



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*PO Box 1870 Blaine, WA. 98231-1870*

January 27, 2014

Sheila Bennett  
NKC SeaTac Kidney Center  
17900 International Blvd. Ste. #301  
SeaTac, WA 98188

Dear Ms. Bennett;

The Department of Health inspection team has reviewed and accepted your plan of correction for deficiencies found during your facility's Medicare Re-certification inspection of December 2-4, 2013.

No further reporting is due at this time.

Please call me with any questions at (360) 371-7899.

Sincerely,

Stephen B. Mickschl, MS, RN



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
PO Box 1870 •Blaine, Washington 98231-1870

December 18, 2013

Sheila Bennett  
NKC SeaTac Kidney Center  
17900 International Blvd. Ste. #301  
SeaTac, WA 98188

Dear Ms. Bennett;

This letter contains information regarding the recent survey of NKC SeaTac Kidney Center by the Washington State Department of Health. Your Medicare re-certification survey was completed on 12/4/2013.

During the survey, deficient practice was found in the areas listed on the attached Statement of Deficiencies. Enclosed are directions and due dates for completing the Plan of Correction to address those deficient practices. The Plan of Correction must be completed and returned to the address above within ten business days of receipt of this letter.

Please carefully complete the Plan of Correction. Be sure that each correction includes all four necessary elements as described in the instructions. We will return your Plan of Correction that is missing vital information, as incomplete and unacceptable.

Please feel free to have staff contact me if there are questions regarding the survey process, deficiencies cited, or completion of the Plan of Correction. I may be reached at (360) 371-7899.

Sincerely,

  
Stephen Mickschl, MS, RN

Enclosures: Statement of Deficiencies (Medicare)

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

Printed: 12/18/2013  
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>12/04/2013</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) INITIAL SURVEY CERTIFICATION SURVEY.</p> <p>This Medicare ESRD re-certification survey was conducted at NKC SeaTac Dialysis Center by Stephen Mickschl MS, RN, Valerie Walsh, MS, RN and Larry Anderson, RS on 12/2-4/2013.</p> <p>The State Agency recommends Medicare re-certification of 30 stations. However, the facility stated that the Home Peritoneal Dialysis Training Program had not been in use and the program had not admitted any patients since 2012, so it was not re-certified.</p> <p>ASE #E8VB11</p>	V 000	<p>An acceptable Plan of Correction (due date 1/6/2014) must include the following:</p> <ul style="list-style-type: none"> <li>· HOW the deficiency will be or was corrected,</li> <li>· WHO is responsible for the correction,</li> <li>· WHAT monitors will be put in place to assure continuing compliance</li> <li>· WHEN each deficiency will be corrected. Insert anticipated date of correction in far right column under "Complete Date". Correction cannot take longer than 60 days without surveyor's approval (due date 2/4/2014).</li> </ul> <p>The administrator or representative's signature and signing date are required on the first (original) page and initials in the lower right hand corner on all other pages.</p> <p><b><u>Please return the original survey report to:</u></b></p> <p>Stephen B. Mickschl, MS, RN PO Box 1870 Blaine, WA 98231-1870</p>	↓
V 113	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</p> <p>Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.</p> <p>This Standard is not met as evidenced by: Based on observations and administrative staff interview, the facility failed to ensure that clinical care staff wore gloves when touching patient equipment.</p> <p>Failure to ensure that proper infection control</p>	V 113		

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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V 113: Continued From page 1 V 113

procedures are consistently implemented places all patients at risk of harm related to the possibility of infection transmission.

Findings:

1. During observations of patient care on 12/3/2013 at 8:40 AM, Surveyor #1 observed Staff #1 (a Provider) talking to the patient in Station #20 while kneeling on the floor next to the patient. Staff #1 was wearing personal protective equipment (overcoat) while resting his/her forearms on the patient's chair. The staff person was noted as touching the patient's clothing and the chair with "un-gloved hands". The staff person took a stethoscope from around his/her neck and proceeded to place it on the patient's upper chest area. The staff member then touched the patient's arm before leaving the station. The staff member then walked to a horizontal surface near the nursing station, removed a piece of paper from the overcoat pocket, proceeded to write on the paper then walked to another patient station. The staff person never washed or disinfected his/her hands or the stethoscope after leaving the patient's station.
2. Staff #1 proceeded directly to Station #8. He/she then touched the patient's chair without previously washing or disinfecting his/her "un-gloved hands". The staff person took a stethoscope from around his/her neck and proceeded to place it on the patient's upper chest area. The staff member then touched the patient's arm before leaving the station. The staff person never washed or disinfected his/her hands or the stethoscope after leaving the patient's station.
3. Staff #1 proceeded directly to Station #31.

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V 113	Continued From page 2 He/she then touched the patient's chair without previously washing or disinfecting his/her "un-gloved hands". The staff person took a stethoscope from around his/her neck and proceeded to place it on the patient's upper chest area. The staff member then touched the patient's chair again before leaving the station. The staff person never washed or disinfected his/her hands after leaving the patient's station.  4. On 12/2/2013 at 1:30 PM Surveyor #3 observed Staff #2 (Patient Care Technician-PCT) remove a pair of gloves without performing hand hygiene (HH). The PCT donned a new pair of gloves and proceeded to perform a patient care task.  5. On 12/3/2013 at 9:00 AM Surveyor #3 observed Staff #3 (Registered Nurse-RN) administer an intravenous injection, removed gloves and never accomplished HH. S/he then touched his/her face, performed other tasks, and then put on a new pair of gloves without performing HH.  6. On 12/3/2013 at 10:00 AM Surveyor #3 observed Staff # 4 RN administer an intravenous medication by connecting a bag of drugs to the patient's central venous catheter (a tubing that goes into a large vein). S/he did not perform HH after removing his/her gloves.  7. On 12/3/2013 from 2:00 PM to approximately 2:20 PM Surveyor #3 observed Staff #5 (PCT) prepping the hemodialysis machine for a patient's treatment. During the process, the staff member made contact with the patient to perform care and assessments without performing HH. On three other occasions the PCT removed one glove rather than both, did no HH, and replaced it with a	V 113			

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V 113	Continued From page 3 new glove. S/he also removed both gloves once without performing HH, then donned new ones. The PCT was observed wearing a mask and stated that s/he thought s/he had mild cold symptoms. Surveyor #3 observed the PCT repeatedly touching the center, potentially contaminated area of the mask, with gloved and un-gloved hands, without performing hand hygiene.  8. On 12/3/2013 approximately 3:00 PM to 3:20 PM Surveyor #3 observed Staff #6 (Advanced Registered Nurse Practitioner) examine a patient, then remove gloves but did not perform HH. The staff member then donned a new pair of gloves, examined another patient, again removing gloves without doing HH.  9. On 12/2/2013 beginning at 3:10 PM Surveyor #3 observed Staff #8 PCT while removing a patient with a central venous catheter from the dialysis machine. The PCT removed contaminated gloves and donned new ones without doing HH.	V 113			
V 413	494.60(d)(3) PE-ER EQUIP ON PREMISES-02, AED, SUCTION  Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.  This Standard is not met as evidenced by: Based on observations the facility failed to assure that all emergency medical equipment and/or supplies had not expired. Failure on the part of the facility to assure that equipment and supplies are not expired puts patients at risk.	V 413			

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V 413	Continued From page 4  Findings:  1. On 12/2/2013, Surveyor #2 surveyed the contents of two emergency disaster kits and noted that one disaster kit contained expired Arterio-Venous (AV) fistula needle kits (expired Oct. 2013) and expired clinical thermometers "Therms Dots" (expired 2010-06). The second disaster kit also contained expired AV fistula needle kits (expired Oct. 2013).  2. On 12/2/2013, Surveyor #2 noted that in the front storage room of the facility there was a partial box of expired dialysis priming sets (expired APR 2013).	V 413		

## **Plan of Correction for SeaTac Kidney Center**

**Provider Number 502509**

**Page1**

### **V113 494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE**

Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.

#### **HOW:**

1. The details of the Medicare survey on 12/04/2013 will be discussed during a staff meeting.
2. Staff education reviewing the principles of "clean" and "dirty" with emphasis on hand hygiene before putting on gloves and after removing gloves will be provided to staff.
3. Staff will be encouraged to point out breaks in technique to each other.
4. Staff will be empowered to ensure physicians, ARNP's and others in the patient care area, follow infection control policies.
5. Infection control signs, including cleaning stethoscopes with alcohol between patients, will be placed in strategic locations in the unit. Alcohol swabs will be widely available in the patient care area.
6. Dr. Ahmad, NKC CMO, wrote an article for the December 2013 Physician Update outlining expected physician infection control practices in the dialysis units.
7. NKC has recently required MD's, MSW's, RD's and others coming into the patient care areas to wear PPE.

#### **WHO:**

Agnes Chow, Unit Manager, Sheila Bennett, Clinical Director, Marta Cayco, Care Manager, Deb Tinneland, Care Manager and Paula Mallory, Care Manager.

#### **WHAT:**

Staff audits will be performed monthly and results communicated to the staff. An initial audit including each staff member will be done and followed monthly by at least 20% of staff and representing both shifts.

#### **WHEN:**

This action plan will be completed by 2/4/2014 with audits continuing monthly.



## **Plan of Correction for Sea Tac Kidney Center**

**Provider number 502509**

**Page 2**

### **V 413 494.60(d)(3) PE-ER EQUIP ON PREMISES-02, AED, SUCTION**

Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.

#### **HOW:**

The items past their expiration dates in the 2 disaster boxes and front storage room were replaced prior to completion of the Medicare survey 12/04/2013.

#### **Who:**

Agnes Chow, Unit Manager, Rebecca Rogers, Unit Assistant and Sheila Bennett, Clinical Director.

#### **What:**

1. Monthly checks of the items and expiration dates in the disaster boxes and front storage area will be completed by the same person, the Unit Assistant. A check list will be completed and by the unit Assistant and reviewed by Agnes Chow, Unit Manager. The completed checklists will be kept in the unit until the next Medicare survey is done.
2. The emergency equipment, including, but not limited to, the airways, suction and AED will be continue to be checked daily by the staff.

#### **WHEN:**

The expired items were replaced on 12/02/2013.