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
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February 23, 2016

Joel Grooms, Administrator
Liberty Dialysis Meridian
3525 E Louise Dr, Suite 100
Meridian, ID 83642

RE: Liberty Dialysis Meridian, Provider #132512

Dear Mr. Grooms:

This is to advise you of the findings of the Medicare survey of Liberty Dialysis Meridian, which was conducted on February 12, 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.

After you have completed your Plan of Correction, return the original to this office by **March 7, 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, option 4.

Sincerely,

Trish O'Hara

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

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	132512	A. BUILDING _____ B. WING _____	02/12/2016

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LIBERTY DIALYSIS MERIDIAN	3525 E LOUISE DR, SUITE 100 MERIDIAN, ID 83642

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V 000	INITIAL COMMENTS [CORE] The following deficiencies were cited during the recertification survey of your ESRD facility from 2/8/16 - 2/12/16. The surveyor conducting the survey was: Trish O'Hara, RN, HFS Acronyms used in this report include: CMS - Centers for Medicare and Medicaid Services DO - Director of Operations ICHD - In Center Hemodialysis LTC - Long Term Care PD - Peritoneal dialysis	V 000		
V 463	494.70(a)(12) PR-RECEIVE SERVICES OUTLINED IN POC The patient has the right to- (12) Receive the necessary services outlined in the patient plan of care described in §494.90; This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure each patient's right to receive care as outlined in their POCs was upheld for 6 of 6 ICHD patients (Patients #1 - #6) whose treatment records were reviewed. This resulted in patients not having vital signs monitored as prescribed in their POCs, leaving them at risk of complications from unaddressed high or low blood pressure. Findings include:	V 463	PLAN OF CORRECTION DOCUMENT ATTACHED. RECEIVED MAR 07 2016 FACILITY STANDARDS	4/22/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

DIRECTOR OF OPERATIONS. 3/7/16

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 463	Continued From page 1 A facility policy titled Patient Monitoring During Patient Treatment, dated 8/20/2014, stated "Vital signs will be monitored at the initiation of dialysis and every 30 minutes, or more frequently, as needed. Verify and react to unusual findings...Monitor for trends such as hypotension and bradycardia." a. Patient #1 was a 70 year old male. Fourteen treatment records, from 1/9/16 - 2/9/16 were reviewed. Vital sign monitoring was not maintained every 30 minutes during 8 of 14 treatments, as follows: - 1/11/16: No vital signs were recorded for 1 hour and 37 minutes, from 8:42 - 10:19 a.m., at which time Patient #1's blood pressure had decreased from an initial reading of 126/61 to 98/39. - 1/13/16: No vital signs were recorded for 1 hour and 2 minutes, from 8:34 - 9:36 a.m., and again for 44 minutes from 10:10 - 10:54 a.m., at which time Patient #1's blood pressure had declined to 99/47. - 1/15/16: Vital signs were not recorded for 58 minutes, from 6:41 - 7:39 a.m. - 1/18/16: Vitals were not monitored for 1 hour and 58 minutes, from 7:05 - 9:03 a.m., at which time Patient #1's blood pressure had decreased from 144/60 to 101/50. His blood pressure was 99/47 at 10:14 a.m. but it was not rechecked for 48 minutes, at 11:02 a.m. - 1/20/16: No blood pressure was recorded for 61 minutes, from 9:35 - 10:36 a.m.	V 463		

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V 463	Continued From page 2 - 1/27/16: Blood pressure was not documented for 45 minutes, from 9:35 - 10:20 a.m. at which time it was recorded as 91/50. - 2/3/16: No vital signs were taken from the start of treatment at 7:13 until 8:03 a.m., a 45 minute lapse. At 9:32 a.m. Patient #1's blood pressure was 98/47 but was not rechecked for 52 minutes. At 10:24 a.m. a reading showed blood pressure remained low at 99/37. A 10:33 a.m. check showed a continued low blood pressure of 98/45. This was not rechecked until 11:18 a.m., 45 minutes later. - 2/8/16: Documentation showed Patient #1's dialysis treatment was started at 6:58 a.m. However, no vital signs were recorded until 8:10 a.m., 1 hour and 12 minutes later. No further vital signs were documented until after the treatment ended at 9:08 a.m., a lapse of 58 minutes. b. Patient #2 was a 51 year old female. Twelve treatment records, from 1/11/16 - 2/8/16 were reviewed. Frequency of vital sign monitoring was not maintained during 5 of 12 treatments, as follows: - 1/13/16: Patient #2's initial blood pressure was recorded as 161/100. No vital signs were monitored for 1 hour and 5 minutes, from 7:00 - 8:05 a.m. at which time her blood pressure had decreased to 91/64. - 1/18/16: At 9:00 a.m., Patient #2's blood pressure had decreased from an initial reading of 151/77 to 98/51. It was not rechecked until 9:42 a.m. - 1/22/16: No vital sign monitoring was	V 463		

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V 463	Continued From page 3 documented for 1 hour and 1 minute, from 9:03 - 10:04 a.m. - 1/25/16: At 9:05 a.m. Patient #2's blood pressure was 93/61. No recheck was done for 45 minutes, at 9:50 a.m. - 2/5/16: Vital signs were not monitored for 1 hour and 30 minutes, from 8:07- 9:37 a.m., at which time Patient #2's blood pressure was 92/55. c. Patient #3 was a 78 year old male. Eleven treatment records were reviewed from 1/9/16 - 2/9/16. Thirty minute vital sign monitoring was not done during 5 of 11 treatments, as follows: - 1/9/16: This was Patient #3's admission day and first dialysis treatment. No vital signs were documented for 1 hour and 13 minutes, from 3:32 - 4:45 p.m. - 1/19/16: Vital signs were not monitored for 55 minutes, from 3:37 - 4:32 p.m., at which time Patient #3's blood pressure had decreased from 147/63 to 83/63. It was not rechecked for 32 minutes. - 1/21/16: Vital sign monitoring was not documented for 48 minutes, from 3:41 - 4:34 p.m. - 1/23/16: Patient #3 became hypotensive at 2:07 p.m. with a blood pressure reading of 59/27. Nursing notes stated fluid removal was stopped, a saline bolus was given and oxygen was administered. However, no further blood pressure readings were documented. The treatment ended at 3:27 p.m., 1 hour and 20 minutes later.	V 463		

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V 463	Continued From page 4 Patient #3 was hospitalized on 1/26/16 for syncope and collapse after losing consciousness in the facility restroom. He returned for treatment at the facility on 2/2/16. - 2/4/16: Vital signs were taken at 3:32 p.m. No further monitoring was documented and the treatment ended at 4:54 p.m., 1 hour and 22 minutes later. Post treatment vital signs were present but not timed. d. Patient #4 was a 64 year old female. Vital sign monitoring was not maintained during 4 of 16 treatments reviewed from 1/9/16 - 2/9/16, as follows: - 1/21/16: No vital signs were documented for 1 hour and 27 minutes, from 8:37 - 10:04 a.m., at which time Patient #4's blood pressure reading was 97/76. No further readings were documented and treatment was ended at 10:35 a.m. - 1/28/16: Patient #4's blood pressure had varied from an initial reading of 64/45, at 6:26 a.m., to 179/50 at 7:05 a.m. However, no monitoring was documented from 7:05 - 8:03 a.m., a period of 58 minutes. - 2/4/16: No blood pressure measures were documented for 58 minutes, from 8:37 - 9:35 a.m. - 2/6/16: Patient #4's vital signs were not monitored for 1 hour and 10 minutes, from 9:01 - 10:11 a.m. e. Patient #5 was a 51 year old male. Vital sign monitoring was not maintained during 6 of 12 treatments reviewed from 1/14/16 - 2/9/16, as	V 463		

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V 463	Continued From page 5 follows: - 1/14/16: No vital signs were taken for the last 1 hour and 34 minutes of treatment, from 2:33 - 4:07 p.m. - 1/19/16: No vital signs were monitored for 58 minutes, from 12:36 - 1:34 p.m. - 1/26/16: Vital signs were not monitored from 11:32 a.m. until 12:35 p.m., a lapse of 1 hour and 3 minutes, and again from 1:00 - 2:34 p.m., a lapse of 1 hour and 34 minutes. - 1/28/16: Vital signs were not monitored from 1:34 - 2:37 p.m., a lapse of 1 hour and 3 minutes. - 1/30/16: Treatment began at 11:40 a.m. No initial vital signs were documented with the first monitoring occurring 56 minutes after treatment began, at 12:36 p.m. - 2/6/16: Vital signs were not monitored for 1 hour and 22 minutes, from 1:12 - 2:34 p.m. f. Patient #6 was a 30 year old male. Vital sign monitoring was not maintained during 2 of 9 treatments reviewed from 1/9/16 - 2/6/16, as follows: - 1/12/16: No monitoring of vital signs occurred for 1 hour and 7 minutes, from 12:32 - 1:39 p.m. - 1/21/16: Vital signs were not monitored for 54 minutes, from 9:10 - 10:04 a.m. In an interview on 2/12/16 at 11:30 a.m., the charge nurse confirmed the lack of monitoring. He said the monitoring was probably done,	V 463		

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V 463	Continued From page 6 however, if the information did not transfer from the dialysis machine to the flowsheet it should have been manually transferred. The facility failed to ensure patients were appropriately monitored during treatments.	V 463		
V 751	494.180 GOV-ID GOV BODY W/FULL AUTHORITY/RESPONS The ESRD facility is under the control of an identifiable governing body, or designated person(s) with full legal authority and responsibility for the governance and operation of the facility. The governing body adopts and enforces rules and regulations relative to its own governance and to the health care and safety of patients, to the protection of the patients ' personal and property rights, and to the general operation of the facility. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, it was determined the Governing Body failed to ensure Medicare approval had been obtained prior to providing PD services in a LTC facility. This failure directly impacted 1 of 1 PD patients (Patient #11) who resided in a LTC facility and had the potential to impact all home therapy patients in the event that a temporary or permanent stay in a LTC facility was required. This failure put patients at risk of inadequate care being provided by untrained staff at the LTC facility. Findings include: Patient #11 was admitted to a local LTC, and subsequently the facility's home therapy program, on 2/3/16. He had formerly been a patient of the home therapy program at another corporate	V 751		3/7/16

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V 751	Continued From page 7 facility in another city. During an observation on 2/11/16 at 8:30 a.m., Patient #11 was receiving PD using an automated cycler at the LTC facility. Documentation that the facility had received CMS approval to provide home dialysis training and support for LTC residents could not be found. In a telephone interview on 2/10/16 at 9:00 a.m., the home therapy DO confirmed the facility had not requested or received CMS approval for providing home dialysis training and support in the LTC. The Governing Body failed to ensure CMS approval to provide home dialysis training and support for LTC residents was obtained prior to providing services.	V 751		

(V- 463)

494.70(a) (12) PR-RECEIVED SERVICES OUTLINED IN POC

On 2/24/16 Exit Survey results were discussed with facility personnel reviewing the findings as a part of the monthly QAI meeting.

On 3/15/16 Clinical Manager will review policy **FMS-CS-IC-I-110-133A** Monitoring During Patient Treatment policy with Direct Patient Care staff. A focus will be placed on the importance of monitoring patients' safety and well-being every 30 min.

Starting 3/4/16 Clinical Manager or designee for a period of two weeks will daily monitor 50% of patient treatment sheets for variances >30min checks. Adherence to the policy will result in the frequency reduced to 25% 3X weekly for two additional weeks and then 25% once a week for two weeks. On-going monitoring will continue.

Continuous monthly medical records audit will be monitored by Clinic Manager or designee.

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.

The Director of Operations is responsible to present the status of the Plan of Correction with Documentation as appropriate to the Governing Body ongoing, until all issues related to this citation have been corrected and ongoing resolution is noted.

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.

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.

(V-751)

494.180 GOV-ID GOV BODY W/FULL AUTHORITY/RESPONS

On 3/7/16 the Governing Body will convene to discuss the cited deficiencies and plan of correction going forward.

On 3/7/16 Governing Body will discuss the requirements for securing 3427 licensing from the Department of Health and Human Services.

Effective 2/13/16 patient undergoing care from [redacted] was discharged and placed into the care of [redacted].

Effective 2/13/16, the 3427's were sent with a letter of intent to the State for expansion of services for [redacted] and [redacted]. Attachments with this letter were:

- Long Term Facility Care Coordination Agreement For Certain Home Dialysis Related Services for both SNF's
- Plan of Care Invitation Form that we will be using to provide coordination of care between the SNF and our Home Program
- The training program that the SNF Nurses are getting from the Meridian Home program.
- The quarterly refresher education/check list that is being provided to the SNF from the Meridian Home Program in March, June, September and December.
- Also provided were the following dates that education has already been provided to the SNF Staff:
- Training was provided to [redacted] staff on the following dates: 12/18/15 and 2/5/16.
- Training was provided to [redacted] staff on the following dates: 12/12/15 and
- Training was provided to both of the [redacted] Facility staff on the following dates: 12/2/15 & 12/14/15.

Effective immediately, the Governing Body will ensure that there is an effective system in place to provide oversight and monitoring of the expansion of services being provided to our dialysis patients in the Skilled Nursing Facility.