



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

September 28, 2018

Dr. Kumar
Lewis-Clark Kidney Center
2116 12th Avenue
Lewiston, ID 83501

Provider #132530

Dear Dr. Kumar:

An unannounced on-site complaint investigation was conducted from September 24, 2018 to September 26, 2018 at Lewis-Clark Kidney Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00007933

Allegation #1: Patients are not receiving treatments and monitoring as prescribed by the physician.

Findings #1: During an unannounced visit to the facility from 9/24/18 -9/26/18, observations were conducted on the treatment floor, treatment records were reviewed, and staff and patients were interviewed.

A cumulative 10 hours of observation was conducted. During the observations it was noted all patients were monitored, according to policy, every 15 - 30 minutes, prescribed treatment times were attained, machine alarms were addressed in a timely manner, and patient needs were met.

Six Patient Care Technicians and 3 Registered Nurses were interviewed. The 9 staff members stated that current staff were able to administer patient treatments as ordered, monitor patients for safety and condition changes, and address patient needs.

Thirteen treatment sheets for each of the 6 sample patients were reviewed. The treatment sheets reviewed reflected appropriate patient monitoring and maintenance of physician ordered treatments. No adverse events were unaddressed.

Four patients were interviewed. The 4 patients stated they felt safe during their treatments at the facility and their needs were met by staff in a timely manner.

It could not be established that the facility failed to provide patient monitoring and the delivery of prescribed treatments. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #1: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Patients are being verbally abused by staff.

Findings #2: Four patients were interviewed during their treatments at the facility. Three patients denied any verbal abuse by staff members. One patient stated occasional "spirited conversations that may have gotten louder than they needed to" had occurred with staff. However, the patient did not feel the conversations were abusive. The patient stated the conversations were an opportunity for self advocacy.

During observations conducted on the treatment floor, numerous conversations between staff and patients were noted. All verbal interaction with patients, by staff, was respectful and professional.

It could not be established that the facility staff verbally abused patients. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #2: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: Adverse events are not being documented.

Findings #3: The facility reported adverse events on an Incident Report form. The lack of incident reporting had been identified during a prior survey. The facility had submitted an appropriate Plan of Correction at that time.

Documentation of weekly treatment sheet audits was reviewed and confirmed sustained compliance with the Plan of Correction.

Review of Incident Reports for the months of July, August, and September, 2018 showed appropriate reporting of adverse events by staff. These results were subsequently submitted to the QAPI committee.

Review of Governing Body meeting minutes for July and August, 2018 showed review of incident reporting by the Governing Body.

Review of 13 treatment sheets for each of 6 sample patients showed no reportable incidents had gone unreported.

It could not be established that adverse events were not reported and tracked appropriately. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #3: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: PPE was not used by staff.

Findings #4: A cumulative 10 hours of observation was conducted on the treatment floor. During observation it was observed that all staff wore PPE, as defined by facility policy, and patients were protected at all times from exposure and cross contamination.

During interviews, two patients stated they had not observed breaches in infection control procedures by staff.

It could not be established that staff did not observe infection control procedures. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #4: Unsubstantiated. Lack of sufficient evidence.

Allegation #5: Staff does not receive adequate training.

Findings #5: Staff inservices were reviewed. Seven inservices had been provided for staff between 6/14/18 and 9/05/18, as evidenced by curriculum, and attendance was verified by staff signature sheets.

The inservice topics included patient assessment, medication administration, treatment protocols and emergency situations.

Instructors for the inservices included the Clinic Manager, the Clinical Regulatory Manager, and the Biomedical department.


Dr. Kumar
September 28, 2018
Page 4 of 4

It could not be established that staff was not provided with adequate training. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #5: Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. 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