



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
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BUREAU OF FACILITY STANDARDS  
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July 22, 2015

Patty Plummer, Administrator  
DSI Post Falls Dialysis  
920 North Highway 41  
Post Falls, ID 83854

RE: DSI Post Falls Dialysis, Provider #

Dear Ms. Plummer:

This is to advise you of the findings of the Initial Medicare survey of DSI Post Falls Dialysis, which was conducted on July 15, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicare deficiencies. You have alleged that the deficiencies cited on that survey will be corrected. We are accepting your Plan of Correction.

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: 07/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  132529	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  DSI POST FALLS DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 920 NORTH HIGHWAY 41 POST FALLS, ID 83854		
(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 initial survey of your ESRD facility from 7/13/15 - 7/15/15. The surveyor conducting the survey was:  Trish O'Hara, RN  Acronyms used in this report include:  AP - Arterial needle pressure BFR - Blood flow rate BP - Blood pressure cc - cubic centimeter 30 cc = 1 ounce DFR - Dialysate flow rate EDW - Estimated Dry Weight FA - Facility Administrator IV - Intravenous P - Pulse UF - Ultrafiltration UFR - Ultrafiltration Rate VP - Venous needle pressure  Note: An acceptable Plan of Correction was developed and implemented on site, addressing the deficiencies included in this report.	V 000			
V 726	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE  The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.	V 726		7/22/15	

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

TITLE

(X6) DATE

07/15/2015

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 726	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to maintain accurate treatment records for 2 of 4 incenter hemodialysis patients, (Patients #1 and #3) whose treatment records were reviewed. Inaccurate data being downloaded to patient flowsheets created the potential for patients being put at risk of complications of fluid overload and dehydration. Findings include:</p> <p>1. Patient records did not include complete, accurate information. Examples included, but were not limited to, the following:</p> <p>a. Real time patient treatment data was automatically sent from the dialysis machine to the flowsheet at predetermined intervals. The data included BP, P, BFR, DFR, VP, AP, UFR/Removed, and Heparin administered. Manual entries were made for IV fluids/Meds and nursing notes.</p> <p>Patient #3 was a 51 year old female who had been dialyzing at the facility since 5/29/15.</p> <p>A flowsheet for Patient #3, dated 6/19/15, showed no data had been collected for BFR, DFR, VP, AP, Heparin administered, or UF removed during this treatment.</p> <p>In an interview on 7/14/15 from 1:00 - 4:30 p.m., the FA confirmed the missed data for Patient #3. She said communication between the machine and the flowsheet should have been ensured or a manual flowsheet should have been used.</p> <p>Treatment data was not captured for Patient #3.</p>	V 726		

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V 726	<p>Continued From page 2</p> <p>b. Calculated UF removal was not accurate.</p> <p>When UF was calculated, the amount was entered into the "machine to remove" area which then transposed to the machine as treatment parameters.</p> <p>i. Patient #3 was a 51 year old female who had been dialyzing at the facility since 5/29/15.</p> <p>A 6/19/15 flowsheet for Patient #3 showed, under the Nursing Calculations (Predicted Values) section, a value of 3500 cc of fluid in the "to be removed" column and a value of 2000 cc in the "machine to remove" column. There was no documentation explaining why the calculated value had been altered and why the machine had not been programmed to remove sufficient fluid to bring Patient #3 to her prescribed EDW at the end of the treatment. Patient #3's post weight was 56.7 kg, 2 kg over her prescribed EDW of 54.7 kg.</p> <p>ii. Patient #1 was a 49 year old female who had dialyzed at the facility since 4/3/2015.</p> <p>On 7/15/15 a flowsheet for Patient #1 showed, under the Nursing Calculations (Predicted Values) section, a value of 4500 cc of fluid in the "to be removed" column and a value of 3000 cc in the "machine to remove" column. There was no documentation explaining why the calculated value had been altered.</p> <p>Additionally, the flowsheet showed Patient #1 had a pre dialysis weight of 88 kg with a UF removal of 3 kg recorded by the machine. However, her post dialysis weight was recorded as 82.9 kg, indicating 5.1 kg had been removed.</p>	V 726		

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V 726	<p>Continued From page 3</p> <p>In an interview on 7/15/15 at 1:00 p.m., the FA confirmed the altered values and lack of documentation. She said if values were altered she would expect to see a documented explanation.</p> <p>Fluid was not removed accurately for Patients #1 and #3.</p> <p>c. The Nursing Calculations (Predicted Values) tool for calculating patients' UF was not completed accurately.</p> <p>The calculation tool had areas to enter fluid amounts to be given to patients as prime, rinse, and extra fluids (anticipated replacement fluids or fluids necessary in the administration of medications). The correct entry of these amounts was instrumental in calculating the amount of fluid to be removed from patients.</p> <p>The machine manufacturer estimated 250 cc of fluid was given to the patient at the beginning of treatment (prime) and 250 cc of fluid was given to the patient at the end of treatment (rinse.)</p> <p>i. Patient #3's flowsheets documented the following:</p> <p>6/12/15 - no entry for rinse, 250 cc for prime, and 500 cc for extra fluids. Nursing notes documented only 300 cc extra fluid given during treatment.</p> <p>6/19/15 - no entry for rinse, 250 cc for prime, and 500 cc extra fluid. Nursing notes showed only 400 cc extra fluid given during treatment.</p>	V 726			

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V 726	<p>Continued From page 4</p> <p>6/22/15 - no entry for rinse, 250 cc for prime, and 500 cc for extra fluids. Nursing notes showed no extra fluids were given during treatment.</p> <p>6/26/15 - no entry for rinse, 250 cc for prime, and 500 cc for extra fluids. Nursing notes showed only 200 cc extra fluids given during treatment.</p> <p>ii. Patient #1's flowsheets documented the following:</p> <p>7/3/15 - no entry for rinse, 250 cc for prime, and 500 cc for extra fluids. Nursing notes showed only 200 cc extra fluid given during treatment.</p> <p>7/15/15 - no entry for prime, 250 cc for rinse, and 250 cc for extra fluids. Nursing notes showed no extra fluid was given during treatment.</p> <p>During interviews on 7/14/15 from 1:00 - 4:30 p.m., and again on 7/15/15 at 1:00 p.m., the FA confirmed the Nursing Calculations (Predicted Values) entries for Patients #1 and #3. She said all staff had been trained on flowsheet entry, while working at other units, and should have followed training directives.</p> <p>The UF calculation tool was not used accurately to determine fluid removal for Patients #1 and #3.</p> <p>Note: The facility submitted an acceptable Plan of Correction on 7/15/15. The plan stated all staff would be re-educated on the correct use of patient flow sheets prior to providing patient care. Additionally, flowsheet auditing was to be completed daily until 100% compliance was achieved, then weekly for 2 weeks, monthly for 2 months and then bimonthly, per the facility's audit schedule.</p>	V 726		

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## QUALITY ASSURANCE PERFORMANCE IMPROVEMENT ACTION PLAN

<b>Facility:</b> DSI Post Falls Dialysis	<b>NEEDED RESOURCES:</b> Pearl Bedside Training Manual, Pearl Webex Bedside Training Sessions
<b>Date of Problem Identification:</b> 7/15/2015	
<b>PROBLEM STATEMENT:</b> Inconsistent and incomplete patient flowsheet documentation	
<b>PROBABLE CAUSE:</b> Lack of knowledge of proper Pearl documentation. Staff complacency.	
<b>CONTRIBUTING FACTORS:</b> Lack of ongoing training and review of flowsheet documentation.	<b>Clinic Manager responsible for Action Plan:</b> Patty Plummer, RN <b>Medical Director Review:</b> Shaun Joshi, MD

<b>ACTION RECOMMENDED:</b>						
ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	Estimated Completion Date	CHECKPOINT DATES	DATE COMPLETED	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
Patient care staff will review Pearl Bedside Manual	Clinic Manager	7/15/2015	7/22/2015	7/17/2015		Review of PEARL Bedside Manual will provide review of the required documentation practices for the patient tx flowsheets.
Patient care staff will complete Pearl Bedside Training webex modules 1-5 before conducting any further patient care	Clinic Manager	7/15/2014	7/22/2015	7/17/2015		The training webex's will provide practice for proper flowsheet documentation.
Patient flowsheets will be reviewed after each treatment to ensure all data present, accurate & documentation thorough.	Charge Nurse	7/15/15				Monday, Wednesday, Fridays
DSI Pearl Trainer will conduct follow-up training to ensure practices are per DSI policy & consistent among staff members	DSI Pearl Trainer, Clinic Manager	7/15/15		8/15/2015		
Discuss documentation/flowsheet inconsistencies in monthly staff meetings	Clinic Manager, Charge Nurse	7/22/15	12/14/2015	8/10/15, 9/14/15, 10/12/15, 11/16/15, 12/14/15		

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	Estimated Completion Date	CHECKPOINT DATES	DATE COMPLETED	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
CM will audit flowsheets utilizing the Flowsheet Audit tool in the QM Workbook daily x2 or until 100% compliance, weekly x2, monthly x2 & then bimonthly as per the QM workbook audit schedule.	Clinic Manager	7/15/15				Any staff not in compliance will be subject to disciplinary action.