



IDAHO DEPARTMENT OF
HEALTH & WELFARE

G.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

December 5, 2012

RECEIVED
DEC 10 2012

Denise Stanzak, Administrator
Twin Falls Dialysis Center
1840 Canyon Crest Drive
Twin Falls, ID 83301-3007

FACILITY STANDARDS

RE: Twin Falls Dialysis Center, Provider #132505

Dear Ms. Stanzak:

This is to advise you of the findings of the Medicare survey of Twin Falls Dialysis Center, which was conducted on November 29, 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:

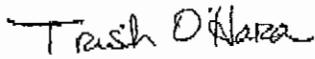
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date 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.

Denise Stanzak, Administrator
December 5, 2012
Page 2 of 2

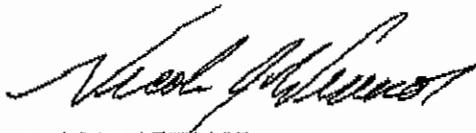
After you have completed your Plan of Correction, return the original to this office by **December 18, 2012**, and keep a copy for your records.

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/nw
Enclosures

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

PRINTED: 12/05/2012
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2012
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NAME OF PROVIDER OR SUPPLIER TWIN FALLS DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 CANYON CREST DRIVE TWIN FALLS, ID 83301
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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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V 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the recertification survey of your ESRD facility. The surveyor conducting the survey was:</p> <p>Trish O'Hara, RN</p> <p>Acronyms used in this report include: BFR - Blood flow rate EDW - Estimated dry weight EMR - Electronic medical record HD - Hemodialysis kg - kilogram = 2.2 pounds KtV - formula that determines adequacy of a dialysis treatment POC - Plan of Care RN - Registered Nurse RD - Registered Dietician SW - Social Worker</p>	V 000	<p>V000</p> <p>The Governing Body of Twin Falls has reviewed the statement of deficiencies and submits the following plan of correction.</p> <p style="text-align: center;">DEC 1 8 2012</p>	
V 463	<p>494.70(a)(12) PR-RECEIVE SERVICES OUTLINED IN POC</p> <p>The patient has the right to-</p> <p>(12) Receive the necessary services outlined in the patient plan of care described in §494.90;</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure patients' rights to receive care as outlined in their POC was upheld for 7 of 7 incenter hemodialysis patients (Patients #1 - #7) whose treatment records were reviewed. This resulted in patients being left at risk for complications of inadequate dialysis and fluid overload. Findings include:</p>	V 463	<p>V463</p> <p>The team was re-trained by the Facility Administrator (FA) on 12/14/12 to verify that all treatment settings match the physician orders including blood flow rate (BFR), length of treatment, and estimated dry weight. The in-service also included: review of policy #1-03-09 Intradialytic Treatment Monitoring with emphasis on "significant changes are reported to the licensed nurse and documented; the licensed nurse notifies the physician as needed of changes in patient status; all findings, interventions and patient response will be documented in the patient medical record."</p> <p>Continued on next page</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debra A. R. RN TITLE: Facility Administrator (X6) DATE: 12-17-12

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.

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

PRINTED: 12/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132606	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012																																																			
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V 463	<p>Continued From page 1</p> <p>1. Patients did not receive care as prescribed in their POCs as follows:</p> <p>a. Patient #3 was an 81 year old male who had been dialyzing at the facility since 11/2/10. Fourteen treatments, from 10/25 - 11/24/12 were reviewed. Patient #3 did not attain his prescribed BFR during 11 of 14, or 79% of treatments reviewed, leaving him at risk for complications of inadequate dialysis. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>BFR ordered</th> <th>BFR actual</th> </tr> </thead> <tbody> <tr><td>10/25/12</td><td>450</td><td>282</td></tr> <tr><td>11/1/12</td><td>450</td><td>400</td></tr> <tr><td>11/3/12</td><td>450</td><td>360</td></tr> <tr><td>11/6/12</td><td>450</td><td>400</td></tr> <tr><td>11/8/12</td><td>450</td><td>380</td></tr> <tr><td>11/10/12</td><td>450</td><td>400</td></tr> <tr><td>11/13/12</td><td>450</td><td>400</td></tr> <tr><td>11/15/12</td><td>450</td><td>400</td></tr> <tr><td>11/17/12</td><td>450</td><td>400</td></tr> <tr><td>11/19/12</td><td>450</td><td>400</td></tr> <tr><td>11/24/12</td><td>450</td><td>400</td></tr> </tbody> </table> <p>Additionally, fourteen treatments, from 10/25 - 11/24/12, were reviewed for EDW. Patient #3 did not attain his EDW during 10 of 14, or 71% of treatments reviewed, leaving him at risk for complications of fluid overload between treatments. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>EDW</th> <th>Post wt.</th> </tr> </thead> <tbody> <tr><td>10/26/12</td><td>75.5 kg</td><td>76.7 kg</td></tr> <tr><td>10/27/12</td><td>75.6 kg</td><td>76.8 kg</td></tr> <tr><td>10/30/12</td><td>75.5 kg</td><td>78.1 kg</td></tr> <tr><td>11/1/12</td><td>75.5 kg</td><td>78.2 kg</td></tr> </tbody> </table>	Date	BFR ordered	BFR actual	10/25/12	450	282	11/1/12	450	400	11/3/12	450	360	11/6/12	450	400	11/8/12	450	380	11/10/12	450	400	11/13/12	450	400	11/15/12	450	400	11/17/12	450	400	11/19/12	450	400	11/24/12	450	400	Date	EDW	Post wt.	10/26/12	75.5 kg	76.7 kg	10/27/12	75.6 kg	76.8 kg	10/30/12	75.5 kg	78.1 kg	11/1/12	75.5 kg	78.2 kg	V 463	<p>V463 Continued from page 1</p> <p>To ensure that orders are properly verified and implemented, the facility began printing Patient Care Technician (PCT) Trending sheets on 12/12/12 to have at chair side during treatment. Each patient care teammate will use to verify that the ordered blood flow rate is set when treatment is initiated. The access will be evaluated for need of intervention. If unable to reach ordered blood flow rate or unable to maintain it, all actions taken to improve flows will be documented and the nurse will be notified. With nursing assessment, the physician will be notified. BFR, needle size, and /or treatment time orders will be updated as ordered. Estimated dry weights (EDW) will be assessed during nursing rounds and physician will be contacted for new orders based on nursing assessment. On 12/14/12 the FA also educated teammates to document the end of treatment with a BP reading before slowing pump speed to ensure that the time documented by Snappy (computer generated treatment documentation) interface matches the actual treatment time. When treatment time does not meet ordered time, the nurse will be notified and the amount of time missed, the reason the patient did not stay to complete treatment and instructions given to patient will be documented in Snappy treatment notes. Incomplete treatments will be tracked using the Run Time Report.</p> <p>Continued on next page</p>		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2012																																																																		
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V 463	<p>Continued From page 2</p> <table border="1"> <tr><td>11/3/12</td><td>76.5 kg</td><td>78.5 kg</td></tr> <tr><td>11/6/12</td><td>75.5 kg</td><td>78.7 kg</td></tr> <tr><td>11/8/12</td><td>75.5 kg</td><td>78.8 kg</td></tr> <tr><td>11/10/12</td><td>75.5 kg</td><td>78.6 kg</td></tr> <tr><td>11/13/12</td><td>78 kg</td><td>79.1 kg</td></tr> <tr><td>11/24/12</td><td>78 kg</td><td>79.4 kg</td></tr> </table> <p>b. Patient #7 was a 60 year old female who had been dialyzing at the facility since 3/12/08. Fourteen treatments, from 10/25 - 11/24/12, were reviewed. Patient #7 did not attain her prescribed BFR during 10 of 14, or 79% of treatments reviewed, leaving her at risk for complications of inadequate dialysis. The following was documented:</p> <table border="1"> <thead> <tr><th>Date</th><th>BFR ordered</th><th>BFR actual</th></tr> </thead> <tbody> <tr><td>10/25/12</td><td>450</td><td>400</td></tr> <tr><td>11/1/12</td><td>450</td><td>431</td></tr> <tr><td>11/3/12</td><td>450</td><td>387</td></tr> <tr><td>11/6/12</td><td>450</td><td>385</td></tr> <tr><td>11/8/12</td><td>450</td><td>400</td></tr> <tr><td>11/13/12</td><td>450</td><td>383</td></tr> <tr><td>11/17/12</td><td>450</td><td>400</td></tr> <tr><td>11/19/12</td><td>450</td><td>400</td></tr> <tr><td>11/21/12</td><td>450</td><td>426</td></tr> <tr><td>11/24/12</td><td>450</td><td>400</td></tr> </tbody> </table> <p>Additionally, Patient #7's post dialysis weight was under her EDW for 8 treatments, during a 16 day period, leaving her at risk for complications of dehydration. The following was documented:</p> <table border="1"> <thead> <tr><th>Date</th><th>EDW</th><th>Post wt.</th></tr> </thead> <tbody> <tr><td>10/25/12</td><td>106.5 kg</td><td>104.2 kg</td></tr> <tr><td>10/27/12</td><td>106.5 kg</td><td>103.9 kg</td></tr> <tr><td>10/30/12</td><td>106.5 kg</td><td>103.8 kg</td></tr> <tr><td>11/1/12</td><td>106.5 kg</td><td>103.7 kg</td></tr> </tbody> </table>	11/3/12	76.5 kg	78.5 kg	11/6/12	75.5 kg	78.7 kg	11/8/12	75.5 kg	78.8 kg	11/10/12	75.5 kg	78.6 kg	11/13/12	78 kg	79.1 kg	11/24/12	78 kg	79.4 kg	Date	BFR ordered	BFR actual	10/25/12	450	400	11/1/12	450	431	11/3/12	450	387	11/6/12	450	385	11/8/12	450	400	11/13/12	450	383	11/17/12	450	400	11/19/12	450	400	11/21/12	450	426	11/24/12	450	400	Date	EDW	Post wt.	10/25/12	106.5 kg	104.2 kg	10/27/12	106.5 kg	103.9 kg	10/30/12	106.5 kg	103.8 kg	11/1/12	106.5 kg	103.7 kg	V 463	<p>V463 Continued from page 2</p> <p>Documentation will be reviewed on Post Treatment Reports for patients not meeting ordered time. Run time reports will be monitored daily for 1 week, then weekly for 3 months. For each patient that did not complete ordered time, the Post Treatment Report will be reviewed for documentation of reason treatment was not completed, actions taken and instructions given to patient with patient response. Patient's EDW, BFR and treatment times will be reviewed and updated during the assessment and plan of care meetings with the Interdisciplinary Team (IDT). 10% of Post Treatment Reports will be monitored for documentation of actions taken on ordered BFR, treatment times and patient's estimated dry weights. Audits will be completed weekly for 1 month, then monthly for 3 months and then quarterly by FA/Designee. Audit results will be reviewed in the monthly quality meetings (QIFMM). QIFMM minutes will reflect documentation of results and any plans developed. The results of these plans will be evaluated at subsequent meetings and adjusted as indicated. QIFMM review will determine any change in frequency of audits depending on results. The FA is responsible for compliance and completion of this plan of correction.</p>	12/31/12
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132506	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012																																							
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V 463	<p>Continued From page 3</p> <p>11/3/12 106.5 kg 103.5 kg 11/6/12 106.5 kg 103.3 kg 11/8/12 106.5 kg 103.1 kg 11/10/12 106.5 kg 102.9 kg</p> <p>c. Patient #5 was a 66 year old female who had been dialyzing at the facility since 2/2/2006. Fourteen treatments, from 10/25 - 11/24/12, were reviewed. Patient #5 did not attain her prescribed BFR during 8 of 14, or 57% of treatments reviewed, leaving her at risk for complications of inadequate dialysis. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>BFR ordered</th> <th>BFR actual</th> </tr> </thead> <tbody> <tr><td>10/25/12</td><td>400</td><td>375</td></tr> <tr><td>11/1/12</td><td>400</td><td>365</td></tr> <tr><td>11/3/12</td><td>400</td><td>357</td></tr> <tr><td>11/8/12</td><td>400</td><td>385</td></tr> <tr><td>11/10/12</td><td>400</td><td>350</td></tr> <tr><td>11/13/12</td><td>400</td><td>385</td></tr> <tr><td>11/15/12</td><td>400</td><td>360</td></tr> <tr><td>11/21/12</td><td>400</td><td>319</td></tr> </tbody> </table> <p>Additionally, Patient #5 did not attain her prescribed EDW during 3 of 14 treatments reviewed, leaving her at risk for complications of fluid overload between treatments. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>EDW</th> <th>Post wt.</th> </tr> </thead> <tbody> <tr><td>10/25/12</td><td>60 kg</td><td>62.3 kg</td></tr> <tr><td>10/27/12</td><td>60 kg</td><td>61.8 kg</td></tr> <tr><td>11/24/12</td><td>60 kg</td><td>61.5 kg</td></tr> </tbody> </table> <p>Further, Patient #5 did not attain her prescribed treatment time during 3 of 14 treatments reviewed, for a cumulative loss of 28 minutes of</p>	Date	BFR ordered	BFR actual	10/25/12	400	375	11/1/12	400	365	11/3/12	400	357	11/8/12	400	385	11/10/12	400	350	11/13/12	400	385	11/15/12	400	360	11/21/12	400	319	Date	EDW	Post wt.	10/25/12	60 kg	62.3 kg	10/27/12	60 kg	61.8 kg	11/24/12	60 kg	61.5 kg	V 463		
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V 463	<p>Continued From page 4</p> <p>dialysis treatment time in an 8 day period, leaving her at risk for complications of inadequate dialysis. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time ordered</th> <th>Actual time</th> </tr> </thead> <tbody> <tr> <td>11/1/12</td> <td>225 minutes</td> <td>222 minutes</td> </tr> <tr> <td>11/3/12</td> <td>225 minutes</td> <td>212 minutes</td> </tr> <tr> <td>11/8/12</td> <td>225 minutes</td> <td>213 minutes</td> </tr> </tbody> </table> <p>d. Patient #1 was an 85 year old male. Twelve treatments, from 10/29 - 11/23/12, were reviewed. Patient #1 did not attain his prescribed EDW during 7 of 14 or 50% of treatments reviewed, leaving him at risk for complications of fluid overload between treatments. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>EDW</th> <th>Post wt.</th> </tr> </thead> <tbody> <tr> <td>10/29/12</td> <td>70 kg</td> <td>72.7 kg</td> </tr> <tr> <td>10/31/12</td> <td>70 kg</td> <td>71.9 kg</td> </tr> <tr> <td>11/2/12</td> <td>70 kg</td> <td>72 kg</td> </tr> <tr> <td>11/5/12</td> <td>70 kg</td> <td>72.2 kg</td> </tr> <tr> <td>11/7/12</td> <td>70 kg</td> <td>71.1 kg</td> </tr> <tr> <td>11/18/12</td> <td>71 kg</td> <td>72.2 kg</td> </tr> <tr> <td>11/20/12</td> <td>71 kg</td> <td>72.7 kg</td> </tr> </tbody> </table> <p>e. Patient #4 was an 81 year old male who had been dialyzing since 8/10/11. Fourteen treatments from 10/25 - 11/24/12 were reviewed. Patient #4 did not obtain his prescribed BFR during 6 of 14 treatments leaving him at risk for complications of inadequate dialysis. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>BFR ordered</th> <th>BFR actual</th> </tr> </thead> <tbody> <tr> <td>10/25/12</td> <td>300</td> <td>225</td> </tr> <tr> <td>10/27/12</td> <td>300</td> <td>200</td> </tr> <tr> <td>10/30/12</td> <td>300</td> <td>161</td> </tr> </tbody> </table>	Date	Time ordered	Actual time	11/1/12	225 minutes	222 minutes	11/3/12	225 minutes	212 minutes	11/8/12	225 minutes	213 minutes	Date	EDW	Post wt.	10/29/12	70 kg	72.7 kg	10/31/12	70 kg	71.9 kg	11/2/12	70 kg	72 kg	11/5/12	70 kg	72.2 kg	11/7/12	70 kg	71.1 kg	11/18/12	71 kg	72.2 kg	11/20/12	71 kg	72.7 kg	Date	BFR ordered	BFR actual	10/25/12	300	225	10/27/12	300	200	10/30/12	300	161	V 463		
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V 463	<p>Continued From page 5</p> <table border="0"> <tr><td>11/2/12</td><td>300</td><td>171</td></tr> <tr><td>11/6/12</td><td>300</td><td>212</td></tr> <tr><td>11/10/12</td><td>300</td><td>260</td></tr> </table> <p>f. Patient #2 was a 34 year old female who had been dialyzing at the facility since 6/14/07. Thirteen treatments from 10/26 - 11/23/12 were reviewed. Patient #2 did not obtain her prescribed treatment time during 3 of 13 treatments reviewed, for a cumulative loss of 60 minutes of dialysis treatment time in a 22 day period, leaving her at risk for complications of inadequate dialysis. The following was documented:</p> <table border="0"> <tr><td>Date</td><td>Time ordered</td><td>Actual time</td></tr> <tr><td>10/26/12</td><td>225 minutes</td><td>215 minutes</td></tr> <tr><td>11/2/12</td><td>225 minutes</td><td>181 minutes</td></tr> <tr><td>11/18/12</td><td>225 minutes</td><td>219 minutes</td></tr> </table> <p>Additionally, Patient #2 did not attain her EDW during 3 of 13 treatments, leaving her at risk for complications of fluid overload between treatments. The following was documented:</p> <table border="0"> <tr><td>Date</td><td>EDW</td><td>Post wt.</td></tr> <tr><td>11/2/12</td><td>108 kg</td><td>109.3 kg</td></tr> <tr><td>11/5/12</td><td>108 kg</td><td>112.2 kg</td></tr> <tr><td>11/7/12</td><td>108 kg</td><td>110 kg</td></tr> </table> <p>g. Patient #6 was a 37 year old male who had been dialyzing at the facility since 10/7/11. Thirteen treatments from 10/26 - 11/23/12 were reviewed. Patient #6 did not obtain his prescribed treatment time during 2 of 13 treatments reviewed, for a cumulative loss of 56 minutes of dialysis treatment time in a 14 day period, leaving him at risk for complications of inadequate</p>	11/2/12	300	171	11/6/12	300	212	11/10/12	300	260	Date	Time ordered	Actual time	10/26/12	225 minutes	215 minutes	11/2/12	225 minutes	181 minutes	11/18/12	225 minutes	219 minutes	Date	EDW	Post wt.	11/2/12	108 kg	109.3 kg	11/5/12	108 kg	112.2 kg	11/7/12	108 kg	110 kg	V 463		
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V 463	<p>Continued From page 6</p> <p>dialysis. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time ordered</th> <th>Actual time</th> </tr> </thead> <tbody> <tr> <td>11/2/12</td> <td>240 minutes</td> <td>214 minutes</td> </tr> <tr> <td>11/16/12</td> <td>240 minutes</td> <td>210 minutes</td> </tr> </tbody> </table> <p>Additionally, Patient #6 did not attain his EDW during 3 of 13 treatments, leaving him at risk for complications of fluid overload between treatments. The following was documented:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>EDW</th> <th>Post wt.</th> </tr> </thead> <tbody> <tr> <td>11/7/12</td> <td>73.5 kg</td> <td>75 kg</td> </tr> <tr> <td>11/9/12</td> <td>73.5 kg</td> <td>74.6 kg</td> </tr> <tr> <td>11/23/12</td> <td>73.5 kg</td> <td>74.8 kg</td> </tr> </tbody> </table> <p>The facility utilized an EMR system that was designed to alert staff members to the need for patient reassessment. An untitled document, dated 6/2012 stated an "opportunity for intervention in the POC" would be generated on "primary and support teammate's POC Follow Ups worklist." Criteria for staff notification by the computer included the following:</p> <ul style="list-style-type: none"> - POC trigger for not achieving EDW - HD trigger was Post weight of 1 kg more/less than prescribed EDW, more than 4 times in the last 30 days. This alert was sent to the RN and RD. - POC trigger for not achieving dialysis adequacy - HD trigger was a KtV less than 1.2. This alert was sent to the RN, RD, and SW. Missed treatments alerted only the SW and alerted only in the event of a low KtV and 4 missed treatments in the last month. Shortened treatments alerted only the SW and alerted only in the event of a low KtV and shortened 	Date	Time ordered	Actual time	11/2/12	240 minutes	214 minutes	11/16/12	240 minutes	210 minutes	Date	EDW	Post wt.	11/7/12	73.5 kg	75 kg	11/9/12	73.5 kg	74.6 kg	11/23/12	73.5 kg	74.8 kg	V 463		
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V 463	Continued From page 7 treatments 6 times in the last month. BFRs were not addressed. In an interview on 11/28/12 at 4:00 PM, the Facility Administrator confirmed the treatment documentation for Patients #1 - #7. She further stated the medical director had written an order, pertaining to all patients, stating acceptable post dialysis weight was 1 kg more/less than prescribed EDW. She was unable to locate that order during the survey.	V 463		
V 554	The facility failed to ensure the right to prescribed dialysis treatments was upheld for seven patients. 494.90(a)(7)(ii) POC-TRANSPLANT STATUS PLAN OR WHY NOT When the patient is a transplant referral candidate, the interdisciplinary team must develop plans for pursuing transplantation. The patient's plan of care must include documentation of the- (A) Plan for transplantation, if the patient accepts the transplantation referral; (B) Patient's decision, if the patient is a transplantation referral candidate but declines the transplantation referral; or (C) Reason(s) for the patient's nonreferral as a transplantation candidate as documented in accordance with §494.80(a)(10). This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure transplant status was addressed and documented in the POC for 6 of 10 patients (Patients #3, #4, and #8 - #11) whose records	V 554	V554 On 12/4/12 the Regional Point Social Worker completed education review with facility Social Worker on policy 1-02-25 Transplant Referral and Tracking Process. Going forward, the social worker will utilize the interim goal section of the patients' Transplant Plan of Care to create patient-specific goals if the patient is interested in pursuing transplant as a treatment option. If the patient is not interested in pursuing transplantation or the Physician feels the patient does not meet the criteria as outlined by the transplant centers, documentation will reflect patient education and reason for non-pursuit, as outlined in DaVita policy 1-02-26 Transplant Referral and Tracking Process. Continued on next page	

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V 554	Continued From page 8 were reviewed. This failure resulted in the potential failure of patients to proceed through the process of transplant referral, work up, and wait time on the transplant list. Findings include: 1. POCs did not accurately address patients' transplant status as follows: a. Patient #3 was an 80 year old incenter hemodialysis patient. The transplant goal in his POC, dated 6/25/12, stated "maintain candidacy or reason for other status." There was no further documentation in the POC clarifying Patient #3's progression in the process of referral, work up, and placement on the transplant wait list. b. Patient #4 was an 81 year old incenter hemodialysis patient. The transplant goal in his POC, dated 8/28/12, stated "maintain candidacy or reason for other status." There was no further documentation in the POC clarifying Patient #4's progression in the process of referral, work up, and placement on the transplant wait list. c. Patient #8 was a 78 year old peritoneal dialysis patient. The transplant goal in his POC stated "maintain candidacy or reason for other status." There was no further documentation in the POC clarifying Patient #8's progression in the process of referral, work up, and placement on the transplant wait list. d. Patient #9 was a 77 year old peritoneal dialysis patient. The transplant goal in his POC, dated 6/28/12, stated "maintain candidacy or reason for other status." There was no further documentation in the POC clarifying Patient #9's progression in the process of referral, work up,	V 554	V554 continued from page 8 The social worker will complete Falcon (an online computer generated Assessment and Plan of Care program) system-triggered Plan of Care follow-ups as they arise to document ongoing Plan of Care Transplant follow-up. The transplant plan of care goal will be left "unmet" so the comments will print on the plan of care. Going forward, the Social Worker will provide transplant education to all patients in the form of DaVita handout, "DaVita Celebrates and Supports Transplantation," upon admission and at the patients' assessment updates. This education will be documented in the patients' medical record. This plan will be monitored at 30, 60 and 90 days by chart audit completed by the Regional Point Social Worker. Audit results will be reviewed with the Medical Director in the monthly QIFMM meeting. QIFMM review will determine any change in frequency of audits depending on results. The FA is responsible for the compliance and completion of the plan of correction.	12/31/12

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V 554	<p>Continued From page 9 and placement on the transplant wait list.</p> <p>e. Patient #10 was a 54 year old home hemodialysis patient. The transplant goal in her POC, dated 9/18/12, stated "maintain candidacy or reason for other status." There was no further documentation in the POC clarifying Patient #10's progression in the process of referral, work up, and placement on the transplant wait list.</p> <p>f. Patient #11 was a 36 year old home hemodialysis patient. The transplant goal in his POC, dated 11/14/12, stated "maintain candidacy or reason for other status." There was no further documentation in the POC clarifying Patient #11's progression in the process of referral, work up, and placement on the transplant wait list.</p> <p>In an interview on 11/27/12 at 10:00 AM, the facility social worker confirmed the transplant status documentation on POCs for Patients #3, #4 and #8 - #11. She stated she was responsible for assessment and plan of care issues regarding transplantation for all facility patients. She stated the transplant status on the POCs for the six patients was not her documentation.</p> <p>In an interview on 11/28/12 at 4:00 PM, the facility administrator confirmed the transplant status documentation on POCs for Patients #3, #4 and #8 - #11. She stated it was not familiar wording and possibly was generated by the computer system used by team members when developing patients' POCs. She agreed that the POCs for Patients #3, #4 and #8 - #11 did not adequately or individually address the patients' actual transplant status.</p>	V 554			

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V 554	Continued From page 10 The facility failed to ensure documentation of transplant status was included in the POCs for six patients.	V 554			