



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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January 14, 2016

Melissa Oberti, Administrator
Table Rock Dialysis Center
5610 West Gage Street, Suite B
Boise, ID 83706

RE: Table Rock Dialysis Center, Provider #132502

Dear Ms. Oberti:

This is to advise you of the findings of the Medicare survey of Table Rock Dialysis Center, which was conducted on January 8, 2016.

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.

Melissa Oberti, Administrator
January 14, 2016
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **January 26, 2016**, 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

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

Nicole Wisenor

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pint
Enclosures

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

PRINTED: 01/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2016
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NAME OF PROVIDER OR SUPPLIER TABLE ROCK DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5610 WEST GAGE STREET, SUITE B BOISE, ID 83706
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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 [CORE] The following deficiencies were cited during the recertification survey of your ESRD facility from 1/4/16 - 1/8/16. The surveyor conducting the survey was: Trish O'Hara, RN Acronyms used in this report include: FA - Facility Administrator IDT - Interdisciplinary Team ICHD - In Center Hemodialysis PD - Peritoneal Dialysis POC - Plan Of Care QAPI - Quality Assurance Performance Improvement	V 000		
V 516	494.80(b)(1) PA-FREQUENCY-INITIAL-30 DAYS/13 TX An initial comprehensive assessment must be conducted on all new patients (that is, all admissions to a dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session. This STANDARD is not met as evidenced by: Based on review of medical records and staff interview, it was determined the facility failed to ensure a comprehensive initial assessment and POC was completed within 30 days or 13 treatments of the initiation of dialysis for 2 of 5 patients (Patients #4 and #5) whose ICHD records were reviewed. Failure to complete an initial assessment in a timely manner had the potential to result in unmet patient needs.	V 516	V516 On January 25, 2016 the Governing Body (GB) of Table Rock Dialysis reviewed the recertification survey completed January 8, 2016. The GB has developed, approved and respectfully submits the following plan of correction (POC). The Facility Administrator (FA) held a mandatory in service for all members of Interdisciplinary Team (IDT) and the Assessment Manager on January 12 2016 and January 25 2016. In-service included review of Policy & Procedure #1-01-14 Patient Assessment and Plan of Care Utilizing Falcon Dialysis, 1) IDT must ensure that a comprehensive assessment and care plan will be conducted on all new patients, modality change and return from transplant within 30 V516 cont on page 2	2/8/16

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JAN 25 2016
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>MJC</i>	TITLE Facility Administrator	(X6) DATE 1-22-16
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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 516	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. Patient #4 was a 52 year old male who was admitted to the facility and had his first hemodialysis treatment on 5/2/15. His initial prescription ordered treatment three times a week. His initial assessment and POC was signed by the IDT on 6/16/15, seventeen days after his thirteenth dialysis treatment and fourteen days after his initial 30 days of dialysis.</p> <p>In an interview on 1/7/16 at 5:00 p.m., the FA said the IDT met once a month to discuss assessments and approve POCs for all patients who were due for the month. She said the facility's computer system had a feature designed to alert the IDT when patients had assessments and POCs due. She stated the computer system feature had mistakenly alerted the IDT that Patient #4's initial assessment and POC were due on 6/19/15. She confirmed the late assessment and POC.</p> <p>The facility failed to ensure the IDT completed an initial assessment for Patient #4 in a timely manner.</p> <p>2. Patient #5 was a 44 year old male who had been admitted to the facility on 5/9/13. He had been receiving PD treatments since 8/26/13 and an annual update of his assessment and POC had been done by the IDT on 12/29/14.</p> <p>On 7/16/15 Patient #5 began hemodialysis treatments following an abdominal abscess. No further updates for Patient #5's assessments or POC were documented until 12/3/15 when he was deemed unstable due to deteriorating health status. There was no documentation showing</p>	V 516	<p>V516 Continued from page 1</p> <p>calendar days or 13 outpatient dialysis sessions beginning with the first outpatient dialysis treatment, 2) IDT must complete initial plan of care based on the findings from comprehensive assessment on all new patients within 30 calendar days or 13 outpatient dialysis sessions beginning with the first outpatient dialysis treatment, 3) comprehensive reassessment within 90 days, and 4) signature by all IDT members as evidence of POC agreement. Verification of attendance is evidenced by a signature sheet. FA designed an assessment manager who will notify the IDT of new patient assessment to be completed by utilizing Falcon work list. The Registered Dietitian (RD) is assigned the managing process, has been provided a review of the online Falcon system responsibilities to update due dates specifically for modality changes and will review with FA weekly to ensure no patients are missed going forward. FA initiated tracking tool for purposes of planning and tracking patient's Interdisciplinary Assessment/Re Assessment and Plan of Care due and completions dates to ensure on time. Administrative Assistant (AA) will audit 100% of new admits medical record for within 100 days of admission utilizing an audit tool that specifies auditing date of first treatment, date of first assessment, date of 3 month reassessment, and signatures by entire IDT. AA will conduct monthly medical record audits for 100% of new admissions to ensure assessment and plan of care documentation is completed according</p> <p>V516 cont on page 3</p>	2/8/16	

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V 516	Continued From page 2 Patient #5 had been reassessed or a new POC developed following his change of modality in July, 2015. In an interview on 1/7/16 at 5:00 p.m., The FA said Patient #5 was assigned "visitor to ICHD" status in July, 2015 for census purposes. She stated this status could be used for a maximum of 30 days, at which point Patient #5 should have become a permanent ICHD patient. This apparently was not recognized by the computer system feature and no alerts were sent to the IDT indicating the need for assessment and development of a new POC for Patient #5. She confirmed the missing initial assessment and POC.	V 516	V516 Continued from page 2 to schedule. This audit will be completed monthly for 6 months and then 10% quarterly thereafter. FA or designee will review results of audits with Medical Director during monthly QAPI/Facility Health Meeting (FHRM) with supporting documentation included in the meeting minutes. If compliance is not met a root cause analysis will be completed and new plan of correction implemented by the QAPI team. FA is responsible for this POC. The FA is responsible for ongoing compliance with this POC.	2/8/16
V 517	494.80(b)(2) PA-F/U REASSESSMENT-WITHIN 3 MO OF INITIAL A follow up comprehensive reassessment must occur within 3 months after the completion of the initial assessment to provide information to adjust the patient's plan of care specified in §494.90. This STANDARD is not met as evidenced by: Based on review of medical records and facility policies, and staff interview, it was determined the facility failed to ensure a comprehensive reassessment was completed 90 days after the initial assessment for 1 of 5 ICHD patients (Patient #1) whose records were reviewed. Failure to observe the specified time frame between initial assessment and reassessment	V 517	V517 On January 25, 2016 the Governing Body (GB) of Table Rock Dialysis reviewed the recertification survey completed January 8, 2016. The GB has developed, approved and respectfully submits the following plan of correction (POC). FA held a mandatory in service for all members of Interdisciplinary Team (IDT) and the Assessment Manager on January 12 2016 and January 25 2016. In-service included review of Policy & Procedure #1-01-14 Patient Assessment and Plan of Care Utilizing Falcon Dialysis, 1) IDT must ensure that a comprehensive assessment and care plan will be conducted on all new patients, modality change and return from transplant within 30 calendar days or 13 outpatient dialysis sessions beginning with the first outpatient dialysis treatment, 2) IDT must complete initial plan of care based on the findings from comprehensive assessment on all new patients within 30 calendar days or 13 outpatient dialysis sessions beginning with the first outpatient dialysis treatment, 3) comprehensive reassessment within 90 days, and V517 cont on page 4	2/8/16

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V 517	Continued From page 3 put the patient at risk of missing necessary changes to the treatment plan. Findings include: Patient #1 was an 83 year old male who had started hemodialysis at the facility on 3/14/14. His initial 30 day assessment and POC was dated 4/16/14. However, a 90 day follow up to Patient #1's initial assessment and POC was not done until 9/1/14, 47 days after it was due. In an interview on 1/7/16 at 5:00 p.m., the Regional Educator said the facility had been short staffed during that time period and Patient #1's 90 day reassessment and POC had been delayed. The facility failed to ensure a 90 day reassessment and POC was done in a timely manner for Patient #1.	V 517	V517 Continued from page 3 4) signature by all IDT members as evidence of POC agreement. Verification of attendance is evidenced by a signature sheet. FA designed an assessment manager who will notify the IDT of new patient assessment to be completed by utilizing Falcon work list. RD is assigned the managing process, has been provided a review of the online Falcon system responsibilities to update due dates specifically for modality changes and will review with FA weekly to ensure no patients are missed going forward. FA initiated tracking tool for purposes of planning and tracking patient's Interdisciplinary Assessment/Re Assessment and Plan of Care due and completions dates to ensure on time. AA will audit 100% of new admits medical record for within 100 days of admission utilizing an audit tool that specifies auditing date of first treatment, date of first assessment, date of 3 month reassessment, and signatures by entire IDT. AA will conduct monthly medical record audits for 100% of new admissions to ensure assessment and plan of care documentation is completed according to schedule. This audit will be completed monthly for 6 months and then 10% quarterly thereafter.	2/8/16	
V 556	494.90(b)(1) POC-COMPLETED/SIGNED BY IDT & PT The patient's plan of care must- (i) Be completed by the interdisciplinary team, including the patient if the patient desires; and (ii) Be signed by the team members, including the patient or the patient's designee; or, if the patient chooses not to sign the plan of care, this choice must be documented on the plan of care, along with the reason the signature was not provided. This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to ensure the IDT documented participation in ICHD patients' POCs for 3 of 5 patients (Patients #1, #2, and #4)	V 556	V556 On January 25, 2016 the Governing Body (GB) of Table Rock Dialysis reviewed the recertification survey completed January 8, 2016. The GB has developed, approved and respectfully submits the following plan of correction (POC). FA held a mandatory in service for all members of Interdisciplinary Team (IDT) and the Assessment Manager on January 12 2016 and January 25 2016. In-service included review of Policy & Procedure #1-01-14 Patient Assessment and Plan of Care Utilizing Falcon Dialysis, 1) IDT must ensure that a comprehensive assessment and care plan will be conducted on all new patients, modality change and return from transplant within 30 calendar days or 13 outpatient dialysis sessions beginning with the first outpatient dialysis treatment, 2) IDT must complete initial plan of care based on the findings from comprehensive assessment on all new patients within 30 calendar days or 13 outpatient dialysis sessions beginning with the first outpatient dialysis treatment, V556 cont on page 5	2/8/16	

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V 556	<p>Continued From page 4 whose records were reviewed. The findings include:</p> <p>1. Patient #1 was an 83 year old male who had dialyzed at the facility since 3/14/14. His record contained an IDT Patient POC Meeting Report. The purpose of the meeting was noted to be "annual." However, the report was not signed by the physician or the social worker, and the remaining signatures by the nurse, the dietician and the patient were not dated. It was not evident who had participated in the POC approval for Patient #1 or when the approval had occurred.</p> <p>2. Patient #2 was a 58 year old male who had dialyzed at the facility since 4/15/09. His record contained an IDT Patient POC Meeting Report. The purpose of the meeting was noted to be "annual." However, the report was not signed by the physician or the social worker, and the remaining signatures by the nurse, the dietician and the patient were not dated. It was not evident who had participated in the POC approval for Patient #2 or when the approval had occurred.</p> <p>3. Patient #4 was a 52 year old male who had dialyzed at the facility since 5/2/15. His record contained an IDT Patient POC Meeting Report. The purpose of the meeting was noted to be "90 day." The report was dated 10/26/15 but was not signed by the physician. It was not evident the physician had participated in the POC approval for Patient #4.</p> <p>In an interview on 1/7/15 at 5:00 p.m., the Regional Educator confirmed the missing signatures and dates and said she could not explain why the documentation was missing.</p>	V 556	<p>V556 Continued from page 4 3) comprehensive reassessment within 90 days, and 4) signature by all IDT members as evidence of POC agreement. Verification of attendance is evidenced by a signature sheet. FA designed an assessment manager who will notify the IDT of new patient assessment to be completed by utilizing Falcon work list. RD is assigned the managing process, has been provided a review of the online Falcon system responsibilities to update due dates specifically for modality changes and will review with FA weekly to ensure no patients are missed going forward. FA initiated tracking tool for purposes of planning and tracking patient's Interdisciplinary Assessment/Re Assessment and Plan of Care due and completions dates to ensure on time. AA will audit 100% of new admits medical record for within 100 days of admission utilizing an audit tool that specifies auditing date of first treatment, date of first assessment, date of 3 month reassessment, and signatures by entire IDT. AA will conduct monthly medical record audits for 100% of new admissions to ensure assessment and plan of care documentation is completed according to schedule. This audit will be completed monthly for 6 months and then 10% quarterly thereafter. FA or designee will review results of audits with Medical Director during monthly QAPI/EHM with supporting documentation included in the meeting minutes. If compliance is not met a root cause analysis will be completed and new plan of correction implemented by the QAPI team. FA is responsible for this POC. The FA is responsible for ongoing compliance with this POC.</p>	2/8/16
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V 556	Continued From page 5 The facility failed to ensure participation in the POC was documented by the IDT for Patients #1, #2, and #4.	V 556		
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