



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

16201 E. Indiana Avenue, Suite 1500 • Spokane, Washington 99216

July 12, 2013

Sheila Bennett, Clinical Director  
SeaTac Kidney Center  
17900 International Blvd, Ste 301  
SeaTac, WA 98188

Dear Ms. Bennett;

This letter contains information regarding the recent expansion survey at SeaTac Kidney Center conducted by the Washington Department of Health (DOH) on June 10, 2013. During the survey no deficiencies were observed.

Washington Department of Health recommends certification of the additional five (5) stations as of the date of this survey. The total number of in-center dialysis stations will increase to thirty (30).

Kindly **sign and return** the enclosed original survey report to me at the address below.

Please feel free to call me with any questions at (509) 329-2212 or email me at [paul.throne@doh.wa.gov](mailto:paul.throne@doh.wa.gov).

Sincerely,

Paul Throne, DrPH  
Washington State Department of Health/HSQA  
Office of Investigations and Inspections  
16201 East Indiana Avenue, Ste. 1500  
Spokane, WA 99216

Enclosure: Survey Report

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

Printed: 06/10/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>502509</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>SEATAC KIDNEY CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>17900 INTERNATIONAL BLVD STE 301 SEATAC, WA 98188</b>
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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><b>INITIAL COMMENTS</b></p> <p>MEDICARE END-STAGE RENAL DISEASE (ESRD) SURVEY TO ADD ADDITIONAL PATIENT DIALYSIS STATION</p> <p>This Medicare expansion survey was conducted by Larry Anderson, RS; Lisa Mahoney, RS; and Paul Throne, DrPH.</p> <p>During the on-site survey conducted on 06/10/2013 at SeaTac Kidney Center the Department of Health staff reviewed necessary requirements for the addition of five (5) stations, including:</p> <ul style="list-style-type: none"> <li>Certificate of Need approval</li> <li>Water and dialysate quality</li> <li>Water quality testing for the new stations</li> <li>Clinical engineering records for the new dialysis machines</li> <li>Inspection of new chairs and plumbing for the new stations</li> </ul> <p>The State agency recommends Medicare certification of the additional five (5) patient dialysis stations in addition to the twenty-five (25) already certified. The total number of stations will be thirty (30).</p> <p>No deficiencies were cited during the survey.</p> <p>Shell #O4WL11.</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.