



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

April 23, 2014

Patty Plummer, Administrator
DSI Hayden Dialysis
8556 Wayne Drive
Hayden, ID 83835

RE: DSI Hayden Dialysis, Provider #132519

Dear Ms. Plummer:

This is to advise you of the findings of the Medicare survey of DSI Hayden Dialysis, which was conducted on April 11, 2014.

Enclosed is your copy of the Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no deficiencies were noted at the time of the survey. This form is for your records only and need not be returned.

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: 04/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2014
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NAME OF PROVIDER OR SUPPLIER DSI HAYDEN DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 8556 WAYNE DRIVE HAYDEN, ID 83835
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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	<p>INITIAL COMMENTS</p> <p>[CORE]</p> <p>No deficiencies were cited during the Medicare recertification and complaint survey of your dialysis unit conducted from 4/7/14 to 4/11/14. DSI Hayden Dialysis is in compliance with the requirements of 42 CFR Part 405, Conditions for Coverage of End-Stage Renal Disease Facilities. The surveyor conducting the initial Medicare certification survey was:</p> <p>Trish O'Hara RN, HFS</p>	V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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April 23, 2014

Patty Plummer, Administrator
DSI Hayden Dialysis
8556 Wayne Drive
Hayden, ID 83835

RE: DSI Hayden Dialysis, Provider #132519

Dear Ms. Plummer:

On **April 11, 2014**, a complaint survey was conducted at DSI Hayden Dialysis. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00006441

Allegation #1: The staff are not properly trained, patient care plans and physician orders are not followed, staff are not responsive to patient needs, and medical records are not accurate.

Findings #1: An unannounced survey was completed at the facility from 4/7/14 - 4/11/14. During that time observations, record review and patient and staff interviews were conducted with the following results:

A staff member responsible for training new employees was interviewed on 4/9/14 at 2:00 p.m. He said the facility process for orientation and training included four weeks of classroom study, based on the Core Curriculum for Dialysis Technicians, and five weeks of supervised patient care. Skill competency checks were tested before the employee was released from supervision. Skill competencies were also tested on an annual basis.

Observations were conducted at the facility on 4/9/14, 4/10/14 and 4/11/14 for a cumulative time of 8 hours. During the observations, five staff members were directly observed. Staff were observed to be alert and attentive to patients' needs, addressing machine alarms, documenting interval data, and conversing with patients. Distractions, such as staff cell phone or Internet use

were not observed. Staff were also noted to be respectful and courteous to all patients and demonstrated the ability to perform their duties competently and effectively. No concerns related to staff failing to follow patient care plans and physician orders were identified during the observations.

Additionally, the facility's monitoring system for patient treatments was reviewed during the observations. The monitoring system automatically downloaded information, including the patient's vital signs, from the dialysis machine to the electronic record. This was done at an interval predetermined by the staff, but no more than a 30 minutes. A laptop computer screen was positioned on top of each machine and was visible throughout the treatment area. The laptop computer screen had a pink banner across the screen, visible during the entire treatment, with instructions specific to the patient including their code status. The screen featured a red flashing alert when data was downloaded, prompting staff to proceed to the station, visually assess the patient, and sign the data as having been reviewed. If staff were not able to complete documentation during the flashing alert (lasting 15 minutes), staff documentation was noted as a "late entry." This documentation included the reasons why the documentation was being entered late. The date and time of the download could not be altered by staff.

Five patient records were reviewed. All patient records documented appropriate recommendations and follow up to patients' identified needs from all disciplines (dietician, social worker, physician, etc.). The records documented care plans and physician orders were being implemented as written and all documentation was being appropriately kept. All documentation showed evidence of appropriate, timely patient care. Additionally, 6 patients were interviewed and said their needs were routinely met by staff members. The patients stated while the staff were always busy, there were no instances where their needs were not addressed.

It could not be established that staff were not properly trained, patient care plans and physician orders were not followed, staff were not responsive to patient needs, or that medical records are not accurate. Therefore, the allegation was unsubstantiated.

Conclusion #1: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: The facility does not provide a safe and sanitary environment.

Findings #2: An unannounced survey was completed at the facility from 4/7/14 - 4/11/14. During that time observations, record review and patient and staff interviews were conducted with the following results:

Upon entrance to the facility on 4/7/14, it was noted the door to the treatment area was closed and locked. Staff were required to press a release button located in the treatment area and the

receptionist area to allow authorized individuals on to the treatment floor. Observations were conducted at random times, during treatment hours, throughout the 5 day visit. At no time was the door leading to the treatment area observed to be left open and unsecured.

When asked about security on 4/10/14 at 3:00 p.m., the Nurse Manager stated she had heard rumors about an event that had allegedly occurred over a year ago, before she was hired at the facility. She stated a staff member had allegedly brought a firearm to the facility. She said she had spoken with the staff member who stated he had brought a firearm to the facility. The staff member stated it was in response to a verbal threat by a patient but the firearm was left in his car and did not enter the facility.

Additionally, the treatment area was observed on 4/9/14, 4/10/14, and 4/11/14 for a cumulative 8 hours of observations. During all observations, the treatment area was noted to be kept secure and in a sanitary manner (e.g. no inappropriate staff food or drink consumption was noted, etc.). Additionally, thorough cleaning of dialysis stations was observed being done by 5 staff members after each patient's treatment was initiated and again at the end of treatment. This cleaning was done with an appropriate disinfectant solution and no blood was noted to be left on chairs or side tables. When asked, 6 patients interviewed stated the facility was kept clean.

It could not be established that the facility environment was unsafe or unsanitary. Therefore, the allegation was unsubstantiated.

Conclusion #2: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: Facility staff do not respond to concerns and grievances.

Findings #3: An unannounced survey was completed at the facility from 4/7/14 - 4/11/14. During that time record review and staff interviews were conducted with the following results:

The facility's grievance log for the past 12 months contained one written patient grievance, dated 11/7/13, which involved multiple concerns such as building security, weekly rounds, Halloween costumes, patient food/drink, and staff use of cell phones.

The grievance log also documented a meeting with the patient, the Nurse Manager, and the Administrative Assistant. All patient concerns were discussed and several issues were corrected with staff retraining at the monthly staff meeting. Issues that could not be corrected, such as patient consumption of food and/or drink during dialysis treatments, were explained to the patient. The patient asked that the issues be viewed as suggestions to improve the environment of the clinic, rather than complaints.

Patty Plummer, Administrator
April 23, 2014
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It could not be established that facility staff were unresponsive to patient concerns and grievances. Therefore, the allegation was unsubstantiated.

Conclusion #3: Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



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



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt