



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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PHONE 208-334-6626
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December 12, 2011

Steve Hemming, Administrator
Gem State Regional Dialysis Center
2225 Teton Plaza Suite A
Idaho Falls, ID 83401

RE: Gem State Regional Dialysis Center, Provider #132500

Dear Mr. Hemming:

This is to advise you of the findings of the complaint survey at Gem State Regional Dialysis Center, which was concluded on November 30, 2011.

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.

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.

After you have completed your Plan of Correction, return the original to this office by

Steve Hemming, Administrator
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December 22, 2011, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or 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

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

PRINTED: 12/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2011
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NAME OF PROVIDER OR SUPPLIER GEM STATE REGIONAL DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2225 TETON PLAZA SUITE A IDAHO FALLS, ID 83401
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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	INITIAL COMMENTS The following deficiencies were cited during the complaint survey of your ESRD facility. The surveyor conducting the complaint survey was: Trish O'Hara, R.N., H.F.S. Acronyms used in the report include: ESA - Erythropoiesis Stimulating Agents g/dl - grams per deciliter Kg - kilogram KDOQI CKD - Kidney Dialysis Outcome Quality Initiative Chronic Kidney Disease POC - Plan of Care RD - Registered Dietician URI - upper respiratory infection	V 000		
V 520	494.80(d)(2) PA-FREQUENCY REASSESSMENT-UNSTABLE Q MO In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section, a comprehensive reassessment of each patient and a revision of the plan of care must be conducted- At least monthly for unstable patients including, but not limited to, patients with the following: (i) Extended or frequent hospitalizations, (ii) Marked deterioration in health status; (iii) Significant change in psychosocial needs; or (iv) Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis. This STANDARD is not met as evidenced by: Based on staff interview, record review, and	V 520	The interdisciplinary team at Gem State Regional Dialysis Center will review each active patient in the monthly QAPI meeting. If a member of the team identifies that a patient meets any of the unstable criteria, that patient will have a revised Plan of Care (POC) initiated. QAPI meetings will be held during the first two weeks of the month in order to review the previous month's data. The primary care nurse will be invited to attend the QAPI meetings to discuss their unstable patients and POC (from the previous month) in order to remedy	1 Jan 2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Steven R. Henry</i>	TITLE Director	(X6) DATE 12/19/11
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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 requ site to continued program participation.

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V 520	Continued From page 1 facility policy review, it was determined the facility failed to ensure "unstable" criteria was developed to identify patients who needed to be reassessed on a monthly basis due to deteriorating health status. This directly impacted 1 of 6 patients (Patient #3), whose records were reviewed, and had the potential to impact all patients receiving treatment at the facility. This resulted in a patient's PoC not being reassessed and revised to address deteriorating health status. Findings include: Patient #3 was a 64 year old male, who had been dialyzing at the facility since November 2004. Progress Note Summaries for Patient #3 documented a 30.8 pound weight loss, or an 18% decrease, in the 5 month period 1/11/11 - 6/3/11 as follows: 1/11/11: 77.5 kg 1/26/11: 72.0 kg 3/28/11: 72.0 kg 5/6/11: 69.0 kg 6/3/11: 63.5 kg Nutrition review notes by the facility dietician included the following: 1/13/11: "4-5 bowel movements daily probably promoted by switch to Fiberlax. Back on Metamucil, appears to be eating better." 2/14/11: "intake improved...diarrhea reduced to 1-2 times weekly." 3/30/11: "this month target weight reduced 5.5 kg, 7% which is potentially significant." 5/26/11: "RD at skilled living facility increased breakfast portions." 6/23/11: "in the last two months, weight down 8.5	V 520	the identified issue. An inservice was held on 15 Dec 2011 and conducted by the Facility Manager to instruct all Gem State Registered Nurses, the Social Worker, the Dietitian and the Primary Care Physician of this process. A copy of the patient list with "unstable" by their name will be included in the QAPI data sheets each month. POC's will be kept in the patients chart. The Gem State Regional Dialysis Center Facility Manger will coordinate all of the above listed activities involving review of unstable patient. These changes will be instituted by 01 January 2012. Implementing these new processes will assure that a comprehensive reassessment of each patient and a revision of the POC for patients deemed to meet the unstable criteria will be carried out timely and adequately address patients with deteriorating health status.		

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V 520	<p>Continued From page 2</p> <p>kg, 12% or significant amount. URI and low Hemoglobin have probably promoted decreased appetite and weight loss."</p> <p>Additionally, progress Note Summary entries by the physician were as follows:</p> <p>1/21/11: "lungs clear, fluid status normal" 2/4/11: "lungs clear, extremities without edema" 2/18/11: "no sig [sic] edema" 3/4/11: "lungs clear, extremities without edema" 3/18/11: "fluid status normal, without edema" 4/15/11: "fluid status no edema" 4/29/11: "lungs clear" 5/6/11: "no edema present in either leg, lungs clear" 5/20/11: "extremities without edema, lungs clear with few expiratory rhonchi, cough, bronchitis" 6/3/11: "lungs clear, extremities without edema, adjust dry weight target to 63.5 kg, (which is where he has been coming off the last few treatments.)"</p> <p>During the 5 month period of time, Patient #3 experienced a 30.8 pound weight loss and unrelated to fluid weight loss. However, Patient #3 was not classified as "unstable" and the cause of the significant weight loss was not investigated.</p> <p>A facility policy, dated September 2008, included criteria which the facility used to determine is a patient was unstable. The criteria included, but not limited to, the following:</p> <ul style="list-style-type: none"> - Extended or frequent hospitalizations (7 days or longer or 3 times in 30 days). - Marked deterioration in health status, such as amputations, loss of 20 pounds in 3 months, or 	V 520			

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V 520	Continued From page 3 stroke. - Significant change in psychosocial needs. - Concurrent poor nutritional status (Albumin <3.5), unmanaged anemia (Hgb<10, not on ESA), and inadequate dialysis (URR<65 or PD KtV<1.7). In an interview on 11/30/11 at 11:00 AM, the Nurse Manager confirmed Patient #3 had not been identified as unstable when he lost 30.8 pounds in a 5 month time period. The Measures Assessment Tool (MAT), Interim Version 1.9, recommended patients' nutritional status be determined by monitoring albumin and body weight monthly. These recommendations were derived from KDOQI CKD 2002, current professionally accepted clinical practice standards for the dialysis community. The facility failed to reassess and revise Patient #3's POCs to address deteriorating health status.	V 520		
V 630	494.110(a)(2)(ii) QAPI-INDICATOR-NUTRITIONAL STATUS The program must include, but not be limited to, the following: (ii) Nutritional status. This STANDARD is not met as evidenced by: Based on staff interview, and QAPI meeting minutes review, it was determined the facility failed to ensure current professionally accepted clinical practice standards for nutritional assessment were measured and tracked by the QAPI program. This directly impacted 1 of 6 patients (Patient #3), whose records were	V 630	The Dietitian at Gem State Regional Dialysis Center will run a report at the end of each month that includes all active patients' weight for a three month period. The Dietitian will review all active patients' weights each month and identify if any patient has an unintentional weight loss of over 10% during that particular month. The Dietician	1 Jan 2012

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V 630	<p>Continued From page 4</p> <p>reviewed and had the potential to impact all patients receiving treatment at the facility. This failure resulted in inadequate QAPI indicators. Findings include:</p> <p>The Measures Assessment Tool (MAT), Interim Version 1.9 recommended data for patients' serum Albumin and body weight be collected and monitored monthly for impact on nutrition. This recommendation is referred from KDOQI CKD 2002 standards.</p> <p>Review of the facility's QAPI data collection showed that patients' serum Albumin values were the only indicators monitored to track nutritional status. Variations in patients' body weights were not tracked for their impact on nutritional status.</p> <p>Patient #3 was a 64 year old male who had dialyzed at the facility since November 2004. During a 5 month period from 1/11/11 - 6/3/11, he had a 30.8 pound weight loss as follows:</p> <p>1/11/11: 77.5 kg 1/26/11: 72.0 kg 3/28/11: 72.0 kg 5/6/11: 69.0 kg 6/3/11: 63.5 kg</p> <p>Patient #3's body weight data was not collected by the facility QAPI program and was not identified as an area of concern impacting nutritional status.</p> <p>In an interview on 11/30/11 at 11:00 AM, the Nurse Manager confirmed the facility did not track variations in body weights in the QAPI program.</p>	V 630:	<p>will be responsible to bring this report to the QAPI meeting each month and the report will be included in the QAPI data sheets. Instituting this process will assure that variations in body weight of each active dialysis patient will be assessed by the interdisciplinary team no less frequently than monthly. This review provides an additional key to correcting variations in nutritional status. These process will be implemented by 01 January 2012.</p>

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V 630	Continued From page 5 The facility failed to ensure variations in body weights were included as an indicator in the QAPI program.	V 630		
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DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
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December 12, 2011

Steve Hemming, Administrator
Gem State Regional Dialysis Center
2225 Teton Plaza Suite A
Idaho Falls, ID 83401

Provider #132500

Dear Mr. Hemming:

On **November 30, 2011**, a complaint survey was conducted at Gem State Regional Dialysis Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00005242

Allegation #1: Patients are not assisted with incontinence care by facility staff.

Findings #1: An unannounced visit was made to the facility from 11/28/11 - 11/30/11. Patient and staff interviews were conducted, patient records and facility policies were reviewed, and observations of patient care were conducted with the following results:

Facility policy stated that patients needing to use the bathroom during their dialysis treatment would have their blood returned and their treatment time paused and would be escorted to the restroom, in a wheelchair, and assisted by facility staff.

In an interview on 11/30/11 at 8:30 AM, the facility social worker stated he provided patients with initial education on their rights. These rights included the assistance with toileting.

In an interview on 11/29/11 at 12:00 PM, a staff nurse stated that patients were taken to the bathroom, assisted with toileting, and returned to their treatment station to continue dialysis. She also said Skilled Nursing Facilities or families were contacted to bring clothing changes for patients, if needed.

Steve Hemming, Administrator
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In an interview on 11/29/11 at 1:30 PM, the facility Nurse Manager stated patients with incontinence would be assisted with toileting, clean up, and clothing change by facility staff. She stated that if a patient did not have a change of clothing with them, their family or living facility would be contacted to bring clean clothing to the facility for the patient. Further, she said if the patient chose to end treatment due to incontinence, additional treatment time would be offered.

Patient records were reviewed for 6 active patients, including treatment sheets from 10/31/11 - 11/25/11. Six records showed patients had been educated on facility policy for toileting. Two records documented patients had been assisted with toileting according to facility policy.

During an observation on 11/30/11 from 10:00 - 11:00 AM, one patient was observed being assisted to the bathroom according to facility policy. Additionally, two patients were interviewed on 11/29/11 from 10:00 - 11:00 AM. Both patients said they were assisted with toileting, if needed.

It could not be determined that patients were not assisted with incontinence care. Therefore, the allegation was unsubstantiated.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Patients are not allowed to eat while on dialysis if they have a history of bowel incontinence.

Findings #2: An unannounced visit was made to the facility from 11/28/11 - 11/30/11. Staff and patient interviews were conducted, facility policy and patient records were reviewed, and observations were conducted with the following results:

Facility policy stated that patients would be allowed to eat and drink during dialysis treatments, if desired.

In an interview on 11/30/11 at 8:30 AM, the facility social worker said he provided patients with initial education on their rights. These rights included the patients' ability to bring in food. He said that dietary restrictions might be recommended for bowel incontinence, but deferred to the facility dietician for further clarification.

In an interview on 11/29/11 at 11:00 AM, the facility dietician said patients were allowed to eat during dialysis treatments. She said she might recommend eating late in the treatment to a patient who experienced episodes of diarrhea.

In an interview on 11/29/11 at 12:00 PM, a staff nurse said she was not aware of any patient

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having food withheld during treatments.

Two patients were interviewed on 11/29/11 from 10:00 - 11:00 AM. Both patients said they were allowed to bring food and drink with them to consume during treatments. During this same time period, two additional patients were observed with food and/or drinks on their chairside trays.

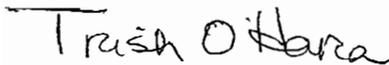
Six active patient records were reviewed, including progress note summaries and physician orders. There was no documentation evident in the six records indicating food or fluid had been restricted for patients, for any reason, during treatment.

It could not be determined that patients were not allowed to eat while on dialysis. Therefore, the allegation was unsubstantiated.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



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



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/srm