

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: 052837	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2009
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NAME OF PROVIDER OR SUPPLIER WESTSIDE DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH ROBERTSON BLVD LOS ANGELES, CA 90048
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14041 The following reflects the findings of the Department of Public Health during a Complaint Investigation.</p> <p>Complaint Intake Number: CA00163688</p> <p>The inspection was limited to specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department of Public Health: Elizabeth Arenas, REHS, HFE</p>	V 000		
V 122	<p>494.30(a)(4)(ii) PROCEDURES FOR INFECTION CONTROL</p> <p>[The facility must demonstrate that it follows standard infection control precautions by implementing-</p> <p>(4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-]</p> <p>(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility failed to ensure the patients' hemodialysis equipment were cleaned and disinfected.</p> <p>Findings:</p> <p>On June 11, 2009 at 10 a.m., the evaluator conducted an inspection of the facility and observed that all twenty-four dialysis machines were not clean. All 24 dialysis machines had a</p>	V 122		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 122	Continued From page 1 built-up of white substance stuck to the bottom shelf located in front of the hemodialysis machine. An interview was held with the Staff in Charge on June 11, 2009 at 10:15 a.m., he stated that the machines are cleaned after each use and that the staff uses vinegar to wipe down the shelf every week per the facility policy. The evaluator observed that a majority of the machine were not in use at the time of the observations and no staff was observed cleaning the built-up of white substance at the time. The evaluator requested to review and receive a copy of the facility cleaning policy and procedure, the staff in charge stated that he did not know where the policy was located.	V 122			
V 401	494.60 PHYSICAL ENVIRONMENT The dialysis facility must be designed, constructed, equipped, and maintained to provide dialysis patients, staff, and the public a safe, functional, and comfortable treatment environment. This STANDARD is not met as evidenced by: Surveyor: 14041 Based on observation and interview, the facility failed to ensure dialysis environment was designed, constructed and maintained to provide the dialysis patients and staff a safe and functional treatment environment. Finding: On June 11, 2009 at 10:00 a.m., the evaluator conducted an inspection of the facility and observed that the following area sinks and	V 401			

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V 401	<p>Continued From page 2</p> <p>countertops were in disrepair. The countertops had sections broken off and the particle board material was exposed. Particle board could not be clean because the material soaks up liquid and it is not sealed to prevent the buildup of bacteria. The evaluator observed three sinks with section of the counter broken off and the particle board base top was exposed and dirty.</p> <p>The evaluator inspected under the dirty sink storage compartment and observed the shelf lining was moldy, dirty, and bubbled throughout.</p> <p>On June 11, 2009 at 10:20 a.m., an interview was held with the Staff in Charge, he stated that he would take care of the sink surfaces as soon as possible.</p>	V 401			