



C.L. "BUTCH" OTTER – Governor
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 20, 2011

Sue Pendlebury, Administrator
Snake River Dialysis Center
1486 Parkway Drive
Blackfoot, Idaho 83221

RE: Snake River Dialysis Center, Provider #132524

Dear Ms. Pendlebury:

This is to advise you of the findings of the initial Fire Life Safety Medicare survey, which was concluded at your facility, Snake River Dialysis Center, on July 12, 2011.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that no deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosure

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

Printed: 07/14/2011
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 01 - SNAKE RIVER DIALYSIS B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2011
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NAME OF PROVIDER OR SUPPLIER SNAKE RIVER DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1486 PARKWAY DRIVE BLACKFOOT, ID 83221
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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
K 000	<p>INITIAL COMMENTS</p> <p>Snake River Dialysis Center is a free standing End Stage Renal Dialysis (ESRD) approximately 8,500 square foot and is of Type V (000) construction. The facility has four exits to grade, is fully sprinklered, has a manual fire alarm - smoke detection system and is provided emergency lighting by battery operated units. The building is subdivided by a one (1) hour fire resistance rated smoke/fire barrier that separates treatment and service areas. The building was built in 2007 and was first occupied as an ESRD on January 25, 2011. The building is supplied with an electrical transfer switch, but has no generator, and is not classified as an essential electrical system.</p> <p>The facility was surveyed on July 12, 2011 under the 2000 Edition of NFPA 101, the Life Safety Code, New Ambulatory Health Care Occupancy, for the purposes of initial certification in accordance with 42 CFR 494.60 (e)(1)</p> <p>The facility was found to be in substantial compliance with the provisions listed above.</p> <p>The surveyors conducting the survey were:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p> <p>Taylor Barkley, Health Facility Surveyor Facility Fire Safety & Construction Program</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.