



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

May 29, 2014

Patty Plummer, Administrator  
DSI Silver Valley Dialysis Center  
858 Commerce Drive Suite 100  
Smelterville, ID 83868

RE: DSI Silver Valley Dialysis Center, Provider #132527

Dear Ms. Plummer:

This is to advise you of the findings of the Medicare survey of DSI Silver Valley Dialysis Center, which was conducted on May 23, 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: 05/28/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  132527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/23/2014
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NAME OF PROVIDER OR SUPPLIER  DSI SILVER VALLEY DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 868 COMMERCE DRIVE SUITE 100 SMELTERVILLE, ID 83868
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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
V 000	<p>INITIAL COMMENTS</p> <p>[CORE]</p> <p>No deficiencies were cited during the initial Medicare certification survey of your dialysis unit conducted from 5/21/14 to 5/23/14. DSI Silver Valley Dialysis Center 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		

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