

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: 032595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2005
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NAME OF PROVIDER OR SUPPLIER GLENDALE FAMILY HEALTH CENTER ESRD	<i>ND</i>	STREET ADDRESS, CITY, STATE, ZIP CODE 5141 WEST LAMAR ROAD, SUITE 100 GLENDALE, AZ 85301
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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 The following deficiencies were found at the time of the Medicare re-certification survey (032595) conducted on June 20, 2005.	V 000		
V 146	405.2136(d)(2) PERSONNEL P/P: INCIDENTS REVIEWED 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 reports of incidents and accidents to patients and personnel are reviewed to identify health and safety hazards. This STANDARD is not met as evidenced by: Based on review of facility policy and procedures, review of incident reports, quality assurance meeting minutes, and interview with staff it was determined the facility failed to ensure reports of incidents to patients are reviewed to identify health and safety hazards. Findings include: Facility policy "OCCURRENCE REPORTS", stated: "...The Glendale Unit will maintain an occurrence book that will include incidents...pertaining to dialysis patients...This includes: Infiltrations, loss of blood due to clotted dialyzers and other dialysis specific incidents..." Review of the occurrence book revealed nine (9) Occurrence Reports from 11-24-03 through 04-13-05. Five (5) of nine (9) Occurrence Reports	V 146		

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 146 : Continued From page 1
documented venous infiltrations on the following dates:

04-13-05
01-12-05
11-26-04
11-26-03
11-24-03

Three (3) of nine (9) Occurrence Reports documented blood loss due to clotted dialyzers on the following dates:

09-10-04
08-23-04
08-16-04

One (1) of nine Occurrence Reports documented "dialyzer reaction" on 10-31-03.

Review of the Quality Assurance meeting minutes revealed the "Occurrence Reports" were not reviewed.

Interview with the Facility Manager on 06-20-05 at 1415 hours verified the Occurrence Reports were not reviewed to identify health and safety hazards.

There was no documented evidence of review of Occurrence Reports to identify health and safety hazards to patients.

V 146

V 258 : 405.2140(a)(2) PE: EQUIPMENT MAINTENANCE PROGRAM

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

V 258

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V 258	Continued From page 2 preventive maintenance of equipment used in dialysis and related procedures in the facility. This STANDARD is not met as evidenced by: Based on review of facility documents and interview with staff it was determined the facility failed to ensure the Phoenix Meters were sent to the manufacturer for repairs as required by facility procedures. Findings include: Facility policy "PH METER", stated: "...Readings for conductivity and pH (potential of hydrogen: the degree of acidity or alkalinity of a substance) are to be plus or minus 0.1. If readings are higher, the pH meter will not be used and will be sent to the manufacturer for repairs...All reading to be documented on automata daily log..."(pH = 7.0, Conductivity = 14.0) Review of the "DAILY LOG - AUTOMATIC INSTRUMENTATION CONDUCTIVITY METER - MODEL: PHOENIX METER revealed the pH and/or conductivity reading were not within the acceptable ranges which required re-calibration: January 2005: 01-24-05: Conductivity = 14.2 01-25-05: Conductivity = 14.2 01-26-05: pH = 7.4 01-28-05: pH = 7.2 01-30-05: Conductivity = 14.2 February 2005:	V 258		

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V 258	<p>Continued From page 3</p> <p>02-07-05: pH = 7.2 02-09-05: Conductivity = 14.2 02-16-05: pH = 7.2 02-18-05: pH = 7.2 02-21-05: pH = 7.2, Conductivity = 14.2 02-25-05: pH = 7.2, Conductivity = 14.2 02-25-05: pH = 7.2, Conductivity = 14.2</p> <p>March 2005:</p> <p>03-07-05: pH = 7.2 03-21-05: pH = 7.2 03-25-05: pH = 7.2, Conductivity = 14.3</p> <p>April 2005:</p> <p>04-18-05: Conductivity = 14.2 04-20-05: Conductivity = 14.2 04-22-05: Conductivity = 14.2</p> <p>May 2005:</p> <p>05-09-05: pH = 7.2, Conductivity = 14.2 05-11-05: pH = 7.2 05-13-05: pH = 7.2 05-16-05: pH = 7.2, Conductivity = 14.2</p> <p>There was no documented evidence the PHOENIX METER was not used or sent to the manufacturer for repair for conductivity and pH reading recorded at plus or minus 0.1.</p>	V 258		