



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- Governor
RICHARD M. ARMSTRONG -- Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

May 29, 2015

Steve Hemming, Administrator
Gem State Regional Dialysis Center
2225 Teton Plaza, Suite A
Idaho Falls, ID 83401

RE: Gem State Regional Dialysis Center, Provider #132500

Dear Mr. Hemming:

This is to advise you of the findings of the Medicare survey of Gem State Regional Dialysis Center, which was conducted on May 15, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the ESRD into compliance, and that the ESRD remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Steve Hemming, Administrator
May 29, 2015
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **June 11, 2015**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626, option 4.

Sincerely,



TRISH O'HARA
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt
Enclosures

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

PRINTED: 05/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132600	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2015
NAME OF PROVIDER OR SUPPLIER GEM STATE REGIONAL DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2226 TETON PLAZA, SUITE A IDAHO FALLS, ID 83401	
(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
V 000	INITIAL COMMENTS [CORE] The following deficiencies were cited during the recertification survey of your ESRD facility from 5/11/15 - 5/14/15. The surveyor conducting the survey was: Trish O'Hara, RN Acronyms used in this report include: AAMI - Association for the Advancement of Medical Instrumentation BP - Blood pressure cc - cubic centimeter (1 ounce = 30 cc) ICHD - Incenter Hemodialysis KDOQI - Kidney Disease Outcomes Quality Initiative mmHg - millimeters of mercury NS - Normal saline QAPI - Quality Assurance Performance Improvement RO - Reverse Osmosis UF - Ultrafiltration	V 000	RECEIVED JUN 11 2015 FACILITY STANDARDS	
V 201	494.40(a) RO-CHEMICAL ANALYSIS-FREQUENCY 6.2.7 Reverse osmosis: Chemical analysis: frequency Chemical analysis for the contaminants listed in 4.1.1 (Table 1) should be done when the RO system is installed, when membranes are replaced, and at not less than annual intervals thereafter to ensure that the limits specified in 4.1.1 are met (see Table 1). Chemical analyses should be done when seasonal variations in source water suggest worsening quality or when rejection rates fall below 90 %.	V 201	The policy of Gem State Regional Dialysis Center is to draw RO water samples at annual intervals to ensure that specified AAMI limits are met. Chemical analysis is additionally conducted when seasonal variations in source water point to worsening quality or rejection rates are	06/01/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Thomas L. [Signature]

Director

6/8/15

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 201	494.40(a) RO-CHEMICAL ANALYSIS-FREQUENCY 6.2.7 Reverse osmosis: Chemical analysis: frequency Chemical analysis for the contaminants listed in 4.1.1 (Table 1) should be done when the RO system is installed, when membranes are replaced, and at not less than annual intervals thereafter to ensure that the limits specified in 4.1.1 are met (see Table 1). Chemical analyses should be done when seasonal variations in source water suggest worsening quality or when rejection rates fall below 90 %.	V 201		

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TITLE

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V 201	Continued From page 1 This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to ensure an annual AAMI chemical analysis was done for post treatment water. This failure created the potential for loss of treatment time due to a lack of pure water for dialysis. Findings include: Review of the facility's water logs showed the most recent AAMI chemical analysis of water purified for dialysis treatment use had been done in July, 2013 when a new RO system was installed. In an interview on 5/14/15 at 4:30 p.m., the Clinical Manager said she was unable to locate more recent water analysis results and the testing may not have been done.	V 201	Water log was implemented June 1, 2015.	
V 634	The facility failed to provide water quality monitoring. 494.110(a)(2)(vi) QAPI-INDICATOR-MEDICAL INJURIES/ERRORS The program must include, but not be limited to, the following: (vi) Medical injuries and medical errors identification. This STANDARD is not met as evidenced by: Based on observation, staff interview, QAPI meeting minutes review, and Incident Report review, it was determined the facility failed to ensure the QAPI program collected and analyzed data, and instituted and monitored corrective plans for intradialytic morbidities, including symptomatic hypotensive episodes. This failure	V 634	The Administrator of the University of Utah Dialysis Program will make an addition to the Adverse Patient Occurrence Form by June 8, 2015 to document symptomatic hypotensive episodes (see Attachment 3). Further, Dialysis Program Administration will conduct an in-service with the Gem State Regional Dialysis Center RN	06/08/15

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V 634	<p>Continued From page 2</p> <p>directly impacted 1 of 1 patients (Patient #1) observed to experience a hypotensive episode, and had the potential to impact all patients dialyzing at the facility. This resulted in a lack of comprehensive data being available for analysis, impeding the facility's ability to identify and resolve potential patient care concerns. Findings include:</p> <p>Review of QAPI monthly meeting minutes from January, 2015 through April, 2015 showed the committee reviewed adverse patient events that had been reported during the previous month. The adverse events reported and reviewed were determined by the University of Utah Dialysis Program Incident Report and included the following:</p> <p>The Incident Report included "Patient Problems Before/During/After Treatment." The list of reportable patient events included intradialytic morbidities such as falls, cardiac/respiratory arrest, medication error, seizure activity, and air embolus. Episodes of symptomatic hypotension by patients during treatment were not included on the list of events to be reported and reviewed.</p> <p>KDOQI guidelines define intradialytic hypotension as "a decrease in systolic BP >20 mmHg associated with symptoms..."</p> <p>Patient #1 was a 44 year old female who had been dialyzing at the facility since 3/5/15.</p> <p>During an observation on 5/14/15 from 11:20 a.m. - 11:46 a.m., Patient #1 was noted to experience an extended episode of symptomatic hypotension. This episode included BP ranging from a high reading of 79/46 to a low reading of</p>	V 634	<p>Manager regarding this change in documentation and evaluation by June 18, 2015. Review of any systematic hypotensive episode as defined by KDQI guidelines "decrease in systolic BP>20mmhg associated with symptoms" will be reviewed in monthly QAPI meetings and documented on HD QAPI record (see attachment 4).</p>	06/18/15	

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V 634	Continued From page 3 42/22. The patient experienced nausea, dizziness, and a brief loss of consciousness. Interventions included infusion of approximately 800 cc of NS, Trendelenburg positioning, and reduction of her UF rate. In an interview on 5/14/15 at 4:30 p.m., the Clinical Manager said an Incident Report, related to Patient #1's hypotensive episode, had not been filled out because it did not meet Incident Report criteria. The facility failed to report and monitor intradialytic morbidities and initiate efforts to decrease the number of occurrences and the number of patients adversely affected by the occurrences.	V 634			