

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>032521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/27/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FMC DIALYSIS SERVICES GLENDALE</b> <i>DIALYSIS CENTER OF GLENDALE FMC</i>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5957 WEST NORTHERN AVENUE, SUITE 108</b> <b>GLENDALE, AZ 85301</b>
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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 INITIAL COMMENTS V 000

The following deficiencies were found at the time of the complaint investigation #JFFG11 conducted on July 27, 2006.

V 145 405.2136(d)(2) PERSONNEL P/P: SAFE/SANITARY ENVIRONMENT V 145

The governing body, through the chief executive officer of the ESRD facility, is responsible for maintaining and implementing written personnel policies and procedures that ensure that a safe and sanitary environment for patients and personnel exists.

This STANDARD is not met as evidenced by: Based on observation on tour, interview with staff and review of facility service contracts it was determined the facility failed to ensure a safe and sanitary environment exists for patients and personnel.

Findings include:

Facility service contract "ORKIN EXTERMINATING COMPANY, INC" stated:

"...Orkin agrees to provide Pest Control Service for the following pests: Roaches...no facility will receive less than one service per month..."

1. On 07/27/06 at 0445 hours surveyors observed cockroaches in the following areas:

Two live cockroaches in the patient care area by the nurse's desk.

One live cockroach behind patient dialysis station 12.

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 145 Continued From page 1  
One live cockroach on a chair in the patient waiting room.

2. On 07/27/06 interviews with staff indicated:

PCT Staff 1:

There have been cockroaches everywhere for the last year. They are especially in the break room and you can not leave out your food in there. The cockroaches are mostly in the employee lounge and patient care areas. When staff 1 comes in the morning they scatter everywhere and crawl up the television sets. There are a few in the water treatment room.

RN Staff 2:

The cockroaches are found behind the dialysis machines and in the employee lounge.

3. On 07/27/06 three of three patients interviewed denied seeing any roaches.

V 145