of Treatment" form was to be signed any time a patient requested to terminate the treatment early.</p> <p>1. In a staff interview on 3/30/09 at 11:15 a.m. and clinical record review with Staff 2 showed that Patient 1 did not receive hemodialysis treatment on 7/7/08 because of the power outage. Patient 1 received a 165-minute hemodialysis (HD) treatment on 7/8/08, from 5:40 p.m. to 8:25 p.m. Further record review, showed that Patient 1 had a physician order, dated 5/15/08, for HD treatments for 195 minutes. Staff 2 reviewed the clinical record and stated that there was no physician order for early termination of HD treatment on 7/8/09 and no Against Medical Advice (AMA) consent obtained from Patient 1 on 7/8/09.</p> <p>In a phone interview on 4/2/09 at 10:35 a.m., Staff 4 stated that Patient 1 came late for HD treatment on 7/8/08, around 5:40 p.m. , needed to go to</p>	V 726			

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V 726	<p>Continued From page 2</p> <p>work and had requested to have the treatment ended at 8:25 p.m. Staff 4 said that there was no physician order for early HD treatment termination documented in Patient 2's record and no AMA form signed by the patient on 7/8/08.</p> <p>2. In a staff interview on 3/30/09 at 11:41 a.m. and clinical record review with Staff 2 showed that Patient 2 did not receive HD treatment on 7/7/08 due to the power outage. The patient received a 195-minute HD treatment on 7/8/08 starting from 5 p.m. until 8:15 p.m. Patient 2 had a physician order, dated 2/2/08, for HD treatments of 210 minutes. Staff 2 reviewed Patient 2's clinical record and confirmed that there was no physician order for an early treatment termination nor an AMA form signed by the patient on 7/8/08.</p> <p>In a phone interview on 3/30/09 at 11:57 a.m., Physician 1 said that the HD treatment time should not be shortened. The treatment should have been provided as the exactly ordered time or more.</p> <p>In a phone interview on 4/2/09 at 10:15 a.m., Staff 4 stated that Patient 2 came in late on 7/8/08 and had the treatment initiated at 5 p.m. Staff 4 further stated that Patient 2 requested to have the treatment terminated early at 8:15 p.m. Staff 4 said that there was no physician order or any AMA form signed by Patient 2 on 7/8/08.</p> <p>On 3/30/09 at 1:30 p.m. Staff 3 stated that the facility should have followed each patient's physician order for the HD treatment. If the HD treatment could not be completed, the physician should be consulted and an approval for early treatment termination should be obtained, or if the patient requested early termination, an AMA form</p>	V 726		

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V 726	Continued From page 3 signed by the patient should be documented in the clinical record.	V 726			