IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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PHONE 208-334-6626
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June 16, 2015

Susan Pendlebury, Administrator
Snake River Dialysis Center
1491 Parkway Drive
Blackfoot, ID 83221

RE: Snake River Dialysis Center, Provider #132524

Dear Ms. Pendlebury:

This is to advise you of the findings of the Medicare survey of Snake River Dialysis Center, which was conducted on June 12, 2015.

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.

After you have completed your Plan of Correction, return the original to this office by **June 29, 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, option #4.

Sincerely,

Trish O'Hara

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

Nicole Wisenor

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt
Enclosures

PRINTED: 06/16/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	132524	A. BUILDING _____ B. WING _____	06/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNAKE RIVER DIALYSIS CENTER	1491 PARKWAY DRIVE BLACKFOOT, ID 83221

(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 [CORE] The following deficiencies were cited during the recertification survey of your ESRD facility from 6/8/15 - 6/11/15. The surveyor conducting the survey was: Trish O'Hara, RN	V 000	V000 The Governing Body of Snake River Dialysis has reviewed the Statement of Deficiency from the June 12, 2015 Recertification Survey. The Governing Body has developed, approved and respectfully submit the following plan of correction.	
V 726	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility. This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to maintain accurate treatment records for 2 of 4 incenter hemodialysis patients, (Patient #1 and #2), whose treatment records were reviewed. This failure created the potential for patients to be treated with dialyzers not prescribed by their physician. Findings include: 1. Patient #1 was a 63 year old male who was admitted to the facility on 5/20/15. His record showed verbal physician's orders for dialysis treatments, dated 5/20/15. The orders called for Patient #1 to be dialyzed on a reusable dialyzer, a Rexeed-15R. Reusable dialyzers were filled with Renalin, a cold sterilant, between uses.	V 726	V726 Facility Administrator held a mandatory in-service for the direct patient care team on June 12, 2015 on survey findings. Survey findings also reviewed with Medical Director. Patient #1 and Patient #2 dialyzer prescription has been reviewed and noted per physician order. The nurse will verify patient's prescription, dialyzer orders, and required documentation during patient treatment rounds. Each treatment, nurse will document prescription and dialyzer verification on patients electronic medical record. Teammate meeting/in-service to be held by Facility Administrator with the direct patient care team on July 1, 2015 to review P&P #1-03-08A Treatment Initiation that includes verification of not only the patients dialyzer make and model but patient identity, reuse status, treatment time, target weight, UFR and max UFR, blood flow rate, correct dialysate and heparinization. Inservice included a review of policy 1-03-03 Peracetic Acid Concentration Testing Using Perassay□ 500 Test Strips and 1-03-05A Residual Peracetic Acid Strip Testing of Dialyzer Prior to Patient Use focusing on the presence testing and residual testing steps and required documentation on the patient's treatment record. Verification of attendance at in-service will be evidenced by teammates signature on in-service sheet. Continued on next page	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Duaan Pendleburyen | TITLE: Facility Administrator | (X6) DATE: 6/24/2015

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 726	Continued From page 1 Nine treatment sheets from 5/20/15 - 6/8/15 were reviewed for Patient #1. The "Prescription Information" portion of his treatment sheets showed the reusable dialyzer was prescribed for all treatments. The "Machine Setup" portion of the treatment sheet required staff to test for the pre-rinse presence of Renalin in the reusable dialyzer at the beginning of machine setup to ensure the dialyzer did not harbor bacterial growth between uses. Additionally, the "Machine Setup" portion required two staff to test for the absence of Renalin after rinsing with saline and before patient treatment. Treatment sheets on 6/3/15, 6/5/15, and 6/8/15 documented Patient #1 received dialysis with a reusable dialyzer but verification for the pre-rinse presence and post rinse absence of Renalin were not done. Rather, the Renalin result areas of the sheet were marked "Non-reuse." It could not be determined, from documentation on the treatment sheets, what type of dialyzer had been used for Patient #1's treatments or if Renalin checks should have been done. A review of dialyzer logs showed Patient #1 had used a non-reusable dialyzer for the three treatments in question. In an interview on 6/11/15 at 12:00 p.m., the dialyzer reuse technician explained that Patient #1 used a non-reusable dialyzer for three treatments because the company was changing the size of reusable dialyzers available to the facility and he did not yet have the manufacturer's	V 726	Facility Administrator or designee will conduct audits daily on all treatment sheets for 2 weeks, then 3 treatments days per month for 2 months or until audits show that dialysis prescription is being followed. Results of audits will be reviewed monthly with Medical Director during QAPI meetings. FA is responsible for this plan of correction.	7/12/15

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V 726	Continued From page 2 specifications for cleaning and processing the new size dialyzer. In an interview on 6/11/15 at 2:00 p.m., the facility administrator confirmed the dialyzer discrepancies on Patient #1's treatment sheets. She said the "Prescription Information" on the treatment sheets should have been changed to reflect accuracy of the treatment. 2. Patient #2 was a 56 year old female who was admitted to the facility on 5/15/15. Her record showed physician's orders for dialysis treatments, dated 5/08/15. The orders called for Patient #2 to be dialyzed on a non-reusable dialyzer, an Optiflux 160 NRE. Eleven treatment sheets from 5/15/15 - 6/8/15 were reviewed for Patient #2. The "Prescription Information" portion of her treatment sheets showed the non-reusable dialyzer was prescribed for all treatments. The "Machine Setup" portion of the treatment sheet required staff to test for the pre-rinse presence of Renalin in the reusable dialyzer at the beginning of machine setup to ensure the dialyzer did not harbor bacterial growth between uses. Additionally, the "Machine Setup" portion required two staff to test for the absence of Renalin after rinsing with saline and before patient treatment. Non-reusable dialyzers did not contain Renalin, therefore, testing for presence/absence was not necessary. Treatment sheets from 5/18/15 - 6/8/15	V 726		

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V 726	Continued From page 3 documented Patient #2 received treatment on a non-reusable dialyzer and verification for the pre-rinse presence and post rinse absence of Renalin were done. It could not be determined, from documentation on the treatment sheets, what type of dialyzer had been used for Patient #2's treatments and if Renalin checks should have been done. A review of dialyzer logs showed Patient #2 had used a reusable dialyzer for treatments from 5/18/15 - 6/8/15. In an interview on 6/11/15 at 2:00 p.m., the facility administrator confirmed the dialyzer discrepancies on Patient #2's treatment sheets. She said the "Prescription Information" on the treatment sheets should have been changed to reflect accuracy of the treatment. The facility failed to maintain accurate medical records for Patients #1 and #2.	V 726		