



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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September 1, 2015

Dana Camacho, Administrator  
Treasure Valley Dialysis Center  
3525 East Louise Drive, Suite 155  
Meridian, ID 83642

RE: Treasure Valley Dialysis Center, Provider #132513

Dear Ms. Camacho:

This is to advise you of the findings for the Change of Location and Expansion of Services survey of Treasure Valley Dialysis Center, which was conducted on August 26, 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: 08/31/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>132513</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/26/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TREASURE VALLEY DIALYSIS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3525 EAST LOUISE DRIVE, SUITE 155 MERIDIAN, ID 83642</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  The following deficiencies were cited during the relocation and expansion of services survey of your ESRD facility from 8/24/15 - 8/26/15. The surveyor conducting the survey was:  Trish O'Hara, RN  Acronyms used in this report include:  FA - Facility Administrator ICHD - Incenter Hemodialysis IDT - Interdisciplinary Team K - potassium mEq/L - milliEquivalent/Liter POC - Plan of Care  Note: An acceptable Plan of Correction was developed and implemented on site, addressing the deficiencies included in this report.	V 000		
V 463	494.70(a)(12) PR-RECEIVE SERVICES OUTLINED IN POC  The patient has the right to-  (12) Receive the necessary services outlined in the patient plan of care described in §494.90;  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure a patient's right to receive care as outlined in the POC was upheld for 1 of 4 ICHD patients (Patient #1) whose records were reviewed. This resulted in a patient being put at risk of complications from decreased serum potassium levels. Findings	V 463		

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 463	<p>Continued From page 1 include:</p> <p>Patient #1 was a 39 year old female who dialyzed at the facility three times a week.</p> <p>On 7/31/15, the nurse practitioner wrote an order stating "Change to 1K bath on Mondays and 2K Wednesdays and Fridays unless weekly K+ draw is &gt;6.5, then run patient on 1K bath."</p> <p>In an interview, on 8/26/15 at 10:00 a.m., the FA said blood draws for weekly serum potassium levels were scheduled for Mondays.</p> <p>A weekly serum potassium, dated Monday 8/3/15, was drawn incorrectly and was repeated on Friday 8/7/15 with a result of 5.4 mEq/L.</p> <p>A weekly serum potassium, dated Monday 8/17/15, was drawn incorrectly and was repeated on Friday 8/21/15 with a result of 5.8 mEq/L.</p> <p>However, a review of ten treatment records, from 7/31/15 - 8/24/15, showed Patient #1 continued to dialyze consistently using a 1K dialysate bath.</p> <p>In an interview on 8/26/15 at 10:00 a.m., the FA and the Clinical Coordinator confirmed Patient #1's dialysate had not been changed as indicated by physician's order and serum potassium results.</p> <p>The facility failed to provide treatment as prescribed in Patient #1's POC.</p> <p>Note: On 8/26/15 the facility submitted an acceptable Plan of Correction which stated all staff would be immediately retrained on blood collection processes and the RN would follow up</p>	V 463			

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V 463  V 517	Continued From page 2 on resulted laboratory values on a daily basis. 494.80(b)(2) PA-F/U REASSESSMENT-WITHIN 3 MO OF INITIAL  A follow up comprehensive reassessment must occur within 3 months after the completion of the initial assessment to provide information to adjust the patient's plan of care specified in §494.90.  This STANDARD is not met as evidenced by: Based on review of medical records and facility policies, and staff interview, it was determined the facility failed to ensure a comprehensive reassessment was completed 90 days after the initial assessment for 1 of 4 ICHD patients (Patient #2) whose records were reviewed. Failure to observe the specified time frame between initial assessment and reassessment put the patient at risk of unnecessary changes to the treatment plan. Findings include:  Patient #2 was a 56 year old male who dialyzed at the facility three times a week.  Patient #2's record documented an initial assessment and POC was dated and signed by IDT members on 3/4/15. A reassessment, titled 90 Day Reassessment, was dated and signed by IDT members on 4/1/15, 4 weeks after the initial assessment and POC.  In an interview, on 8/26/15 at 10:00 a.m., the FA said the facility's software program sent an alert to all IDT members when patients' assessments and reassessments were due. She was unable to explain why a 90 day reassessment had been	V 463  V 517			

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V 517	Continued From page 3 done for Patient #2 after only 26 days.  A ninety day reassessment was not done at an appropriate interval for Patient #2.  Note: On 8/26/15 the facility submitted an acceptable Plan of Correction which stated the Clinical Coordinator and the FA will review the assessment and care plan work list weekly, and the IDT will review upcoming assessments and care plans monthly.	V 517		
V 557	494.90(b)(2) POC-INITIAL IMPLEMENTED-30 DAYS/13 TX  Implementation of the initial plan of care must begin within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure an initial POC was developed and implemented in a timely manner for 1 of 4 ICHD patients (Patient #2) whose records were reviewed. This failure created the potential for the patient's initial needs to remain unassessed and unaddressed. Findings include:  Patient #2 was a 56 year old male who dialyzed at the facility three times a week.  His first treatment was on 12/11/14. His thirteenth treatment was performed on 1/9/15. Patient #2's record documented an initial assessment and POC was dated and signed by	V 557		

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V 557	<p>Continued From page 4</p> <p>IDT members on 3/4/15, 44 days after it was due. In an interview, on 8/26/15 at 10:00 a.m., the FA said the facility's software program sent an alert to all IDT members when patients' assessments were due. She was unable to explain why a timely initial assessment and POC had not been done for Patient #2.</p> <p>Initial assessment and POC development was not done in a timely manner for Patient #2.</p> <p>Note: On 8/26/15 the facility submitted an acceptable Plan of Correction which stated the Clinical Coordinator and the FA will review the assessment and care plan work list weekly, and the IDT will review upcoming assessments and care plans monthly.</p>	V 557			



North Star Region 2  
5610 W Gage St., Ste B  
Boise, ID 83706  
Tel: 208-322-3516 | Fax: 208-323-5924  
[www.davita.com](http://www.davita.com)

August 26, 2015

Plan of Correction to Address:

Lab draws procedures and Recollection process-

- In- Service and reeducation of all teammates on draw processes including draw order, spinning labs, proper storage and packing
- RN will review lab recollect reports daily and follow-up with rescheduling redraws
- Clinical Coordinator and Facility Administrator will compile recollect reports to identify trends, CQI needs
- The above items will be implemented immediately and will be monitored by the Facility Administrator

Timeliness of Care Plan Completion in compliance with Federal Regulations-

- Clinical Coordinator and Facility Administrator will review Assessment and Care plan work list weekly
- Interdisciplinary Team will review the upcoming assessments and Care plans monthly
- Work list will be visible and updated weekly on patient schedule for all teammates to view
- The above items will be implemented immediately and will be monitored by the Facility Administrator

