

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>032594</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/19/2005</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RENAL CARE GROUP-SALT RIVER</b> <i>SALT RIVER DIABETES FMCI/RCG</i>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10301 EAST OSBORN ROAD SCOTTSDALE, AZ 85256</b>
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V 000	INITIAL COMMENTS	V 000		
	The following deficiencies were found at the time of the re-certification survey conducted on July 18-19, 2005.			
V 258	405.2140(a)(2) PE: EQUIPMENT MAINTENANCE PROGRAM	V 258		
	All electrical and other equipment used in the facility is maintained free of defects which could be a potential hazard to patients and personnel. There is established a planned program of preventive maintenance of equipment used in dialysis and related procedures in the facility.			
	This STANDARD is not met as evidenced by: Based on facility policy and procedures and interview with staff it was determined the facility failed to follow the established program of preventative maintenance for the Crit-Line equipment.			
	Findings include:			
	The facility policy "Crit-Line Accuracy Verification" policy number WH/3:12 stated,			
	"...Verification of accuracy feature of the Crit-Line monitor should be performed everyday of patient use on all monitors...document the unit has passed in the verification of accuracy log..."			
	There was no documented evidence the facility documented the verification of the Crit-Line in the accuracy log.			
	On July 19, 2005 at 1000 hours an interview with the Facility Administrator verified the facility does not document verification of the Crit-Line in the accuracy log.			

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 264 405.2140(a)(5)(ii) AAMI - CHEMICAL CONTAMINANTS

V 264

(AAMI 3.2.2) Maximum Level of Chemical Contaminants.  
The water used to prepare dialysate shall not contain chemical contaminants at concentrations in excess of those in AAMI's Table 2. The manufacturer or supplier of the water treatment device shall recommend a system capable of meeting the requirements of this section. The physician in charge of dialysis has the ultimate responsibility for selecting the water treatment system and is also responsible for monitoring the water.

Table 2 - Hemodialysis Water Quality: Maximum Allowable Chemical Contaminant Levels:

Contaminant	Suggested Max Level
Calcium	2 (0.1 mEq/l)
Magnesium	4 (0.3 mEq/l)
Sodium**	70 (3.0 mEq/l)
Potassium	8 (0.2 mEq/l)
Fluoride	0.2
Chlorine (free)	0.5
Chloramine	0.1
Nitrate (N)	2.0
Sulfate	100.0
Copper, Barium, Zinc	each 0.1
Aluminum	0.01
Arsenic, Lead, Silver	each 0.005
Cadmium	0.001
Chromium	0.014
Selenium	0.09
Mercury	0.0002

\*\*230 mg/l (10mEq/l) where sodium concentration

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V 264 Continued From page 2  
has been reduced to compensate for the excess sodium in the water, as long as conductivity of the water is being continually monitored.

V 264

This STANDARD is not met as evidenced by:  
Based on review of the water analysis it was determined there was no documented evidence to verify the physician in charge of dialysis (Medical Director) monitored the water used in the hemodialysis center to prepare dialysate.

Findings include:

There was no documented evidence to verify the Medical Director monitored the yearly water analysis report dated 01/05.

V 323 405.2150(a)(1) STORAGE AREA

V 323

If the ESRD facility reuses hemodialyzers, it conforms to the AAMI reuse guidelines: (8.2) Storage Area

Reprocessing materials, devices awaiting reprocessing, and reprocessed devices should be stored so as to minimize deterioration, contamination, or breakage. Segregation of new, used, and reprocessed dialyzers should be maintained to make clear the status of each group of dialyzers. When appropriate, environmental contamination of the storage area should be controlled and monitored. Storage areas for new dialyzers and reprocessing materials should be designed to facilitate rotation of stock and cleaning. Storage arrangements should also take into account fire safety considerations, OSHA, and other appropriate regulations.

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V 323	Continued From page 3	V 323		
	<p>This STANDARD is not met as evidenced by: Based on observation, facility policy and procedures, and facility documents it was determined the facility failed to follow their own policy and procedure regarding the storage of blood contaminated dialyzers.</p> <p>Findings include:</p> <p>Facility policy "Preparing Dialyzer for Transport to the Central Reuse Facility" policy number CR511 stated:</p> <p>"...dialyzer should be transported to refrigerator within two hours of the termination of dialysis...the dialyzer should be signed in on the dialyzer sign-in log...before placing the dialyzer into the refrigerator, log the dialyzer in on the dialyzer sign-in log..."</p> <p>There was no documented evidence to verify when the blood contaminated dialyzers were placed in the reuse refrigerator.</p>			