

COPY



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

August 7, 2012

Teresa Miller, Administrator  
Idaho Kidney Center Blackfoot  
98 Poplar Street  
Blackfoot, ID 83221

RE: Idaho Kidney Center Blackfoot, Provider #132515

Dear Ms. Miller:

This is to advise you of the findings of the Medicare survey of Idaho Kidney Center Blackfoot, which was conducted on July 27, 2012.

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
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Teresa Miller, Administrator  
August 7, 2012  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **August 19, 2012**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

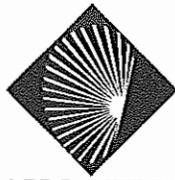


TRISH O'HARA  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

TO/srm  
Enclosures



**IDAHO KIDNEY  
CENTER**

Blackfoot

Department of Health and Human Services

To Trish O'Hara

Enclosed, you will find the Allegation of Compliance and the attachments for the following Standards:

V111, V112, V128

A: Staff In-Service for Bicarbonate tank/hose

B: Governing Body Notes

C: Hepatitis B Patient Education

D: Hepatitis B Consent/Declination

E: Liberty Dialysis Discharge/Transfer Policy

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**AUG 16 2012**

**DIV OF LIC & CERT**

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AUG 16 2012

FACILITY STANDARDS

Thank you for your time. Please feel free to contact us with any questions.

Jacob Royal, Nurse Manager

Idaho Kidney Center-Blackfoot

208-782-2220

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CENTERS FOR MEDICARE & MEDICAID SERVICES

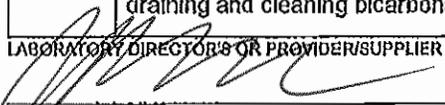
PRINTED: 08/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  132516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/27/2012
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NAME OF PROVIDER OR SUPPLIER  IDAHO KIDNEY CENTER BLACKFOOT	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
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V 000	INITIAL COMMENTS  The following deficiencies were cited during the recertification survey of your ESRD facility. The surveyor conducting the survey was:  Trish O'Hara, R.N.  Acronyms used in this report include:  anti-HBs - surface antibody for Hepatitis B, indicating immunity HBsAg - Hepatitis B surface antigen, indicating active disease HBV - Hepatitis B Virus mIU - measurement in International Units ml - milliliter	V 000		
V 111	494.30 IC-SANITARY ENVIRONMENT  The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.  This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to provide a sanitary environment for 24 of 24 patients (Patients #1 - #24) who dialyzed at the facility. This failure provided the potential for transmission of infection through cross contamination. Findings include:  During a tour of the water room on 7/26/12 at 2:00 PM, with the biomedical technician and the water room technician, a hose was observed to be making contact with the bottom of a sink. The water room technician said the sink was used for draining and cleaning bicarbonate jugs after use	V 111	V111  Biomedical Technician installed hooks on shelves next to bicarbonate tank to hold hose out of the utility sink during use in order to provide a sanitary environment and minimize the transmission of infections. When not in use, the hose will be detached from the tank and stored over the hooks to drain.  All in-center DPC staff will be in-serviced on use of hooks by NM or designee. See Attachment A.	RECEIVED AUG 10 2012 FACILITY STANDARDS  8/10/12  8/15/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NM	(X6) DATE 8/14/12
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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 111	Continued From page 1 at patient dialysis stations. The hose was connected to the bottom of the bicarbonate mixing tank. The water room technician said the hose was also used to fill jugs with new bicarbonate solution. The jugs were then taken to patient stations for use during dialysis treatments. She further stated the hose was used to drain the bicarbonate tank at the end of each day and, after draining the tank, was removed and draped over the top of the tank. The water room technician demonstrated the removal and draping of the hose and it was observed the hose made contact with the wall and windowsill behind the bicarbonate tank.  The biomedical technician and water room technician confirmed the hose provided a path for cross contamination of the clean bicarbonate solution when it made contact with the sink surface, the wall, and the windowsill.	V 111			
V 112	The facility failed to provide sanitary conditions for the transfer of bicarbonate solution for patient use. 494.30(a) IC-CDC MMWR 2001  The facility must demonstrate that it follows standard infection control precautions by implementing- (1)(i) The recommendations (with the exception of screening for hepatitis C), found in "Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients," developed by the Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, volume 50, number RR05, April 27, 2001, pages 18 to 28. The Director of the Federal Register approves this incorporation by	V 112	V112  NM or designee reviewed and updated Standing Lab order sets for existing patients to ensure compliance with CDC recommendations regarding routine serologic testing and surveillance.	8/10/12	

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V 112	<p>Continued From page 2</p> <p>reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 61. This publication is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Central Building, Baltimore, MD or at the National Archives and Records Administration (NARA). Copies may be obtained at the CMS Information Resource Center. For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_regulations/ibr_locations.html</a>.</p> <p>The recommendation found under section header "HBV-Infected Patients", found on pages 27 and 28 of RR05 ("Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients"), concerning isolation rooms, must be complied with by February 9, 2009.</p> <p>This STANDARD is not met as evidenced by: Based on policy review, record review, and staff interview, it was determined the facility failed to provide infection control precautions for 2 of 4 patients (Patients #1 and #2) whose records were reviewed. This failure placed patients at risk of complications caused by undetected Hepatitis B infections. Findings include:</p> <p>1. A facility policy titled "Hepatitis B Screening and Vaccination for Patients," dated 11/1/09, stated the following:</p> <p>Patients who were immune to Hepatitis B, as indicated by an anti-HBs greater than 10 mIU/ml, would receive no further serologic testing.</p>	V 112	<p>NM will alter standing lab order sets to include Hepatitis B Antigen monthly as a default.</p> <p>NM or designee will review Hep B Antigen status monthly and report in QAPI.</p>	<p>8/15/12</p> <p>9/1/12</p>

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V 112	<p>Continued From page 3</p> <p>Patients who were susceptible to Hepatitis B, as indicated by an anti-HBs less than 10 mIU/ml, would receive monthly serology, in the form of HBsAg testing, to determine if the patient had an active Hepatitis B infection.</p> <p>However, the facility failed to implement the policy and adequately monitor patients as follows:</p> <p>a. Patient #1 was a 74 year old male who was admitted to the facility on 4/28/09. Patient #1's Hepatitis serology, from 1/4/12 - 7/6/12 was reviewed. It showed Patient #1 did not have immunity to Hepatitis B as indicated by an anti-HBs of 3 mIU/ml on 1/4/12. There was no monthly serology documented for the months of June and July 2012 to indicate whether or not he had an active Hepatitis B infection.</p> <p>b. Patient #2 was a 48 year old male who was admitted to the facility on 11/16/07. Patient #2's Hepatitis serology, from 1/4/12 - 7/5/12 was reviewed. It showed Patient #2 did not have immunity to Hepatitis B as indicated by an anti-HBs of &lt;1 mIU/ml on 1/5/12. There was no monthly serology documented for the months of June and July 2012 to indicate whether or not he had an active Hepatitis B infection.</p> <p>In an interview on 7/24/12 at 3:00 PM, the nurse manager said the facility had changed their laboratory services provider a few months ago as a result of the sale of the facility to a different company. He said laboratory orders had been entered into the new provider's computer system for all patients but some of the orders had disappeared and therefore were not drawn or</p>	V 112		

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V 112	Continued From page 4 resulted. He further stated he, as nurse manager, audited patient records on a regular basis but had missed the detection of Hepatitis B serologies.	V 112		
V 128	The facility failed to ensure Hepatitis B status was monitored. 494.30(a)(1)(i) IC-HBV-ISOLATION (EXISTING FACILITY)  Isolation of HBV+ Patients  To isolate HBsAg positive patients, designate a separate room for their treatment.  For existing units in which a separate room is not possible, HBsAg positive patients should be separated from HBsAg susceptible patients in an area removed from the mainstream of activity.  This STANDARD is not met as evidenced by: Based on observation, policy review, and staff interview it was determined the facility failed to provide 24 of 24 patients (Patients #1 - #24) who dialyzed at the facility, with protection from potential exposure to the Hepatitis B virus. This failure allowed potential patient exposure to serious illness and complications. Findings include:  During a tour of the facility on 7/23/12 at 2:00 PM, it was noted the treatment floor consisted of six dialysis stations in close proximity. There was no isolation room present.  A corporate policy titled "Hepatitis B Isolation," undated, stated if a facility did not have a separate room for isolation, an HBsAg positive	V 128	V128  Governing Body agrees not to accept admission of incident HBV+ patients. See Attachment B.  Existing patient seroconversion will be reported to the State or local health department as required by law or regulation.  In the event an existing patient should contract the Hepatitis B virus, the Medical Director or designee will contact local facility with isolation room and request for their admission.	8/24/12

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V 128	<p>Continued From page 5</p> <p>patient would be dialyzed in a separate area, separated from other stations by a space at least equivalent to the width of one hemodialysis station. Additionally, the policy stated the isolation area and equipment would not be used for HBsAg negative patients on other days or shifts.</p> <p>In an interview on 7/26/12 at 2:00 PM, the Quality/Educator stated there was no room at the facility to create an isolation area. She said there were two options to treating a Hepatitis B positive patient at the facility. The first option was to add a third shift for exclusive treatment of the patient. When asked, she said it would not be possible to dedicate an isolation area to the Hepatitis B positive patient and not use the area on other treatment days, due to a full patient census.</p> <p>The Quality/Educator said the second option was to transfer the patient to one of two company owned facilities, each approximately 20 miles away, that had the capability of creating a dedicated isolation area. The Quality/Educator said a transfer agreement with the two other company owned facilities was "an understanding" and was not written. She said the agreement had been used in the past for extra treatments needed by patients but not for Hepatitis status issues.</p> <p>In an interview on 7/25/12 at 1:00 PM, the Medical Director stated he would not admit a new patient with Hepatitis B positive status to the facility. Further, he said if a current patient converted to Hepatitis B positive status, the patient would be transferred to a local dialysis facility, owned by another corporation, that had an</p>	V 128	<p>If request to discharge patient to that facility is denied, patient will be transferred to Idaho Kidney Center in Idaho Falls or Pocatello and dialyzed in a separate area per regulation.</p> <p>Patients with a positive Hepatitis B Antigen will be evaluated by the IDT for the need for counseling, medical evaluation and vaccination of contacts.</p> <p>NM or designee will ensure that all patients receive education on policy of transfer or discharge if a seroconversion occurs. See attachments C, D &amp; E.</p>	9/1/12

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V 128	Continued From page 6 isolation room. He said he did not have physician privileges at the other facility and therefore would not continue to direct the patient's dialysis treatment.  In an interview on 7/26/12 at 2:00 PM, the Quality/Educator stated there was no transfer agreement with the local dialysis facility owned by another corporation.  The facility failed to maintain an infection control plan for safely treating Hepatitis B positive patients.	V 128			