

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: 032540	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2006
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NAME OF PROVIDER OR SUPPLIER WESTERN SKIES DIALYSIS, INC	<i>P</i> <i>INB</i>	STREET ADDRESS, CITY, STATE, ZIP CODE 1041 NORTH ARIZOLA ROAD CASA GRANDE, AZ 85222
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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		
V 143	<p>The following deficiency was found at the time of the complaint investigation (ES9L11) conducted on March 17, 2006.</p> <p>405.2136(d) PERSONNEL P/P: GOOD PRACTICES</p> <p>The governing body, through the chief executive officer of the ESRD facility, is responsible for maintaining and implementing written personnel policies and procedures that promote good personnel practices.</p> <p>This STANDARD is not met as evidenced by: Based on observation and facility policy and procedures it was determined the facility failed to promote good personnel practices by not implementing and following the new policy which was part of the Plan of Correction submitted to the Department on 3/10/06 regarding initiating hemodialysis with a central venous catheter (CVC).</p> <p>Findings include:</p> <p>The new facility policy "Initiating Hemodialysis with a CVC line", Revised: 2/23/06, states:</p> <p>"...unfold a betadine pad and wrap around each infusion cap. Allow betadine to soak for a minimum of 5 minutes prior to accessing CVC ports...After 5 minute soak of betadine is completed, place a mask on patient and place patient in Trendelenburg position. Rational: in the event of accidental air emboli, Trendelenburg position helps prevent emboli from traveling to the brain..."</p> <p>The Plan of Correction submitted to the</p>	V 143		

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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NAME OF PROVIDER OR SUPPLIER WESTERN SKIES DIALYSIS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1041 NORTH ARIZOLA ROAD CASA GRANDE, AZ 85222		
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V 143	<p>Continued From page 1 Department on 3/10/06 states:</p> <p>"...Put-on policy for CVC lines was revised and reviewed at staff meeting 2/23/06. Ongoing monitoring by RN and RCC to ensure policy is followed..."</p> <p>1. On 3/17/06 at 0849 hours the Surveyors observed Employee #1 at station #3 place a betadine pad around each infusion cap and then at 0850 hours Employee #1 removed the betadine pad and placed a syringe on the end of the CVC to draw blood. When Employee #1 unclamped the CVC lines to draw blood the patient was sitting with their head and feet elevated.</p> <p>On 3/17/06 at 0915 hours the Surveyors observed Employee #2 at station #6 wipe the infusion caps with a betadine pad and then immediately placed a syringe on the end of the CVC to draw blood. When Employee #2 unclamped the CVC lines to draw blood the patient was sitting with their head and feet elevated.</p> <p>2. On 3/17/06 at 0922 hours the Surveyors observed Employee #3 at station #13 initiating hemodialysis on a patient with a CVC while the patient was sitting with their head and feet elevated.</p> <p>On 3/17/06 at 0905 hours the Surveyors observed Employee #2 at station #5 initiating hemodialysis on a patient with a CVC while the patient was sitting with their head and feet elevated.</p> <p>3. On 3/17/06 at 0925 hours the Surveyors</p>	V 143			

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V 143	Continued From page 2 observed Employee #4 at station #15 place guaze soaked with Except, instead of betadine, on the infusion caps to soak for five minutes.	V 143		
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