IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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September 7, 2017

Zachary Phelps, Administrator
Gate City Dialysis Center
2001 Bench Road
Pocatello, ID 83201-2033

RE: Gate City Dialysis Center, Provider #132506

Dear Mr. Phelps:

On August 31, 2017, a follow-up visit of your facility, Gate City Dialysis Center, was conducted to verify corrections of deficiencies noted during the survey of July 14, 2017.

We were able to determine that the Medicare ESRD Conditions for Coverage of **CFC-Patients-Rights (42 CFR 494.70), CFC- Patient Plan of Care (42 CFR 494.90) and CFC-Governance (42 CFR 494.180)** are now met.

Also 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.

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.

After you have completed your Plan of Correction, return the original to this office by **September 20, 2017**, and keep a copy for your records.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,

NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/pmt
Enclosures
ec: Patrick Thrift, Survey & Certification Manager Region X
Julius Bunch, Certification & Enforcement Manager Region X

PRINTED: 09/05/2017
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	132506	A. BUILDING _____ B. WING _____	R 08/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATE CITY DIALYSIS CENTER	2001 BENCH ROAD POCATELLO, ID 83201

(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 The following deficiency was cited during the follow up survey of your facility from 8/30/17 - 8/31/17. The surveyors conducting the survey were: Trish O'Hara, RN, Team Leader Laura Thompson, RN, BSN Acronyms used in this report include: CM - Clinical Manager CSS - Customer Service Specialist FA - Facility Administrator ICHD - Incenter Hemodialysis IDT - Interdisciplinary Team POC - Plan Of Care RD - Registered Dietician	{V 000}	RECEIVED OCT 16 2017 FACILITY FEEDBACK	
{V 516}	494.80(b)(1) PA-FREQUENCY-INITIAL-30 DAYS/13 TX An initial comprehensive assessment must be conducted on all new patients (that is, all admissions to a dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session. This STANDARD is not met as evidenced by: Based on clinical record review, policy review, and staff interview, it was determined the facility failed to ensure comprehensive reassessments were completed within 90 days for 4 of 10 experienced dialysis patients (Patients #5 - #8) who were admitted from another facility with a current POC, and whose records were reviewed. Failure to complete a 90 day assessment and POC had the potential for patients' needs to remain unidentified and unaddressed. Findings	{V 516}	V516 All teammates were inserviced on policy 1-14-01 Interdisciplinary Teams Patient Assessment and Plan of care at our regular September unit meeting on 9/11/17 and have been verified by signature sheet at this training. During this training, special attention was paid to the timing of signatures and completion of the IDT assessments. A plan was formulated to ensure that all IDT care plans are completed and signed by all parties by the due date. In order to ensure their completion, all due assessments were completed during the September FHM meeting. Moving forward, all care plans will be triggered for completion by our assessment manager, 30 days prior to their due date. This will ensure V516 cont on page 2	9/13/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Facility Administrator	10/17/17

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 516)	Continued From page 1 include: 1. The facility was previously cited at V516 during a recertification survey dated 7/14/17, as follows: On 7/01/16 the facility experienced a long term emergency with the physical plant, making it necessary to discharge all patients on census to another facility, in another town. Patients were admitted to the other facility, where they received treatment until 3/06/17. Upon re-admission to the facility, on 3/08/17, comprehensive reassessments and POCs were not completed for 7 of 11 experienced ICHD patients. In response to the 7/14/17 survey, the facility submitted a plan of correction, dated 8/4/17. The plan stated "...all patients who did not have an initial assessment triggered upon transfer in will be scheduled for assessments within 30 days as well as scheduled for follow up assessments in an additional 90 days (or sooner if applicable.)" The plan stated the correction would be completed by 8/18/17. However, Patient #5 - #8's records did not include reassessments and updated POCs since their readmission on 3/08/17 as follows: a. Patient #5 was admitted to the facility on 3/08/17. However, an admission date of 5/02/17 had been entered into the computer system, making his 90 day reassessment and POC due on 8/02/17, 90 days later. Further, Patient #5's reassessments had been completed and a POC developed. However, the POC had not been approved by the IDT and Patient #5, and had not been implemented, as of 8/31/17. Approval was to occur at the upcoming IDT meeting on 9/13/17.	(V 516)	V516 Continued from page 1 ample time for completion and signature by all parties involved. FA will audit the Falcon Assessment Worklist for completion and will report his findings to the GB and Medical Director during our monthly Facility Health Meetings. Because this is a recurring event, it will be audited monthly on an indefinite basis. Any lapses in this plan or adjustments that need to be made will be addressed by the Governing Body and appropriate courses of action will be developed at the time of incident. All care plans will be current by 9/13/17 and will be kept current at a rate of 100% moving forward. The FA is responsible for the implementation, monitoring and ongoing compliance with the plan of correction.	9/13/17

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(V 516)	Continued From page 2 b. Patient #6 was admitted to the facility on 3/08/17. However, an admission date of 5/03/17 had been entered into the computer system, making her 90 day reassessment and POC due on 8/03/17. No 90 day reassessment or POC was evident as of 8/31/17. c. Patient #7 was admitted to the facility on 3/08/17. However, an admission date of 5/19/17 had been entered into the computer system, making his 90 day reassessment and POC due on 8/19/17. No 90 day reassessment or POC was evident as of 8/31/17. d. Patient #8 was admitted to the facility on 3/08/17. However, an admission date of 5/19/17 had been entered into the computer system, making her 90 day reassessment and POC due on 8/19/17. No 90 day reassessment or POC was evident as of 8/31/17. In an interview with the FA, the CSS, and the RD on 8/31/17 at 11:30 a.m., the CSS and FA stated the former CM had created the plan for patient reassessments and POCs. The CSS stated the CM had picked random admission dates for some patients in an effort to equalize the distribution of due dates for reassessments and POC development. The CM then left employment at the facility, and responsibility for the plan was transferred to the RD. The RD stated she continued the plan as she had received it. The FA stated they had misunderstood the expectation for compliance with the citation from the prior survey. He stated some POC approvals were late because the IDT met only once a month.	(V 516)		

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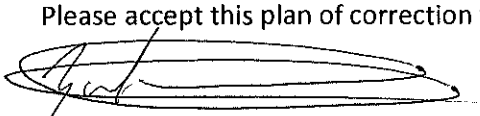
{V 516}	Continued From page 3 The facility failed to perform reassessments and develop updated POCs for Patients #5 - #8. Note: The facility submitted an immediate plan of correction which was to be implemented on 8/31/17. The plan included corrective measures, as follows: - All staff will be retrained on required assessment and POC time frames. - Future assessment due dates will be entered in the computer alert system 30 days early so the process will be completed and fully signed (including the patient) by the due date. - The process will be audited by the FA monthly. - Results will be forwarded and discussed at the monthly quality assurance meeting.	{V 516}		

On 8/31/17 Gate City dialysis was resurveyed. Based on the findings at this time we have developed the following plan of correction.

V516 – Plan of Care:

100% of teammates will be re-in-serviced on policy 1-14-01 Interdisciplinary Teams (IDT) Patient Assessment and Plan of care at our unit meeting on 8/6/17. At this time we will clarify the importance of having all portions of the assessments and plans of care finalized by the respective due date (30, 90, or annual). Additionally, assessment manager will schedule all future 90 day and annual assessments to trigger for 30 days early to ensure that the process can be completed and fully signed (including the patient) by the due date. In the event that a patient is hospitalized and a care plan or assessment cannot be completed by the previously identified due date, the assessment manager will make a falcon note of this and will schedule out the assessment due date to the soonest possible date once the patient has been released from the hospital. All plans of care will be scheduled for completion at the most appropriate monthly IDT and will be signed no later than the identified due date. Completion will be audited by FA monthly and findings discussed at the FHM meeting on a monthly basis.

Please accept this plan of correction to be implemented on 8/31/17/.



Zach Phelps
Facility Administrator
Davita Gate City Dialysis