



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

IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

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](mailto:fsb@dhw.idaho.gov)

August 2, 2011

Clinton Fairless, Administrator  
Fresenius Medical Center Hayden Lake  
7600 Mineral Drive, Suite 850  
Coeur d'Alene, Idaho 83815

RE: Fresenius Medical Center Hayden Lake

Dear Mr. Fairless:

This is to advise you of the findings of the Medicare survey, which was concluded at your facility, Fresenius Medical Center Hayden Lake, on July 29, 2011.

Enclosed are 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: 08/01/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>132525</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - FRESNIUS MEDICAL CEN</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2011</b>
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NAME OF PROVIDER OR SUPPLIER <b>FRESNIUS MEDICAL CENTER HAYDEN LAK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 MINERAL DRIVE. STE 850 COEUR D ALENE, ID 83815</b>
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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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Fresenius Medical Center - Hayden Lake is an End Stage Renal Dialysis facility located in an office complex that has three tenant spaces. The ESRD occupancy is approximately 8,500 square feet, of type 2 (000) construction that was built in January 2008. The facility has three exits to grade, is fully sprinklered, has a manual fire alarm with smoke detection in the corridors. Backup power and emergency lighting is provided by an onsite generator, with a remote annunciator located in the dialysis unit. The ESRD is separated from the tenants on both sides by one hour rated wall assemblies.</p> <p>The initial certification survey was conducted on July 29, 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 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 surveyor conducting the survey was:</p> <p>Taylor Barkley Facility Fire Safety &amp; Construction Program</p>	K 000		
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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.