



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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BUREAU OF FACILITY STANDARDS
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December 30, 2014

Cecilia Rincon-Cervantes, Administrator
Idaho Kidney Center Pocatello
444 Hospital Way, Suite 600
Pocatello, ID 83201

RE: Idaho Kidney Center Pocatello, Provider #132511

Dear Ms. Rincon-Cervantes:

This is to advise you of the findings of the Medicare survey of Idaho Kidney Center Pocatello, which was conducted on December 19, 2014.

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.

Cecilia Rincon-Cervantes, Administrator
December 30, 2014
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **January 12, 2015**, 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/pmt
Enclosures

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

PRINTED: 12/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2014
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NAME OF PROVIDER OR SUPPLIER IDAHO KIDNEY CENTER POCATELLO	STREET ADDRESS, CITY, STATE, ZIP CODE 444 HOSPITAL WAY, SUITE 600 POCATELLO, ID 83201
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V 000	INITIAL COMMENTS [CORE] The following deficiencies were cited during the recertification survey of your ESRD facility from 12/16/14 - 12/19/14. The surveyor conducting the survey was: Trish O'Hara, RN Acronyms used in this report include: AVF - Arteriovenous fistula BFR - Blood flow rate BP - Blood pressure CVC - Central venous catheter ICHD Incenter hemodialysis L - Liter min - minute ml - milliliter	V 000		
V 543	494.90(a)(1) POC-MANAGE VOLUME STATUS The plan of care must address, but not be limited to, the following: (1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status; This STANDARD is not met as evidenced by: Based on review of patient treatment records and policy and procedure, it was determined the facility failed to ensure blood pressure monitoring was done for 6 of 6 ICHD patients (Patients #1 - #6) whose records were reviewed. These failures resulted in patients being put at risk of complications resulting from hypotension and hypertension. Findings include: A policy titled Patient Monitoring During Patient Treatment, dated 7/4/12, stated "Vital signs will	V 543	V 543 - 494.90(a) POC-MANAGE VOLUME STATUS On 1/6/15 the Clinical Manager reviewed the findings from the CMS Exit survey. The Clinic Manager in-serviced clinical staff on the necessity to monitor and manage the patients' volume status addressing all hypo or hyper-tensive(V/S Q30min) episodes notifying the RN and physician of the patient status. The policies covered during the staff meeting will be <i>Monitoring During Patient Treatment Policy (FMS-CS-IC-I-110-133A)</i> , and <i>Determination of Blood Pressure Policy and Procedure. FMS-CS-IC-I-110-134A</i> . Clinic Manager will review the Standing Orders with the staff placing an emphasis on the	2/6/15

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE DIRECTOR OF OPERATIONS	(X6) DATE 1/5/15
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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 543	<p>Continued From page 1</p> <p>be monitored at the initiation of dialysis and every 30 minutes, or more frequently, as needed." The policy stated direct staff were to "verify and react to unusual findings such as atypical blood pressure readings." However, the policy was not implemented, as follows:</p> <p>a. Patient #8 was a 59 year old female who had been dialyzing at the facility since 3/23/12. Eight treatment records were reviewed from 11/17/14 - 12/12/14. Prescribed 30 minute monitoring was not documented during the following times:</p> <ul style="list-style-type: none"> - 11/17/14 from 7:46 until 8:30 a.m. - 11/19/14 from 5:52 until 6:43 a.m., and again from 8:40 until 9:21 a.m. - 11/21/14 from 6:35 until 7:38 a.m. - 11/24/14 from 8:30 until end of treatment at 9:30 a.m., at which time Patient #8 was hypertensive with a BP of 194/76. - 11/26/14 from 5:34 until 6:43 a.m., and again from 7:10 until 8:13 a.m. - 12/5/14 from 6:00 until 6:45 a.m. - 12/10/14 from 5:33 until 6:26 a.m., and again from 8:33 until 9:14 a.m. - 12/12/14 from 6:31 until 7:14 a.m. - 12/15/14 from 9:01 until end of treatment at 9:43 a.m. <p>b. Patient #5 was a 56 year old male who had been dialyzing at the facility since 12/26/09. Nine treatment records were reviewed from 11/17/14 - 12/15/14. Prescribed 30 minute monitoring was not documented during the following times:</p> <ul style="list-style-type: none"> - 11/17/14 from 5:37 until 6:36 a.m., and again from 6:36 until 7:29 a.m. - 11/21/14 from 5:11 until 6:04 a.m., and again from 6:04 until 7:08 a.m. 	V 543	<p>parameters and anything beyond the standing order parameters needs to be brought to the RN and Physician attention.</p> <p>Beginning 12/26/14 the facility began audits of Chairside documentation and/or flow sheets to ensure all hypo or hypertensive (V/S Q30min) episodes experienced by a patient were documented appropriately and follow-up documentation during the treatment was present. This auditing will continue for a minimum of 1 month. Starting 1/7/15 the Clinical Manager or designee for a period of two weeks will monitor 25% of patient treatment sheets for occurrences where hypo or hyper-tensive(V/S Q30min) episodes occurred without proper documentation. Follow up documentation will also be monitored for instances where clonidine was administered to a patient. Adherence to the policy will result in the frequency reduced to 25% 3X weekly for two additional weeks.</p> <p>Findings of the daily audits will be reviewed at the weekly Governing Body meeting. The Governing Body Committee will then determine if the frequency of the audits may be reduced.</p> <p>Any ongoing non-compliance of staff in relation to this facility procedure per the Conditions of Coverage and the FMC policy will be addressed with corrective action as appropriate.</p>		

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V 543	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 12/3/14 from 6:00 until 6:42 a.m. - 12/15/14 from 6:30 until 7:20 a.m., at which time Patient #5 was hypotensive with a BP of 97/64. <p>c. Patient #7 was a 22 year old female who had been dialyzing at the facility since 11/2/12. Eleven treatment records were reviewed from 11/17/14 - 12/15/14. Prescribed 30 minute monitoring was not documented during the following times:</p> <ul style="list-style-type: none"> - 11/19/14 from 5:30 until 6:30 p.m. - 11/28/14 from 3:40 until 4:23 p.m., and again from 4:23 until 5:05 p.m. - 12/1/14 from 4:00 until 4:45 p.m. - 12/5/14 from 5:30 until 6:25 p.m. - 12/8/14 from 3:41 until 4:32 p.m. - 12/10/14 from 4:02 until 5:14 p.m. <p>d. Patient #6 was a 67 year old male who had been dialyzing at the facility since 12/19/11. Nine treatment records were reviewed from 11/20/14 - 12/16/14. Prescribed 30 minute monitoring was not documented during the following times:</p> <ul style="list-style-type: none"> - 11/20/14 from 12:40 p.m. until end of treatment at 1:25 p.m. - 11/22/14 from 10:16 until 11:16 a.m. - 11/25/14 from 12:21 until end of treatment at 1:11 p.m. - 12/2/14 from 10:33 until 11:14 a.m., at which time Patient #6 was hypotensive with a BP of 98/51. - 12/4/14 from 12:31 until 1:15 p.m. - 12/11/14 from 12:41 until end of treatment at 1:27 p.m. <p>e. Patient #9 was a 76 year old male who had been dialyzing at the facility since 7/23/12.</p>	V 543	<p>The Clinical Manager is responsible to review, analyze and trend all data and monitoring/audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly for review and oversight.</p> <p>The Director of Operations or Operations Manager is responsible to analyze actions presented through the QAI as related to the Plan of Correction and present to the Governing Body for oversight.</p> <p>The QAI Committee is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified with the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The Governing Body will review the analysis as provided by the QAI including the trending of the issues. If any deficiencies are noted they will work with the QAI Committee to determine the root cause and amend the Plan to ensure resolution of the deficiency.</p> <p>Minutes of the Governing Body and QAI meetings, as well as monitoring forms and educational documentation will provide evidence of these actions, the Governing Body's direction and oversight and the QAI Committee's ongoing monitoring of facility activities. These are available for review at the facility.</p>		

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V 543	Continued From page 3 Eleven treatment records were reviewed from 11/17/14 - 12/15/14. Prescribed 30 minute monitoring was not documented during the following times: - 11/19/14 from 12:12 until 1:30 p.m. - 11/24/14 from 11:30 a.m. until 12:33 p.m. - 11/26/14 from 2:22 until 3:20 p.m. - 11/28/14 from 12:01 until 12:43 p.m. - 12/1/14 from 12:00 until 12:45 p.m., and again from 2:30 until 3:12 p.m. at which time Patient #9's BP was 84/36. - 12/3/14 from 2:00 until 2:49 p.m. - 12/10/14 from 12:32 until 1:15 p.m. - 12/12/14 from 12:33 until 1:14 p.m. f. Patient #4 was a 46 year old female who had been dialyzing at the facility since 2/12/14. Seven treatment records were reviewed from 11/19/14 - 12/15/14. Prescribed 30 minute monitoring was not documented during the following times: - 12/3/14 from 7:00 until 8:00 a.m. - 12/5 14 from 7:10 until the end of treatment at 7:54 a.m. - 12/12/14 from 9:13 until the end of treatment at 9:55 a.m. - 12/15/14 from 8:30 until 9:15 a.m. In an interview on 12/18/14 at 2:00 p.m., the nurse manager confirmed the missed monitoring for Patients #1 - #6 and said 30 minute monitoring should have been maintained for the patients. The facility failed to monitor patients during dialysis treatments per facility policy.	V 643	V 544 - 494.90(a)(1) POC-ACHIEVE ADEQUATE CLEARANCE. On 1/6/15 Exit Survey results were discussed with facility personnel reviewing the findings as a part of the monthly staff meeting. On 1/6/15 the Clinical Manager will formally in-service the direct patient care staff and place an emphasis on the adherence to physician orders for blood flow rates (BFR) and to notify the nurse and physician when BFR is not achieved. Job descriptions will be reviewed with PCTs and RNs to show how documentation is an integral part of the job and service the clinic provides. Starting 1/7/15 the Clinical Manager or designee for a period of two weeks will monitor 25% of patient treatment sheets for variances from the prescribed BFR. Adherence to the policy will result in the frequency reduced to 25% 3X weekly for two additional weeks. On-going monitoring will continue. Clinical Manager reviewed policy FMS-CS-IC-I-110-133A Monitoring During Patient Treatment policy. A focus was placed on the importance of monitoring patients' prescribe dialysis prescription, where BFR is a part of the prescription, in	2/6/15	
V 544	494.90(a)(1) POC-ACHIEVE ADEQUATE	V 544			

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V 544	<p>Continued From page 4 CLEARANCE</p> <p>Achieve and sustain the prescribed dose of dialysis to meet a hemodialysis Kt/V of at least 1.2 and a peritoneal dialysis weekly Kt/V of at least 1.7 or meet an alternative equivalent professionally-accepted clinical practice standard for adequacy of dialysis.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to maintain prescribed blood flow rates during treatments for 5 of 6 patients (Patients #4, #6, and #7 - #9), whose treatment records were reviewed. This failure had the potential for decreasing patients' adequacy and for alerting staff to a possible falling access. Findings include:</p> <p>a. Patient #4 was a 46 year old female who had been dialyzing at the facility since 2/12/14. She was currently dialyzing through a tunneled catheter in her left lower extremity and her dialysis prescription ordered a 550 ml/min. BFR. Seven treatment records were reviewed from 11/19/14 - 12/15/14. BFR was not maintained as follows:</p> <ul style="list-style-type: none"> - 11/19/14: Average BFR for the duration of treatment was 530 ml/min., decreasing blood processed from a prescribed 121 L/treatment to 116 L/treatment. - 11/25/14: Average BFR for the duration of treatment was 240 ml/min., decreasing blood processed from a prescribed 121 L/treatment to 53 L/treatment. - 11/26/14: Average BFR for the duration of 	V 544	<p>addition to the safety monitored every 30 min. Staff were in-serviced and presented with examples of how some data does not pull across when receiving data from the machine. It was also discussed that direct patient care staff need to be diligent in checking for documentation errors. All cases where BFR was changed there needs to be corresponding documentation stating the reason for the change and the new BFR.</p> <p>Data not pulling across from Chairside should diminish with the adoption of T machine into the unit. T machines are now the primary machine in use post survey. This transition happened days after the survey ended. The data will feed directly eliminating the occurrence of dropped data.</p> <p>Any ongoing non-compliance of staff in relation to this facility procedure per the Conditions of Coverage and the FMC policy will be addressed with corrective action as appropriate.</p> <p>The Clinical Manager is responsible to review, analyze and trend all data and monitoring/audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly for review and oversight.</p> <p>The Director of Operations or Operations Manager is responsible to analyze actions presented through the QAI as related to</p>		

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V 544	<p>Continued From page 5</p> <p>treatment was 270 ml/min., decreasing blood processed from a prescribed 121 L/treatment to 59 L/treatment.</p> <p>- 12/3/14: Average BFR for the duration of treatment was 350 ml/min., decreasing blood processed from a prescribed 121 L/treatment to 77 L/treatment.</p> <p>The decrease in BFR significantly decreased the removal of waste from Patient #4.</p> <p>There was no documentation present explaining why prescribed BFR had not been maintained or indicating the decreased BFR had been assessed or addressed.</p> <p>b. Patient #9 was a 76 year old male who had been dialyzing at the facility since 7/23/12. He was currently dialyzing through a CVC. His prescription ordered a 400 ml/min. BFR. Eleven treatment records were reviewed from 11/17/14 - 12/15/14. Prescribed BFR was not maintained as follows:</p> <p>- 11/21/14: Average BFR was 350 ml/min. - 11/24/14: Average BFR was 350 ml/min. - 12/8/14: Average BFR was 350 ml/min. - 12/15/14: Average BFR was 350 ml/min.</p> <p>This represented a decrease in blood processed from a prescribed 90 L/treatment to 78 L/treatment for 4 treatments, significantly decreasing the removal of waste from Patient #9.</p> <p>There was no documentation present explaining why prescribed BFR had not been maintained or indicating the decreased BFR had been assessed or addressed.</p>	V 544	<p>the Plan of Correction and present to the Governing Body for oversight.</p> <p>The QAI Committee is responsible to provide oversight to ensure the Plan of Correction, as written to address the issues identified with the Statement of Deficiency, is effective and is providing resolution of the issues.</p> <p>The Governing Body will review the analysis as provided by the QAI including the trending of the issues. If any deficiencies are noted they will work with the QAI Committee to determine the root cause and amend the Plan to ensure resolution of the deficiency.</p> <p>Minutes of the Governing Body and QAI meetings, as well as monitoring forms and educational documentation will provide evidence of these actions, the Governing Body's direction and oversight and the QAI Committee's ongoing monitoring of facility activities. These are available for review at the facility.</p>		

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V 544	Continued From page 6 c. Patient #6 was a 67 year old male who had been dialyzing at the facility since 12/19/11. His current access was an AVF. His prescription ordered a 550 ml/min. BFR. Nine treatment records were reviewed from 11/20/14 - 12/16/14. Prescribed BFR was not maintained as follows: - 11/20/14: Average BFR was 410 ml/min., decreasing blood processed from a prescribed 107 L/treatment to 79 L/treatment. - 11/29/14: Average BFR was 480 ml/min., decreasing blood processed from a prescribed 107 L/treatment to 93 L/treatment. The decrease in BFR significantly decreased the removal of waste from Patient #6. There was no documentation present explaining why prescribed BFR had not been maintained or indicating the decreased BFR had been assessed or addressed. d. Patient #7 was a 22 year old female who had been dialyzing at the facility since 11/2/12. She was currently dialyzing through an AVF. Her prescription ordered a 450 ml/min. BFR. Eleven treatment records were reviewed from 11/17/14 - 12/15/14. Prescribed BFR was not maintained as follows: - 12/15/14: BFR was 400 ml/min. for 1.5 hours of a 3.25 hour treatment, decreasing the volume of blood cleaned from a prescribed 88 L/ treatment to 79 L for this treatment. There was no documentation present explaining why prescribed BFR had not been maintained or	V 544			

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V 544	<p>Continued From page 7 indicating the decreased BFR had been assessed or addressed.</p> <p>e. Patient #8 was a 59 year old female who had been dialyzing at the facility since 3/23/12. She currently was using a left AVF access. Her prescription ordered a 550 ml/min. BFR. Eight treatment records were reviewed from 11/17/14 - 12/12/14. Prescribed BFR was not maintained as follows:</p> <p>- 12/12/14: Average BFR was 470 ml/min., decreasing the blood processed from a prescribed 132 L/treatment to 100 L for this treatment. A nursing note stated the BFR had been decreased due to "arterial pressure alarming." However, there was no documentation that efforts were made to correct the situation, such as repositioning the arterial needle.</p> <p>In an interview on 12/18/14 at 2:00 p.m., the nurse manager confirmed the decreased BFRs for Patients #4, #6, and #7 - #9 and said prescribed BFR should have been maintained.</p> <p>The facility failed to maintain prescribed BFRs for five patients.</p>	V 544		