



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

TAMARA PRISOCK—ADMINISTRATOR
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December 20, 2018

Susan Pendlebury, Administrator
Snake River Dialysis Center
1491 Parkway Drive
Blackfoot, ID 83221

RE: Snake River Dialysis Center, Provider #132524

Dear Ms. Pendlebury:

This is to advise you of the findings of the Medicare survey of Snake River Dialysis Center, which was conducted on December 14, 2018.

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

Susan Pendlebury, Administrator
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- 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 **January 2, 2019**, 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,

A handwritten signature in black ink, appearing to read "Nicole Wisenor". The signature is fluid and cursive, written over a light blue horizontal line.

NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 12/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2018
NAME OF PROVIDER OR SUPPLIER SNAKE RIVER DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1491 PARKWAY DRIVE BLACKFOOT, ID 83221	
(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 deficiencies were cited during the recertification survey at your facility from 12/10/18 - 12/12/18. The surveyors conducting the survey were: Trish O'Hara, RN, CNN, HFS James Brown RN, HFS Acronyms used in this report include: AKF - American Kidney Foundation APS - Adult Protective Services d/c - discharge d/t - due to ER - Emergency Room FA - Facility Administrator Hgb - Hemoglobin IVP - Intravenous Push MD - Medical Doctor mg - milligram MSW - Masters prepared Social Worker NKF - National Kidney Foundation POC - Plan of Care pt - patient PRT - Pocatello Regional Transit (local transport company for hire) SW - Social Worker tx - treatment	V 000	RECEIVED JAN - 8 2019 DIV OF LIC & CERT	
V 402	PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY CFR(s): 494.60(a) The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.	V 402		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Due Pendlebury* TITLE Facility Administrator (X6) DATE 1/7/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excluded 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 402	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure patient and water treatment areas were protected from unauthorized persons for 2 of 2 patients (Patients #2 and #3) who dialized at the facility. This resulted in the potential for patient security and safety to be compromised. The findings include: Entry to the facility was made from the parking lot into a lobby/waiting area. On the left of the lobby was a doorway leading to the home therapies patient treatment area. On the right was a doorway leading to the incenter dialysis patient treatment area. These doorways were open, with no doors in place and both areas connected behind the unsecured reception window which was open to the lobby. The lobby area was not visible to either of the patient treatment areas, allowing unauthorized persons free access to both patient treatment areas. Additionally, the water processing area was accessible, through an unsecured open doorway, to all areas of the facility. During a tour of the facility on 12/12/18 at 12:30 P.M., the FA confirmed the patient treatment areas and the water treatment area were unsecured and patient safety was compromised. She said there was no current plan in place to secure the areas.	V 402	V402 The Facility Administrator (FA) submitted work order on 12/10/18 for construction to begin to maintain the safety of the patients, the staff and the public. The work order requested securing the doorway leading in to the home therapies and patient treatment area, water treatment area, as well as the doorway leading to the in-center dialysis patient treatment area. The FA will follow up with work order and ensure construction is complete. FA will review plans and timelines for construction completion during the monthly FHM/ governing body meeting with Medical Director. The FA is responsible for the implementation of the work order, monitoring and ongoing completion of this work order.	1/11/19
V 552	The facility failed to provide for patient safety. POC-P/S COUNSELING/REFERRALS/HRQOL TOOL CFR(s): 494.90(a)(6)	V 552		

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V 552	<p>Continued From page 2</p> <p>The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the dialysis facility failed to ensure an effective care plan was developed and implemented to address assessed psychosocial needs for 1 of 3 patients (Patient #1) whose POCs were reviewed. This resulted in the patient's psychosocial needs not being met. The findings include:</p> <p>Patient #1 was a 66 year old female who had transferred to the facility on 6/06/18. She dialyzed for 3.5 hours, three times a week. Patient #1 was partially blind and was dependent on others for transportation to dialysis.</p> <p>Treatment logs documented Patient #1 attended treatments regularly during June, July, August, and September 2018. The logs documented Patient #1 missed 7 treatments during October 2018 due to a lack of transportation. Her last treatment was on 10/29/18. The logs documented Patient #1 missed 12 treatments during November 2018 due to a lack of transportation and was discharged from the facility on 11/29/18.</p> <p>Patient #1's nursing and social work notes, dated</p>	V 552	<p>V552 MSW was in-serviced on Policy 1-14-03 "Provision of Social Services" on 12-19-18. Verification of attendance is evidenced by a signature sheet. Masters Prepared Social Worker (MSW) was instructed using surveyor observations as examples with emphasis on, but not limited to the following 1) an initial plan of care, based on the findings from the comprehensive assessment, will be completed on all patients new to dialysis within 30 calendar days (or 13 outpatient dialysis sessions for hemodialysis) beginning with the first outpatient dialysis treatment or per state guidelines. The FA will ensure unstable guidelines are being followed per policy and MSW closely monitors psychosocial concerns or events the patients are having. The MSW will have contact with all patients bimonthly either by phone or in person. The MSW will document bimonthly contacts in FALCON their progress notes. As part of the care planning process the MSW will provide detailed plans to the IDT. The FA will audit all progress notes monthly for the next 6 months. The FA will review findings and opportunities for improvement with the IDT. The FA will review findings with the Medical Director in the monthly QAPI/Facility Health Meeting (FHM). The FA is responsible for the implementation, monitoring and ongoing compliance with this POC.</p>	1/11/19	

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V 552	<p>Continued From page 3</p> <p>10/31/18 - 11/23/18 included, but were not limited to, the following:</p> <ul style="list-style-type: none"> - A MSW note on Patient #1's 90 day POC, dated 10/12/18, stated "pts step daughter who recently came to live with her died last month...living arrangements are stable, but transportation has become an issue." The MSW encouraged Patient #1 to complete a Medicaid application in order to be eligible for free transportation. - A missed treatment, due to a lack of transportation, was entered into nursing notes on 10/31/18. A nursing note, dated 10/31/18, stating "Hgb dropped from 8.0 to 7.4...MD asked that pt go to ER for possible blood transfusion. Called pt d/t pt not showing up for tx today. Educated pt on low Hgb and need to be seen in ER for possible blood transfusion...Pt states that she is very tired and has lost more of her sight." There was no documentation indicating whether or not Patient #1 had gone to the ER for evaluation. A MSW progress note on 10/31/18 stated "Pt states she is having transportation issues...Plan is to have patient reapply for Medicaid. MSW will assist the patient with application on 11/02/18...Second plan if denied Medicaid is to look for resources to assist with the \$5 PRT transportation fee, this can include NKF/AKF." - Missed treatments, due to a lack of transportation, were entered into nursing notes on 11/02/18 and 11/05/18. A nursing note, dated 11/05/18, documented communication with the facility's anemia manager nurse concerning Patient #1's low serum iron level. The note stated "...patient has been missing treatments; MD ordered Venofer 200 mg IVP x5 treatments; 	V 552			

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V 552	<p>Continued From page 4</p> <p>patient has not received any doses yet due to antibiotic administration and missed treatments. I asked her (nurse) to notify physician for POC."</p> <p>- A missed treatment, due to a lack of transportation, was entered into nursing notes on 11/07/18. A MSW progress note, dated 11/07/18, documented APS was notified by the facility MSW and local law enforcement was asked to do a wellness check. The note stated "The deputy who did the wellness check called the SW back with information that the patient was alright and just didn't have money for gas to come to dialysis."</p> <p>- Missed treatments, due to a lack of transportation, were entered into nursing notes on 11/09/18, 11/12/18, and 11/14/18. A MSW progress note, dated 11/14/18, stated "APS is looking for funding for the \$5 transportation through PRT" and "Is also working on assisting the patient with resolving the issue with her Medicaid application."</p> <p>- A missed treatment, due to a lack of transportation, was entered into nursing notes on 11/16/18. A nursing progress note, dated 11/16/18 stated "Discuss with patient that when she has missed 30 days she will be d/c'd but that we will still treat her. Told pt that I will get clarification as to if she will need to see MD in his office prior to return or if we will just need new orders for her to return. Explained to pt that it is like she withdrew from tx."</p> <p>- A missed treatment, due to a lack of transportation, was entered into nursing notes on 11/19/18. An unstable POC, dated 11/19/18, showed all psychosocial goals as being "met,"</p>	V 552		

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V 552	<p>Continued From page 5 and a physician summary note that stated "Pt to remain unstable d/t missed tx's related to transportation issues."</p> <p>A nursing progress note, dated 11/19/18, stated "Called pt this morning...Reviewed unstable care plan...Explained to pt that with missing tx, she may die. Pt states understand and then states she has sent her paperwork back on the Medicaid application and to watch for it." There was no documentation indicating whether or not the Medicaid application had been received or submitted by the facility.</p> <p>In an interview on 12/11/18 at 3:00 P.M., the FA confirmed the nursing documentation. She explained that Patient #1's step daughter had provided transportation prior to her death in September 2018. At that time, Patient #1 did not have dependable transportation. She said Patient #1 had not expressed the desire to withdraw from treatment.</p> <p>In an interview on 12/11/18 at 1:00 P.M., the current social worker and her preceptor confirmed the social work documentation. The precepting social worker and the current social worker said they had signed Patient #1's unstable POC, dated 10/19/18, although they had never met Patient #1. They said an NKF/AKF grant application had not been completed because they were unable to get information or signature from the patient. They said they felt they had exhausted all resources before Patient #1 was discharged. When asked if Patient #1 expressed a desire to withdraw from treatment, they stated she did not.</p> <p>The facility failed to ensure Patient #1's</p>	V 552		

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V 552	Continued From page 6 psychosocial needs were met.	V 552		

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E 000	<p>Initial Comments</p> <p>No deficiencies were cited during the Emergency Preparedness survey of your facility conducted from 12/10/18 - 12/12/18. Snake River Dialysis is in compliance with the requirements of CFR 494.62.</p> <p>The surveyors conducting the survey were:</p> <p>Trish O'Hara RN, CNN, HFS James Brown RN, HFS</p>	E 000	<p>RECEIVED</p> <p>JAN - 8 2019</p> <p>DIV OF LIC & CERT</p>		

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

TITLE

(X6) DATE

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