STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47852 • Olympia, Washington 98504-7852

Facilities and Services Licensing Investigations and Inspection Office

To: Deborah Kuhlman Clinical Director

Broadway Kidney Center

Date: July 17, 2012

Please find attached a STATEMENT OF DEFICIENCIES from your recent facility inspection. Two documents are now required from your facility (the due dates are listed below): PLAN OF CORRECTION and PROGRESS REPORT.

PLAN OF CORRECTION

REQUIREMENTS:

- A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.
- 2. EACH plan of correction statement must include the following:
 - The regulation number and/or the tag number;
 - HOW the deficiency will be corrected;
 - WHO is responsible for making the correction;
 - WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and
 - WHEN the correction will be completed.
- Your PLAN OF CORRECTION must be returned within 10 working days from the date you receive the Statement of Deficiencies.

Your PLAN OF CORRECTION should be returned approximately by July 27, 2012

- The Administrator or Representative's signature is required on the first page of the original. Each subsequent page must be INITIALED IN THE LOWER RIGHT HAND CORNER.
- 5. Return the original report with the required signatures.

HELPFUL HINTS:

- An incomplete and or incorrectly completed PLAN OF CORRECTION cannot be accepted and may be returned to the facility.
- The regulation number immediately precedes the text of the statement of deficiency. The "Tag" number is found in the margin to the far left of the statement of deficiency. Your plan of correction cannot be processed without the reference numbers.

PLEASE NOTE: Completion dates for required corrections must not exceed 60 days from the date of the survey EXIT without prior approval of the survey Team Leader.

The Required Date of Correction must be no later than: September 12, 2012

- Keep a copy of the Statement of Deficiencies and your Plan of Correction for your records.
- 4. The first page of the original report must be signed, and each subsequent page <u>must</u> be initialed to avoid being returned.

PROGRESS REPORT

REQUIREMENTS:

- The Progress report is due when all items are corrected, but no later than 90 days from the survey exit date. The Progress report is due by: NA
- The Progress Report must address all items listed in the Plan of Correction. It must:
 - Include the regulation or tag numbers;
 - · Identify the actual completed dates of all items; and
 - Report the summary results of your monitoring activities that demonstrate compliance.

HELPFUL HINTS:

- Additional progress reports may be required if the Department agreed to extend completion dates for some items. The survey Team Leader will inform you if additional reports are required.
- You must include the reference numbers in order for all paperwork to be completed.

2

Please return the completed reports to: Lee Malmberg, RS, Department of Health, PMB 337, 6947 Coal Creek Parkway SE Newcastle, WA 98059-3159

If you have any questions, please call me at (425) 254-0895

Printed: 07/17/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	N	(X3) DATE SI COMPLE	
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NAME OF PROVIDER OR SUPP NKC - BROADWAY KI	PLIER DNEY CENTER - ELLIOT	700 BRO		STATE, ZIP CODE			
PREFIX (EACH DEF	RY STATEMENT OF DEFICIENCE ICIENCY MUST BE PRECEDED BY RY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORR	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) . COMPLETION DATE
V 000 INITIAL COM	MENTS	4	V 000	THE STEWNSON			
	E-CERTIFICATION SURV RENAL DISEASE	EY FOR					
Disease facilit July 10-12, 20	r Medicare End State Rena y re-certification was condu 12 by Lee Malmberg, RS, RN and Larry Anderson, R	ucted on 🌅 Stephen		e 1			
(DOH) staff re for Coverage Renal Disease found NKC Br	-site survey, Department of viewed all the Medicare Co set forth in 42 CFR 494, Er e Facilities. The Departmer oadway Kidney Center in mpliance with all the Condi ed below:	onditions nd Stage nt staff	To the second se	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	and and		
Shell # LECY	l1 ¹	- 9	12 12				
V 354 494.50(b)(1) N	MONITOR-DIALYSIS/PT'S URSE	Å.	V 354				
	patient's clinical course urse of the patient should l	he	4	eff	# X3		The United States
observed and identify possib reprocessed d	recorded during each dialy le complications caused by ialyzers. Dialyzer failures s	sis to new or	. 01	160			
Applicable hor assistants sho	systematically evaluated. ne dialysis patients and the uld be instructed in the app ecording requirements, and edures.	propriate			* * * * * * * * * * * * * * * * * * *	m ja	
This Standard Surveyor #1	is not met as evidenced b	y:	0.0000000000000000000000000000000000000	n 2	× 1065	e a	30
staff providing facility failed to	ical record review, as verifications to the electronic reensure that the clinical coppositions of the provider/supplier representations.	cord, the urse of	ATURE	TIT		3	(X6) DATE

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.

	TATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 502556		(X2) MULTII A. BUILDINI	PLE CONSTRUCTION	(X3) ĐẠTE S COMPLE	
1/1		502556	B. WING		07/1	2/2012
	ROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT 700 B	DDRESS, CITY, S ROADWAY TLE, WA 98	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
V 354	Continued From pa		V 354			
	recorded during each records reviewed for	quately observed and children				47
į	#3, #8).	Υ.				
E E E E E E E E E E E E E E E E E E E		ly monitor patients places n should staff fail to identify ons.				
	procedure titled "Se Dialyzers" #HDP-S1 important to read the basis and then dete	ew of facility policy and tting Up and Priming 9012, it states "Heparin: it is e heparin syringe on an hourly rmine whether or not the	300			
	9	ordered hourly dose".		g 8		
	Findings:	_ * * * * * * * * * * * * * * * * * * *			9	
1	receiving hemodialy dated 6/19/2012, the pre-bolus of 1500 ui	r, Patient #1 was a 62 year old sis. Per physician order, a patient was to be given a nits of heparin and then ar hour with the infusion to	THE REAL PROPERTY OF THE PARTY	* :	и в	
	stop 60 minutes bef time (4.5 hours later Per review of the	ore the end of the treatment				
	showed the "remain was 1500 units at 6:	on 7/2/2012. The charting ing heparin" to be infused 16 AM, 1000 units at 7:15 t 8:16 AM. However, at 8:46			¥	
-	the record shows the and remained "0" for treatment period.	at the remaining heparin is "0" r the last 90 minutes of the		ille di il	11 396 K	
	address any of the for rate of heparin infusion was the "remaining homis-read in the syrin	cumentation in the record to ollowing: a) why the apparent ion doubled after 8:16 AM; b) neparin" amount of heparin ge; c) were licensed staff				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 07/17/2012 FORM APPROVED

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
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NAMEOC	PROVIDER OR SUPPLIER		DDEER OITY A	TATE, ZIP CODE	0771	E-2012
		Y CENTER - ELLIOT 700 BI	ROADWAY			
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V 354	Continued From p	age 2	V 354	William and II age	***	1
H.		taff aware that the termination	JE			
	time of the infusior	was not documented; and e)	1	≥ "		
		nt of heparin, originally put into			9 6	
		e (1500 units), insufficient to		9		
		ate of 500 units per hour for				
		nave been 1750 units).	22	¥ .	1 125	
	Per review of th	e hemodialysis charting screen		25		
		edical record, the dialysis start		** Interpr	c	1
¥**		M on 7/4/2012. The charting				
		ning heparin" to be infused				
		5:14 AM, 1000 units at 6:42	i			
	AM, 500 units at 7:	12 AM, 500 units at 7:42 AM;				
22	and "0" units at 8:1					
$\mu = \infty$		ocumentation in the record to	li li			
		following: a) why the				
		of the infusion was still 1000				lis to
		tes; b) why the remaining	le:			
		sion was 500 units at 7:12 AM	1			
		s still 500 units at 7:42 AM; c)		* -		
		amount of the infusion was				i:
		from 7:42 AM to 9:20 AM; d)				
- 9	mis read in the evri	heparin" amount of heparin nge; e) were licensed staff				
	aware of any proble	em associated with the heparin	1		(%)	i .
		aff aware that the termination	*			1 8
		was to be at 9:36 AM and	. 1			
		lly no heparin being infused				E.
		:36 AM ; and g) why was the		E		
		originally put into the infusion	. 1		. 58 8	
), insufficient to meet the		39		
		units per hour for 3.5 hours			10	
	(should have been					
			1			
W 1	2. Per record review	v, Patient #2 was a 57 year old	× = 1			
	receiving hemodial	ysis. Per physician order,		(A)		
	dated 6/19/2012, th	e patient was to be given a	1			
12.4		nits of heparin and then				E *
		er hour with the infusion to	5× -			
	stop 60 minutes be time (4 hours later).	fore the end of the treatment	#	н	ř.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SI COMPLE		
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	ROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT	700 BR	DRESS, CITY, S COADWAY LE, WA 98	TATE, ZIP CODE	8 8	1
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V 354	Per review of the in the electronic me time was at 5:57 AN showed the "remair was 3000 units at 5 AM, 1600 units at 7 and "0" at 9:58 AM 10:01 AM. However infusion should have the physician's There was no do address any of the heparin amount was the syringe instead physician's order re staff aware of any pheparin infusion; c) heparin, originally p (3000 units), in exce	e hemodialysis chartical dical record, the dialy on 7/9/2012. The ching heparin" to be in 58 AM, 2300 units at 358 AM, 800 units at with a treatment stope, per physician's ordered stopped at 9:00 ontinued for another comentation in the recomentation in the reco	ysis start harting fused t 6:58 8:58 AM, time of er, the 01 AM. hour ecord to initial aced in eet the licensed with the of rringe meet the	V 354.			
	receiving hemodialy dated 6/19/2012, the pre-bolus of 1000 ur receive 500 units per stop 90 minutes bef time (4 hours later). Per review of the in the electronic mentime was at 6:08 Plus showed the "remain was 1000 units at 6:10:10 PM. However infusion should have Thus, the infusion a	y, Patient #3 was a 52 sis. Per physician or e patient was to be go nits of heparin and the hour with the infusione the end of the tree hemodialysis charting dical record, the dialy 1 on 7/6/2012. The ching heparin" to be infully 10 PM, and 500 units, per physician's order been stopped at 9: oparently continued for physician's ordered	der, iven a ien on to eatment ing screen ivsis start narting iused s at er, the 12 PM. iven iven in the iven in th				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 502556			A. BUILDING	LE CONSTRUCTIO	N 1	(X3) DATE SI COMPLE	
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100	address any of the the heparin amount was	ocumentation in the r following: a) why the s "1000 units" was pl	initial aced in					
4	physician's order re	of "1250 units" to me quirements; b) were roblem associated w	licensed					
	4. Per record review receiving hemodialy	v, Patient #8 was a 5 rsis. Per physician or	der, the		j P	s		ending and the second
	review of the hemodelectronic medical re	ve 1000 units per ho dialysis charting scre ecord, the dialysis st 7/2/2012. The chartir	en in the art time		. Ta	<i>a</i>		
	showed the "remain was 2000 units at 8 of infused heparin w minutes late). At 10 should have been d	rizizo12. The charting heparin" to be in the state of the	fused mentation AM (31 g heparin ut the		* . 		3 y	and the state of t
V 403	494.60(b) PE-EQUI MAINTENANCE-MA	PMENT ANUFACTURER'S D	FU	V 403			æ	1
8	a program to ensure emergency equipme	must implement and e that all equipment (ent, dialysis machine water treatment syst	including s and		£ 81 g	2		
	maintained and ope manufacturer's reco	rated in accordance mmendations.	with the			40		
	This Standard is no Surveyor #2	t met as evidenced b	oy:					
		on the dialysis center maintained and ope manufacturer's		*	23	2 R 4	ex	

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER	/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMI	BEK:	A. BUILDIN	G	COMPLE	משוו.
	397	502556		B. WING		07/1	2/2012
	ROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT	700 BF	ORESS, CITY, ROADWAY LE, WA 9		2	
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V 403		•		V 403	74 1/2 1/2	184 E.I	
7 32	glucometers are ma the manufacturer's	ncillary equipment suc aintained in accordanc instructions places the equipment failure and alts.	ce with	4		ge G Pap	The state of the s
	Finding:	À	1			*1	
_			1	9			
	3::05 PM the survey level 2 test solution were opened and ir were not dated on to manufacturer record solution bottles (levidays after opening.	g environmental round yor found that the level bottles for the glucomenuse, but the test solution when open mended the glucomenuse of and level 2) expired that the solutions were detailed.	el 1 and neter utions ed. The eter test e 30 on the			e e e	
	Surveyor #1			× *		8	
-	ensure that supplies and residual chlora	ons, the facility failed s used to test fluid cor mines/chlorine were dance with the manuf	nductivity			O M M M M M M M M M M M M M M M M M M M	
	fluids places all pati	supplies for testing of ents at risk for harm r nful fluids being inject	elated to	5 5			
	Findings:					e (e) 41 =	
	following was noted 14.0 Millisiemens st conductivity testing	al rounds on 7/10/20 : a) a container of Myl andardized solution for was found with a	ron L or	3		# ;	# 1

	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SI COMPLE	
() XII	14	502556		B. WING	24 24 3	07/1	2/2012
	ROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT	700 BR	ROADWAY LE, WA 981			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
V 403	chlorine or peroxide manufacturer states discarded after beir None of the contain discard date" on the products should no care. These observ	ers of 'Water check set were found opened is that they should be ag opened within 30 ders had an "opening ern to alert staff that the longer be used for partions were verified by the staff of the staf	I. The lays. or hese atient by the	V 403	· · · · · · · · · · · · · · · · · · ·	£	
V 408	_		ation.	V 408	27 // 28	¥	10
3 *	and procedures to r medical emergencie the health or safety the public. These en not limited to, fire, e care-related emerge interruption, and na	must implement produced and es that are likely to the of the patients, the smergencies include, leading ment or power francies, water supply tural disasters likely to	non reaten taff, or but are ailures,	***			
	in the facility's geog This Standard is no Surveyor #1	raphic area. It met as evidenced t	py:		4 8		
e e e e e e e e e e e e e e e e e e e	administrative staff, implement processe	on and interview with the dialysis center fa es to manage medica ould threaten the hea s.	iled to			* * *	
	emergency medical places the patients	nd monitor the facilit kits of expired suppl at risk for receiving p applies during an emo	ies ossible		* * *		
	Findings:	38 G	- 1	3		\$ K W	52

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLE	
	ec 	502556	×	B. WING_	· · · · · · · · · · · · · · · · · · ·	07/1	2/2012
	PROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT	700 BR	RESS, CITY, ROADWAY LE, WA 9		* 1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE ** HE APPROPRIATE	(X5) COMPLETION DATE
V 408	center's emergency found the twelve (12 bags had a manufa September 2011. T	ge 7 g a review of the dial medical kit the survey 1000 ml saline introducer's expiration danis observation was for checking the kits	eyor avenous ite of confirmed	V 408		† s	
V 558	494,90(b)(2) POC-li DAYS P PT ASSES	MPLEMENT UPDAT S nonthly or annual upo	E-15	V 558			
		at be performed with ion of the additional ied in §494.80(d).		2 B		100 a 400 a 500 a	2.6
	This Standard is no Surveyor #1	t met as evidenced l	by:	ю	, , , , , , , , , , , , , , , , , , ,		e e
. /	ensure that a patien implemented within comprehensive pati	riew, the facility failed t's plan of care was 15 days of completic ent assessment for 1 care planning (Pati	on of the			2 S	
	Failure to complete of a dialysis patient's ability to develop an		acility's 🗼	· ·			
	Findings:	ž ⁴	- 1			9	
	1. Per review of Pati assessment was con social work assessment 7/28/2011 and the d completed on 6/7/20 planning meeting was Thus, the meeting was	mpleted on 8/15/201 nent was completed letary assessment w 11. The date of the our is recorded on 8/16/2	1, the on eas care 2011.				
V 676	494.130 LAB-CLIA L The dialysis facility n	9	Î	V 676			

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 502556		A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	,
79	()4	502556	B. WING		07/12/201	2
	ROVIDER OR SUPPLIER ROADWAY KIDNE	Y CENTER - ELLIOT 700 BI	DRESS, CITY, S ROADWAY FLE, WA 98	TATE, ZIP CODE 1122	8	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COM	(X5) PLETION DATE
V 676	Continued From p	age 8	V 676			
2 2	available, laborato pathology and hist needs of the ESRI services, including histocompatibility r	ry services (other than tissue occompatibility) to meet the D patient. Any laboratory tissue pathology and nust be furnished by or		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	×4.	ia)
		cility that meets the boratory services specified in apter.		*		
	This Standard is r Surveyor #1	ot met as evidenced by:		e: e		
discount of the state of the st	ensure that laborat	ions, the facility failed to ory supplies, used for ts, were available for patient		e e e e e e e e e e e e e e e e e e e		
60	and thus not availa patients at risk of r	nat supplies are not expired ble for patient use places all ot having required laboratory an acceptable timeframe.				
	Findings:			C 2		
	i mantgo.	(C)	[96		2:
	following was noted for urine analysis w manufacturer's exp	tal rounds on 7/10/2012, the d: a) a container of "Hemastix" was found that had a principle of 12/2011; b) a popult developer" was noted with of 11/2010.				
V 715	494.150(c)(2)(i) MI ADHERE TO P&P	RESP-ENSURE ALL	V 715			
	admissions, patient safety are adhered patients in the facili	or must- procedures relative to patient care, infection control, and to by all individuals who treat ty, including attending physician providers;				

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) MULTIF	PLE CONSTRUCTIO	ON _	(X3) DATE COMPI	
21		502556	B. V	VING			07/	12/2012
	ROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT 70	ET ADDRESS 00 BROAD EATTLE, V	WAY	3122			
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V 715	Continued From pa	ge 9	1	715		= ;,		
	This Standard is no Surveyor #1	ot met as evidenced by:			a a	T	(A Commence of Comm
	policy and procedur ensure that policies followed by patient	ecord review and review o es, medical director failed and procedures were care staff for 2 of 7 record ents (Patient #1, #3).	to		er **			
	followed places all p to care and treatme	at policies and procedures patients at risk of harm rela nt may not be consistently bed in the policies and	ated			on the of	Kas	
	procedure titled 'He #CD-H1024, it state monitored every hal medically indicated.	C will include assessment	of		100 -		* × ×	A A STATE OF THE S
	receiving hemodialy hemodialysis chartir medical record, the AM on 7/4/2012. The "acknowledge time" nurse documents wassessed. The recoassessment was do then not again until	spaces were the licensed hen the patient was rd showed that an cumented at 7:18 AM and 3:36 AM (18 minutes late)	3:10				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
4	parameters being co	ws machine patient care ollected at 8:42 AM, 8:51 A nd 9:42 AM. However, the				E.	2	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	TIPLE CONSTRUCT	ION		(X3) DATE S COMPLE	
*	JNI	502556	2	B. WING_	310-31-			07/1	2/2012
	PROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT	700 BR	RESS, CITY, OADWAY LE, WA 9					2.
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CO	ER'S PLAN OF C RRECTIVE ACTIVE ERENCED TO TH DEFICIENCY	ON SHOU HE APPRO	LD BE	(X5) COMPLETION DATE
V 715	licensed nurse doctors these parameters we collected parameter documented at 9:00 documented license	umented time for asserias at 9:43 AM for all rs. Thus, no assessmed AM or 9:36 AM. The anurse assessment was which w	of the ent was next vas at	V 715		in the second	, v		
	2. Per record review receiving hemodialy hemodialysis chartin medical record, the PM on 7/6/2012. The "acknowledge time" nurse documents wassessed. The recoassessment was do then not again until The next assessme	v, Patient #3 was a 52 vsis. Per review of the ng screen in the elect dialysis start time was e screen showed spaces were the lice hen the patient was	ronic s at 6:08 nsed I and late)	T				1 P	
	accurate, and access including home patie dialysis supplies and that is not a provider	must maintain comple sible records on all prents who elect to rece dequipment from a sur of ESRD services ar patients whose care i	atients, eive upplier nd all	V 726	a *	a si	, S	5	
	Surveyor #1 Based on medical restaff providing access facility failed to ensuwas complete and a	ecord review, as verifies to the electronic record record record record record record to the electronic record to the ele	ed by cord, the cord ords				- (E)	 	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 07/17/2012 FORM APPROVED

CENTER	RS FOR MEDICARE	& MEDICAID SERVI	CES					OMB NO	. 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULT A. BUILDIN	TPLE CONST	TRUCTION		(X3) DATE SI COMPLE	
		502556		B. WING_		Section of		07/1:	2/2012
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP	CODE	19191		
NKC - B	ROADWAY KIDNEY	CENTER - ELLIOT		ROADWAY			8		
				LE, WA 9		15			
(X4) ID	QLIMMADV QT	ATEMENT OF DEFICIENCIE				ייייייייייייייייייייייייייייייייייייייי	DIAN OF COURS	TION	(X5)
PREFIX		Y MUST BE PRECEDED BY		ID PREFIX			I PLAN OF CORRE CTIVÉ ACTION SHI		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORM	ATION)	TAG	CROS		NCED TO THE APP	ROPRIATE	DATE
	1				£		DEFICIENCY)		~
V 726	Continued From pa	age 11	9 8	V 726					
				*		6	389. %		-
	Failure to ensure th	at records are compl	ete and				74		
		tients at risk of harm		F (2)	10		4.*		i .
		possible complication		m - 2	Ŷ				8
		t accurately describin	ig the						
	patient's treatments	i. **	1			12			
	Findings:		· · · · · · · · · · · · · · · · · · ·	×.					-
	i ilidiligə.		a 4			ė.			
	1 Per record review	v, Patient #1 was a 6	2 year old		Î				
	receiving hemodials	sis. Per review of the	e year old						
		ng screen in the elect							
		dialysis start time wa							
	AM on 7/2/2012. Th	ne charting showed th	е						
1		to be infused was "0							
		" for the last 90 minu						is:	
	treatment period.			9					
a. 8		ocumentation in the re	ecord to						
		following: a) was the	ŧ		i				
		amount of heparin n							
		ere licensed staff awa							
1		with the heparin infu							-
		that the termination t	ime of				**		
. 1	the infusion was not		a coroon				×	6.7	
j		hemodialysis chartir dical record, the dialy			0		. 8		
. 1		on 7/4/2012. The cl		*.				m.	
1		ing heparin" to be inf							
		:14 AM, 1000 units at							8
1		2 AM, 500 units at 7:			1				
1	and "0" units at 8:12			2.0					
i	There was no do	cumentation in the re	cord to					. 4	
	address any of the f		= 1						
1	remaining amount o	f the infusion was stil			İ				
		es; b) why the remain		0.5	*	100			
		on was 500 units at 7		•					
		still 500 units at 7:42			*58				
		mount of the infusior							
		rom 7:42 AM to 9:20						16	
	was the "remaining I	heparin" amount of h	eparin 🐘		5			a)	2

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
502556		B, WING	——————————————————————————————————————	07/12/2012		
	ROVIDER OR SUPPLIER ROADWAY KIDNEY	CENTER - ELLIOT 700 BR	PRESS, CITY, S COADWAY LE, WA 98	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE COMPLETION	
V 726	mis-read in the syring aware of any proble infusion; f) were statime of the infusion	nge; e) were licensed staff m associated with the heparin ff aware that the termination was to be at 9:36 AM and y no heparin being infused	V 726			
The state of the s	receiving hemodialy dated 6/19/2012, the pre-bolus of 3800 un receive 750 units per stop 60 minutes bef time (4 hours later). Per review of the in the electronic metime was at 5:57 AM showed the initial arbe 3000 units. There about why the infusi	r, Patient #2 was a 57 year old sis. Per physician order, e patient was to be given a nits of heparin and then er hour with the infusion to ore the end of the treatment hemodialysis charting screen dical record, the dialysis start in on 7/9/2012. The charting mount of infusing heparin to e was no documentation on was not stopped one hour at termination time, per				
	receiving hemodialy dated 6/19/2012, the pre-bolus of 1000 ur receive 500 units pe stop 90 minutes befutime (4 hours later). Per review of the in the electronic meditime was at 6:08 PM showed the "remaini was 1000 units at 6:00 documentation of the PM or at 8:10 PM. Tunits" remained to be was the time of term	patient #3 was a 52 year old sis. Per physician order; e patient was to be given a nits of heparin and then r hour with the infusion to bre the end of the treatment hemodialysis charting screen tical record, the dialysis start on 7/6/2012. The charting ng heparin" to be infused 10 PM. There was no e "amount infused" at 7:10 he record showed that "500 e infused at 20:10 PM which ination.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 502556				A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		B. WING		07/12	07/12/2012		
	ROVIDER OR SUPPLIER ROADWAY KIDNE	Y CENTER - ELLIC	700 BI	DRESS, CITY, ST ROADWAY TLE, WA 981			
(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 C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	(X5) COMPLETIO DATE	
V 726	staff aware of any	following: a) were problem associated and b) why was the l	with the	V 726			
	receiving hemodia patient was to rece review of the hemo electronic medical was at 6:52 AM or	ew, Patient #8 was a lysis. Per physician eive 1000 units per odialysis charting so record, the dialysis of 7/2/2012. The cha	order, the hour. Per creen in the start time			* **	
	was 2000 units at of infused heparin minutes late). At 1 should have been	ining heparin" to be 8:54 AM and no doo was made until 10: 0:54 AM the remain documented as "0" umentation that the	cumentation 25 AM (31 hing heparin , but the				
	(80)	(5 €		E E		4	163
e.	0	* n					27
-	£ (0)		2				
1,	a				e, "i	- W	
	,	y	8		e e	3 5	= 172
	* II			1			
		# 35 5 F	es il		5 p		# V.