



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

CERTIFIED MAIL: 7007 3020 001 4038 8461

December 21, 2012

Rod Jacobson, Administrator
Bear Lake Dialysis Center
164 South 5th Street
Montpelier, ID 83254

RE: Bear Lake Dialysis Center, Provider #132304

Dear Mr. Jacobson:

Based on the survey completed at Bear Lake Dialysis Center, on December 14, 2012, by our staff, we have determined Bear Lake Dialysis Center is out of compliance with the Medicare ESRD Condition for Coverage of **Water & Dialysate Quality (42 CFR 494.40)**. To participate as a provider of services in the Medicare Program, an ESRD must meet all of the Conditions for Coverage established by the Secretary of Health and Human Services.

The deficiencies, which caused this condition to be unmet, substantially limit the capacity of Bear Lake Dialysis Center, to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567).

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Condition for Coverage referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

An acceptable Plan of Correction 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;

Rod Jacobson, Administrator

December 21, 2012

Page 2 of 2

- 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 each form.

Such corrections must be achieved and compliance verified by this office, before January 28, 2013. To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than January 18, 2013.

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by **January 3, 2013.**

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me 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

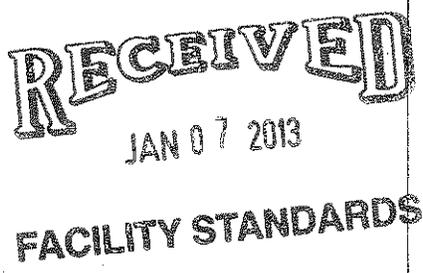
cc: Debra Ransom, R.N., R.H.I.T., Bureau Chief

Gary Keopanya, CMS Region X Office

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254
---	---

(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
--------------------	--	---------------	---	----------------------

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, RN Acronyms used in this report include: ml - milliliter R.O. - Reverse Osmosis TDS - Total Dissolved Solids Immediate Jeopardy was identified at V200 and the facility was notified on 12/12/12 at 2:30 p.m. The facility submitted an immediate Plan of Correction on 12/13/12 at 8:00 a.m. and the Immediate Jeopardy was abated.	V 000		
V 128	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 and staff interview it was determined the facility failed to provide 9 of 9 patients (Patients #1 - #9) who dialyzed at the facility, with protection from potential exposure to the Hepatitis B virus. Findings include: During a tour of the facility on 12/11/12 at 8:30	V 128	 <p>Bear Lake Dialysis's previous policy states that HBV+ patients will be transferred to the closest available facility that is able to accommodate HBV+ patients. Bear Lake Dialysis has developed a new plan to provide additional infection control measures for care of the suspected or confirmed hepatitis B antigen (HbsAg) positive patient. In the event an established Bear Lake Dialysis patient becomes HBV+ then our plan of action would be to follow our new and improved policy and procedure (see attachment 1) that has been approved by our governing body. All staff members have been trained on our new policy and procedure: <i>Infection Control and Isolation Measures for Known or Suspected Hepatitis B Surface Antigen Positive Patients.</i></p>	12/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jane Mortenson RN</i>	TITLE <i>Facility Administrator</i>	(X6) DATE <i>1/3/13</i>
---	--	--------------------------------

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: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012	
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(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
V 128	Continued From page 1 a.m., it was noted the treatment floor consisted of seven dialysis stations. There was no isolation room present. When asked in an interview on 12/11/12 at 9:00 a.m., the facility administrator said no facility plan had been developed for the treatment of Hepatitis B positive patients, nor was there facility policy addressing the issue. The facility failed to maintain an infection control plan for safely treating Hepatitis B positive patients.	V 128	See page 1 of 13	
V 175	494.40 CFC-WATER & DIALYSATE QUALITY This CONDITION is not met as evidenced by: Based on observations, staff interview, and review of staff training records, it was determined the facility failed to ensure the delivery of safe product water for patient dialysis treatments. This failure placed all facility patients in immediate jeopardy of severe harm, injury, or death. Findings include: 1. Refer to V187 as it relates to the facility's failure to provide a schematic diagram of the water system for staff reference. 2. Refer to V196 as it relate to the facility's failure to ensure appropriate testing was done for chlorine/chloramine. 3. Refer to V200 as it relates to the facility's failure to ensure an audio/visual alarm was maintained in the patient care area indicating poor product water quality.	V 175	See page 3 of 13 See page 5 of 13 See page 8 of 13	

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	
(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
V 175	Continued From page 2	V 175		
V 187	<p>4. Refer to V260 as it relates to the facility's failure to ensure adequate staff training was provided relative to the water system operation.</p> <p>494.40(a) ENVIRONMENT-SCHEMATIC DIAGRAMS/LABELS</p> <p>8 Environment: schematic diagrams/labels Water systems should include schematic diagrams that identify components, valves, sample ports, and flow direction.</p> <p>Additionally, piping should be labeled to indicate the contents of the pipe and direction of flow.</p> <p>If water system manufacturers have not done so, users should label major water system components in a manner that not only identifies a device but also describes its function, how performance is verified, and what actions to take in the event performance is not within an acceptable range.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interview, it was determined the facility failed to ensure a schematic diagram was posted in the water room for staff reference. This failure put all facility patients (Patients #1 - #9) at the risk of exposure to inadequately processed water for dialysis treatments. Findings include:</p> <p>During a tour of the water room on 12/12/12 at 10:30 a. m., it was observed there was no schematic drawing available showing the flow of water through each component of the water processing plant. Additionally, the valves on the piping system were not marked to indicate their</p>	V 187	<p>Biomed technician has placed new schematic diagram of water room on wall. He has labeled all components, valves, sample ports, pipes and flow direction which allow staff to follow the flow of water through the components. Biomed technician has also made new training manual and check off list that describes each function of water system, how performance is verified, and what actions to take in the event performance is not within an acceptable range (see attachment 2).</p>	12/17/12

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	
(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
V 187	Continued From page 3 correct operating position, (opened or closed during operation,) to assure the isolation of processed water from unprocessed water. Staff #1, who was conducting the tour, was unable to clearly identify the flow of water through the processing system or identify the correct valve positions on the piping system. She said she assumed the valves were in the correct positions because all pressure gauges had acceptable readings. In an interview on 12/12/12 at 11:30 a.m., the facility administrator confirmed the absence of a posted schematic diagram of the water system available in the water room. In a telephone interview on 12/12/12 at 1:30 p.m., the biomedical technician confirmed the absence of a posted schematic diagram in the water room. He said he had one available on his computer that was with him at a remote location.	V 187	See page 3 of 13	
V 196	494.40(a) CARBON ADSORP-MONITOR, TEST FREQUENCY 6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are no set patient shifts, testing should be performed approximately every 4 hours. Results of monitoring of free chlorine, chloramine,	V 196	See page 5 of 13	

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012	
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(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
V 196	<p>Continued From page 4 or total chlorine should be recorded in a log sheet.</p> <p>Testing for free chlorine, chloramine, or total chlorine can be accomplished using the N,N-diethyl-p-phenylene-diamine (DPD) based test kits or dip-and-read test strips. On-line monitors can be used to measure chloramine concentrations. Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels described in [AAMI] 4.1.1 (Table 1) [which is a maximum level of 0.1 mg/L]. Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramine levels will decrease if the sample is not assayed promptly.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interview, and review of facility policy and water room instructions, it was determined the facility failed to ensure adequate monitoring was done to assure the efficacy of the carbon adsorption tanks in the removal of chlorine from processed water. This failure put all facility patients (Patients #1 - #9) at potential risk for exposure to inadequately processed water. Findings include:</p> <p>1. The water processing system was observed during a tour on 12/12/12 at 10:30 a.m. It included two sets of two carbon filter tanks running parallel to each other. This configuration allowed half of the feed water to filter through each set of carbon tanks for chlorine removal. There was a log sheet for chlorine testing results that had a column marked site 1 results and a</p>	V 196	<ol style="list-style-type: none"> 1. All staff responsible for water system monitoring have been further educated and re-trained regarding proper procedures for free chlorine, chloramines, or total chlorine testing. 2. An in-service has been given by the Facility Administrator with all necessary staff members and a handout regarding water treatment room testing was given to staff members. 3. A second in-service was given by the Biomed Technician (see attachment 2) to insure training and understanding of daily water testing is completed properly. 4. A timer has been placed in water room for staff to use for flushing water system for 15 minutes prior to chlorine testing. 	12/18/12

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	
(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
V 196	<p>Continued From page 5 column marked site 2 results.</p> <p>When asked to demonstrate the chlorine testing procedure, Staff #1 said two water samples were taken for testing. One sample was taken from the unprocessed feed water, and one sample was taken between tank #1 and tank #2 of the first set of carbon tanks (site 1). Water between tank #1 and tank #2 of the the second set of carbon tanks (site 2) was not tested for the presence of chlorine. She stated she had been trained to do chlorine testing in this manner. She further said she was trained to assume if the chlorine test from the first set of carbon tanks was negative, a test from the second set would also be negative and did not need to be taken. She was unsure why a sample of feed water was tested for chlorine, stating that the city did not add chlorine to the feed water. She entered the results of the site 1 water sample on the log sheet in the column marked "site 1" and the results of the feed water sample in the column marked "site 2." Both chlorine tests observed were negative.</p> <p>Two facility policies, one titled "Reverse Osmosis Water Testing," undated, and a second titled "DPD Testing," undated, gave identical instructions for the collection of water samples for chlorine testing. The instructions in both policies included the statement "fill the second viewing tube to the 10 ml mark from between the carbon tanks (alternate taking samples daily from carbon sample port 1 and 2) this is the water to be tested."</p> <p>An instruction sheet titled "Water Testing for Dummies," undated and author unknown, was located in the water treatment room. Directions</p>	V 196	See page 5 of 13	

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(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
V 196	<p>Continued From page 6 for water sample collection for chlorine testing were given as follows:</p> <p>Step 2 of the instruction sheet gave directions to collect a water sample from "the carbon tank port labeled site 1." Step 5 of the instruction sheet gave directions to collect a water sample from "the carbon tank port labeled site 2."</p> <p>In an interview on 12/12/12 at 11:00 a.m., the facility administrator said water samples for detection of chlorine should always be taken from both sets of carbon tanks as directed in "Water Testing for Dummies." She further said she and two staff members rotated the task of water testing and had been trained to collect samples from both sets of carbon tanks. Staff was retrained on correct sample collection points immediately.</p> <p>Additionally, when asked during the tour on 12/12/12 at 10:30 a.m., Staff #1 said she had not been not trained to flush the water system for 15 minutes prior to chlorine testing.</p> <p>The instruction sheet titled "Water Testing for Dummies" did not instruct staff to flush the water system for 15 minutes prior to chlorine testing in order to avoid false negative readings. Instructions were as follows:</p> <p>"To get pressure readings from the R.O. the tank needs to be lowered until the R.O unit turns on. To do this open the valve labeled post loop and make sure the hose is in the drain. While the tank is draining, find the two glass cylinders... Fill the cylinders to the second line or the 10 ml mark with water sampled from the carbon tank port</p>	V 196	See page 5 of 13	

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(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	
V 196	Continued From page 7 labeled site 1. Place both cylinders in the black viewing box located in the testing kit. Open a total chlorine test packet and pour the contents in the right cylinder and swirl to mix. Allow to stand for 3-5 minutes." A facility policy titled "Kinetico R.O. System Daily Set-Up," undated, gave instructions for water system checks to be done daily. It stated in part, "After R.O. has run for 10 minutes the following items need to be observed and recorded on the daily check list: Date, Time, Operator, Feed Pressure, Permeate flow, Permeate Quality, Water hardness, Ph." In an interview on 12/12/12 at 11:00 a.m., the facility administrator confirmed the R.O. needed to run in order to flush the water system before chlorine testing was done. Staff was retrained on the system flush immediately.	V 196	See page 5 of 13		
V 200	The facility failed to ensure adequate chlorine monitoring was performed on product water. 494.40(a) RO-MONITOR/ALARM/PREVENT UNSAFE H2O USE 5.2.7 Reverse osmosis: alarm/prevent use of unsafe water Refer to RD62:2001, 4.3.7 Reverse osmosis: Reverse osmosis devices shall be equipped with on-line monitors that allow determination of rejection rates and product water conductivity. The product water conductivity monitor should activate audible and visual alarms when the product water conductivity exceeds the preset alarm limit. The audible alarm must be audible in the patient care area when reverse osmosis is the last chemical purification process in the water	V 200	1. Biomed Technician has installed an audio/visual alarm on R.O. machine that runs to the patient treatment area so staff is informed if TDS drops below 90% of rejection. 2. Bear Lake Dialysis is in the process of obtaining new R.O. system which will have an audio/visual alarm on R.O. 3. Biomed Technician has placed written instructions on R.O. machine of acceptable ranges, contact information, and proper steps to take if TDS drops below 90% of rejection.	12/15/12	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(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	
V 200	<p>Continued From page 8 treatment system. Monitors that measure resistivity or TDS may be used in place of conductivity monitors.</p> <p>6.2.7 Reverse osmosis: Reverse osmosis systems should be monitored daily using continuous-reading monitors that measure product water conductivity (or total dissolved solids (TDS)).</p> <p>5.2.7 Reverse osmosis: Refer to RD62:2001, 4.3.7 Reverse osmosis: When a reverse osmosis system is the last chemical purification process in the water treatment system, it [should] include a means to prevent patient exposure to unsafe product water, such as diversion of the product water to drain, in the event of a product water conductivity or rejection alarm.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined the facility failed to ensure an audio/visual alarm was present and functioning in the patient care area to alert staff to unsafe product water quality. This failure placed all facility patients in serious and immediate jeopardy and had the potential to result in serious harm, impairment or death. Findings include:</p> <p>During observations in the patient care area on 12/12/12 from 7:00 - 10:30 a.m. a round light fixture, striped with red tape, was noted to be present in the ceiling. When asked, the facility administrator said it was a visual alarm that signaled a low level in the water storage tank. She said it had no audio component and did not</p>	V 200	See page 8 of 13		

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	
(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
V 200	<p>Continued From page 9 indicate an increase in product water TDS.</p> <p>In a telephone interview on 12/12/12 at 1:00 p.m., the biomedical technician confirmed the light fixture alarm did not have an audio component, that the light signaled a low level in the water storage tank, and that the light did not indicate an increase in product water TDS. He went on to say the R.O. machine was not equipped with an alarm that sounded in the water room to indicate poor quality product water.</p> <p>The lack of an audio/visual alarm in the patient care area placed all facility patients in serious and immediate jeopardy potentially resulting in serious harm, injury or death due to potential exposure to unsafe water.</p> <p>The facility was notified of an Immediate Jeopardy on 12/12/12 at 2:30 p.m. On 12/13/12 at 8:00 a.m. the facility submitted an immediate plan of correction as follows:</p> <p>"Plan of Correction: Short term plan of action will be that Biomed Technician will install an Audio/visual alarm on RO [sic] machine that will run into the dialysis treatment center so staff is informed of possible dropping TDS below 90% of rejection. Until this installation is complete there will be a staff member or volunteer that is trained to monitor TDS during patient treatment times. Long term treatment plan: Bear Lake Dialysis is in the process of obtaining a new R.O. system that will have audio/visual remote alarm on R.O. system."</p> <p>On 12/14/12 at 8:00 a.m. observations were done. A trained staff member was present in the</p>	V 200	See page 8 of 13	

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	
(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
V 200	Continued From page 10 water room monitoring the TDS value displayed on the R.O. machine. She said she would continue to monitor the TDS value during patient treatment hours and would report unsafe values, as needed, to the treatment floor via cell phone.	V 200		
V 260	494.40(a) PERSONNEL-TRAINING PROGRAM/PERIODIC AUDITS 9 Personnel: training program/periodic audits A training program that includes quality testing, the risks and hazards of improperly prepared concentrate, and bacterial issues is mandatory. Operators should be trained in the use of the equipment by the manufacturer or should be trained using materials provided by the manufacturer. The training should be specific to the functions performed (i.e., mixing, disinfection, maintenance, and repairs). Periodic audits of the operators' compliance with procedures should be performed. The user should establish an ongoing training program designed to maintain the operator's knowledge and skills. This STANDARD is not met as evidenced by: Based on staff interview and review of staff education records it was determined the facility failed to ensure appropriate training was provided to staff relative to water room operations. This failure had the potential to impact all facility patients through exposure to inadequately	V 260	See page 12 of 13	

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2012
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(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
V 260	Continued From page 11 processed water. Findings include: 1. In an interview on 12/13/12 at 3:00 p.m., the facility administrator was asked for the curriculum used to train staff on water room operations. She said she did not have a formal training program or competency checklist for staff. She provided an article titled "Monitoring Your Dialysis Water Treatment System," authored by Northwest Renal Network, and a sign in sheet for a staff inservice dated 3/6/12, titled "water testing and room" presented by the biomedical technician. A curriculum for the inservice was not available. No training material from the manufacturer was available for training use. 2. In an interview on 12/12/12 at 10:30 a.m., Staff #1 said she was trained in the water room by former staff, through verbal instruction and hands on demonstration. Staff #1's orientation check list, dated 7/2011, was reviewed. Week seven included an assignment stating "Read Module VII on Water Treatment, do post test and turn into manager." A zero was entered under the date column for this assignment and there was no further documentation showing water room training for Staff #1. The administrator said she was not sure what training Staff #1 had received during her orientation because she was not administrator during Staff #1's orientation. The facility failed to ensure staff were adequately trained and monitored in water room operation procedures.	V 260	1. All operators of the water/dialysate system equipment have been retrained by the Facility Administrator and Biomed Technician using training materials provided by manufacturer. 2. Bear Lake Dialysis conducts annual and prn audits and training to evaluate the operators' compliance which includes observation of the collection of samples, performance of water testing, and all procedures for the water/dialysate system. 3. A check list and explanation of checklist of water room, and overview/training manual (see attachment 2) is now included in the training manual for new employees and annual water/dialysate and water room in-service.	12/31/12
V 408	494.60(d) PE-EMERGENCY PREPAREDNESS-PROCEDURES	V 408	See page 13 of 13	

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

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012	
NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(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
V 408	<p>Continued From page 12</p> <p>The dialysis facility must implement processes and procedures to manage medical and non medical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of facility emergency procedures it was determined the facility failed to ensure a plan was in place to provide patients with dialysis treatments in the event of an an emergency. This failure put all facility patients (Patients #1 - #9) at risk of not having dialysis treatment available. Findings include:</p> <p>Emergency procedures for the facility were reviewed. There was no documentation of a plan for patients to receive dialysis treatment in the event the facility became inoperable.</p> <p>In an interview on 12/13/12 at 3:00 p.m., the facility administrator confirmed there was no emergency plan in place at the time of survey. She said she was currently preparing a written agreement to divert patients for treatment at a facility in another town but the agreement had not been reviewed, accepted, or signed.</p> <p>The facility failed to provide a plan for patients' dialysis treatments in an emergency situation.</p>	V 408	<p>A "Mutual Aid Agreement" has been implemented (see attachment 3) with Gate City Dialysis (Davita), to accommodate Bear Lake Dialysis patients in the event of certain natural disasters such as windstorms, floods, fires, hurricanes, earthquakes, etc., or other events that may cause Bear Lake Dialysis to become non-operational or inaccessible for undetermined periods of time.</p>	12/27/12