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

11/15/2010

Diane Heron
2150 N. 107th St. Ste. 160
Seattle, WA 98133

Dear Ms. Heron;

The Department of Health survey team has reviewed your progress report dated 11/10/2010, for deficiencies noted during the survey completed on 4/22/2010 with a delay until 9/3/2010. The progress report has been accepted and the following statement was entered into the electronic file for your facility:

> "This facility is in compliance with certification requirements based on an acceptable plan of correction. State Agency recommends re-licensure based on the attached documentation".

Please be advised that you will not be receiving documentation from this office regarding your licensure status. Your licensure status remains in effect unless you are notified in writing of a change in status.

Should you have any questions please feel free to contact me at (360) 371-7899.

Your cooperation in this matter has been and is appreciated.

Sincerely,

S. Mickschl

Stephen Mickschl, RN, MS
Department of Health
Facilities & Services Licensing

NORTHWEST
KIDNEY CENTERS

Port Angeles Kidney Center

November 10, 2010

Stephen B. Mickschl, RN, MS
Department of Health
PO Box 1870
Blaine, WA 98231-1870

Dear Mr. Mickschl,

Enclosed is the progress report from the Medicare Re-Certification inspection at Port Angeles Kidney Center on April 22, 2010.

Please contact me with any questions you may have about the progress report.

I can be reached at 206-720-8528.

Sincerely,

Diane Heron, RN
Clinical Director
Port Angeles Kidney Center

Since 1962,
a nonprofit,
community-based
health care provider

14 dialysis facilities
located in:

Auburn
Bellevue
First Hill
Kent
Lake City
Northgate
Port Angeles
Renton
SeaTac
Snoqualmie
Totem Lake
West Seattle

Dialysis services also
provided in:

200 Homes
11 Hospitals

809 Georgiana St.

Port Angeles, WA 98362

Ph: 360.565.1435

Fx: 360.565.1440

www.nwkidney.org

Progress Report for Port Angeles Kidney Center

V 228 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference

5.4.4.1 Mixing Systems: labeling

Each mixing tank has a label affixed to it that includes the date the tank was mixed and the chemical composition of the concentrate that was prepared in the tank. This information is written on a mixing log. The mixing logs are reviewed by the medical director at the monthly QAPI meeting. Results of the monthly review show that each tank being mixed has been labeled with the date mixed and the chemical composition of the concentrate prepared.
This correction was completed on 8-25-10.

V 416 494.60(d)(4) Emergency Preparedness

The facility must contact its local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in the event of an emergency.

Contact was made with Clallam County Emergency Management to notify them of the Port Angeles Kidney Center. Yearly contact will be made with Clallam County Management and letters indicating this contact will be included in the emergency notebook.
Results of an audit show that the letter sent to Clallam County Emergency Management is present in the unit's emergency notebook.

This correction was completed on 6-11-10.

NORTHWEST
KIDNEY CENTERS

September 9, 2010

Stephen Mickschl, RN, MS
P.O. Box 1870
Blaine, WA 98231-1870

RE: Port Angeles Kidney Center Plan of Correction

Dear Mr. Mickschl,

Attached please find the Plan of Correction for the April 22, 2010 survey of the Port Angeles Kidney Center. I am responding on behalf of Diane Heron who is out of the office until September 20, 2010.

Sincerely,

Connie Anderson BSN, MBA

Connie Anderson, BSN, MBA

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

Office of Investigation & Inspections
Clinical Care Facilities

To: DIANE HERON **Date: SEPTEMBER 3, 2010**

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:

1. 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.
3. Your PLAN OF CORRECTION must be returned within 10 **calendar** days from the date you receive the Statement of Deficiencies.

   Your PLAN OF CORRECTION should be returned approximately by **SEPTEMBER 17, 2010**.
4. **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:

1. An incomplete and or incorrectly completed PLAN OF CORRECTION cannot be accepted and may be returned to the facility.
2. 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: **ASAP**.
3. 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 **must** be initialed to avoid being returned.

PROGRESS REPORT

REQUIREMENTS:

1. 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: **NOVEMBER 22, 2010.**
2. 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:

1. 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.
2. You must include the reference numbers in order for all paperwork to be completed.

Please return the completed reports to: Stephen B. Mickschl, RN, MS, P.O. Box 1870, Blaine, WA. 98231-1870
If you have any questions, please call me at (360) 371-7899.

Printed: 09/03/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	502510	A. BUILDING _____ B. WING _____	04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORT ANGELES KIDNEY CENTER	809 GEORGIANA STREET PORT ANGELES, WA 98362

(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	INITIAL COMMENTS Surveyor: 08982 MEDICARE RECERTIFICATION SURVEY FOR END STAGE RENAL DISEASE This survey for Medicare End State Renal Disease facility recertification was conducted April 21, 2010 through April 22, 2010 by Stephen Mickschl, MS, RN and Lee Malmberg, RS. During this on-site survey, Department of Health (DOH) staff reviewed all the Medicare Conditions for Coverage set forth in 42 CFR 494, End Stage Renal Disease Facilities. The Department staff found the facility in substantial compliance with all the Conditions except as listed below: The survey included an inspection for a requested additional dialysis station (#9). Certification is advised. Shell # 1FBC11	V 000		
V 228	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 5.4.4.1 Mixing systems: labeling Labeling strategies should permit positive identification by anyone using the contents of mixing tanks, bulk storage/dispensing tanks, and small containers intended for use with a single hemodialysis machine. Mixing tanks: Prior to batch preparation, a label should be affixed to the mixing tank that includes the date of preparation and the chemical composition or formulation of the concentrate being prepared. This labeling should remain on the mixing tank until the tank has been emptied. Bulk storage/dispensing tanks: These tanks	V 228	How: The procedure was changed to include applying a tag with the date to the mixer with the correct concentrate listed. See pg 2 of procedure Who: Katherine Prince facility system manager is responsible for the procedure changes. When: At each monthly QAPI meeting the mixing logs are audited	8/25/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Constance Anderson TITLE: VP of Clinical Operations (X6) DATE: 9/13/10

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.

Printed: 09/03/2010
FORM APPROVED
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	502510	A. BUILDING _____ B. WING _____	04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORT ANGELES KIDNEY CENTER	809 GEORGIANA STREET PORT ANGELES, WA 98362

(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 228	Continued From page 1 should be permanently labeled to identify the chemical composition or formulation of their contents. Concentrate jugs: At a minimum, concentrate jugs should be labeled with sufficient information to differentiate the contents from other concentrate formulations used at the facility. This Standard is not met as evidenced by: Surveyor: 00210 Based on observation and interview with dialysis staff, the dialysis center failed to properly label the acid mixing tank to include the date of the preparation affixed to the mixing tank. Findings: On 4/22/2010 the surveyor observed that the acid mixing tank did not have the date that the acid mix was prepared affixed to the mixing tank. This was confirmed by the water tech (S1)during an interview by the surveyor on 4/22/2010.	V 228	and signed off by the Medical director. WHEN: Procedure was changed August 25, 2010. and all facility system specialists were trained on the new procedure 8/25/10	
V 416	494.60(d)(4) EMERGENCY PREPAREDNESS [The facility must-] (iii) Contact its local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in the event of an emergency. This Standard is not met as evidenced by: Surveyor: 00210 Based on review of disaster preparedness records and interview with technical staff, the dialysis center failed to provide documentation	V 416	How: See attached letter dated 6/11/2010. Contact was made with Clallam County Emergency Management WHO: Palomi Pallack-VP of Planning to assure responsible RKA/PAKC contacts in a disaster.	

Printed: 09/03/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	502510	A. BUILDING _____ B. WING _____	04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORT ANGELES KIDNEY CENTER	809 GEORGIANA STREET PORT ANGELES, WA 98362

(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 416	Continued From page 2 that it was in contact with the county or local emergency management agency at least annually. Failure by the dialysis center to maintain regular contact with the local emergency management agency places the dialysis patients at risk for possible injury by not informing the local emergency management agency about the special needs of their dialysis patients in the case of an emergency. Findings: On 4/22/2010 the surveyor reviewed disaster records and found there was no regular contact by the dialysis center with the county or local emergency management agency. This was also confirmed by technical staff (S1) during an interview by the surveyor on 4/22/2010.	V 416	WHAT: yearly contact will be made with letters included for the Emergency Notebooks as to the contact. WHEN: Completed as of 6/11/20.	

NORTHWEST
KIDNEY CENTERS

FACILITY SYSTEMS (FSS)/
GENERAL

BATCH MIXING HEMODIALYSIS CONCENTRATE SOLUTION

PURPOSE:

To outline the methodology of mixing one batch (either 132 or 99 gallons) of hemodialysis concentrate solution.

POLICY:

To be performed by the F.S.S or their trained designee.

SUPPLIES:

1 Granuflo Batch Production Record
1 10" 1 micron filter (New)
1 Designated Container
1 filter housing wrench
Boxes of **appropriate** dry chemicals
(8 boxes=132 gallons, 6 boxes=99 gallons)
RO or DI water
Designated Scissors
Graduate Cylinder
Hydrometers
Timer
Acid Transfer Hose
Gloves
Mask

PROCEDURE	KEY POINTS
Rinsing:	
1. Remove 10" 1 micron filter (located in filter housing at lower left side of unit, when facing front of unit), and place in designated container.	1. To avoid potential contamination from water and prevent bacterial growth, this MUST be done prior to rinse cycle.
2. Open the incoming water valve to the Granuflo Unit.	
3. Turn the "Red" power switch "On."	3. The switch is located on the left side of the unit as you face the front of the unit.
4. Press the "Start" button under "Rinse" to begin the rinse cycle. Look for lit green light next to "Fill" and directly under "Rinse".	
5. If the water source is from the DI backup system, perform a chlorine check following the Auto-carbon tank and record the results on the "Granuflo Batch Production Record."	5. Please wait 10 minutes before performing the chlorine check to allow the carbon tank to void and pull in new water.

6. Watch for completion of Rinse Cycle. (Approximately 45 minutes)	6. Rinse cycle is complete when green light next to "Cycle Complete" is flashing.
7. When Rinse Cycle is complete, replace 10" 1 micron filter removed prior to rinse.	7. This is the same filter you removed earlier, not a new filter.
PROCEDURE	KEY POINTS
Mixing:	
8. Check to see that mixing reservoir is empty by removing large black lid on top of unit and visually checking. Replace lid.	
9. Press the "Start" button under the "Dissolution" cycle to fill the tank.	9. Green light next to "Fill" and directly under "Dissolution" will be lit if cycle has started.
10. Start "Granuflo Batch Production Record".	
11. Hang correct concentrate sign on Granuflo Unit for the concentrate flavor to be mixed.	11. Put the date the concentrate was mixed on the tag and leave in place until concentrate is moved to holding tank
12. Select the correct number of boxes (for the batch size of the mixer) of the concentrate flavor to be mixed. Place the boxes next to the Granuflo Unit for second staff verification.	12. Ensure a "clean" area with no other boxes nearby. Theses boxes are 60lbs each, be sure to use correct body mechanics when lifting.
13. Check each box for correct catalog number, expiration date and lot number.	13. Complete pertinent section on Granuflo Batch Production Record as you proceed. Each box should have 1 bag of dextrose and 2 bags of sodium diacetate "Blend".
14. Have a second staff person verify steps 10-12 and initial on the "Granuflo Batch Production Record" form.	14. The second staff person to verify must be another FSS, DTII, LPN or RN.
15. Check Granuflo Unit for Readiness to proceed. "Add Granules" light will be flashing if ready.	15. When appropriate water level is reached, the Granuflo Unit water valve will turn "Off" and "Add Granules" light will begin to flash.
16. Remove the lid from the top of the tank and add the granules to the water. Replace the lid.	16. **Be sure to wear a mask and gloves during this part of the procedure.** Be sure to add all bags from the appropriate number of boxes selected (according to the size of the mixer). Place all boxes next to the mixer for second staff verification.

17. Press the "Start" button below "Dissolution" on the Granuflo Unit.	
a) Mixer will proceed to the "Mixing" stage which will last approximately 45 minutes.	a) Steady green light next to "Mix" will be lit.
b) Mixer will then proceed to the "Deaeration" stage for 5 minutes (to separate the air out of the solution).	b) Steady green light next to "Deaeration" will be lit.
c) Mixer will then proceed to the "Final Fill" for 4-5 minutes.	c) Steady green light next to "Final Fill" will be lit.
d) Mixer will then proceed to the "Homogenize" stage for approximately 10 minutes.	d) Steady green light next to "Homogenize" will be lit.

18. Return to the Granuflo Unit and check For the flashing green light next to "Transfer."	18. When the solution is ready to be checked, the green light next to "Transfer" will be lit. Note that the acid bath concentrate should not be stored in the dissolution tank longer than two weeks from the date of mixing.
19. Close the incoming water valve to the Granuflo Unit.	19. This will prevent the concentrate from becoming diluted should the solenoid valve on the Granuflo Unit fail.
PROCEDURE	**KEY POINTS**
Transfer:	
20. Remove the lid and check the concentrate solution to make sure all of the powder has dissolved.	20. If the powder has not dissolved completely, the solution will have to be mixed again.
21. Submerge a graduate cylinder into the concentrate, filling at least 2/3 full.	21. The graduate cylinder must be rinsed with RO or DI water prior to use to ensure accuracy of the measurement. Tap water must **NOT** be used.
22. Place two hydrometers into the graduate cylinder and allow them to float.	22. Hydrometers must be rinsed with RO or DI water prior to use to ensure accuracy of the measurement. Tap water must **NOT** be used.
23. Allow the hydrometers to settle and then read the values at the concentrate level. Record the results on the "Granuflo Batch Production Record."	23. Refer to the specific gravity and hydrometer scale charts.
24. Have a second staff person check the hydrometers to verify the readings obtained.	

25. Connect the acid transfer hose to the Granuflo Unit at the end of the pipe near the filter housing.	
26. Place the other end in a sink just above the drain and have the second staff person hold onto the hose.	
27. Open the red valve near the filter housing.	
28. Press the 'Start" button under Dissolution and allow the concentrate to run to drain for 30 seconds.	
29. Press the "Pause" button.	
30. Close the red valve.	
31. Remove the hose from the sink and connect it to the appropriate concentrate storage tank.	
32. Two staff must now verify that the concentrate in the Granuflo Unit about to be transferred is connected to the storage tank with the same concentrate flavor.	32. Verify by the labeling on the storage tank and the Granuflo Unit. The second staff person to verify must be another FSS, DTII, LPN or RN.
33. Both staff should initial the appropriate section on the "Granuflo Batch Production Record."	33. Second staff person may now resume other work duties.
34. Set a timer for thirty minutes.	
35. Open the red valve near the filter housing and if applicable, the valve on the piping to the storage tank.	
36. Press the "Start" button under Dissolution.	
37. Start the timer.	37. The Granuflo Unit will now be in the "Transfer" stage. This should take approximately 20 minutes. If the transfer takes longer than 30 minutes, the 10" micron filter needs to be replaced.
38. Upon completion of the "Transfer" stage, the green light next to "Cycle Complete" will be flashing.	
39. If no further batches of solution are to be made, turn the Granuflo Unit "Off.".	39. The on/off switch is located on the left side of the unit.
40. Close the red valve near the filter housing and if applicable, the valve on the piping to the storage tank.	

41. Disconnect the hose from the Granuflo Unit and storage tank.	
42. Drain the hose in the sink and hang to dry.	
43. Recap the pipe on the Granuflo Unit.	
44. Remove the concentrate label from the Granuflo Unit.	
45. Clean the hydrometers and graduate cylinder, using the same procedure as used earlier.	
46. Assure that the "Granuflo Batch Production Record" is complete.	
47. Clean the work area of any other remaining items that need to be put away or discarded.	

NORTHWEST
KIDNEY CENTERS

June 11, 2010

Penelope Linterman
Program Coordinator
Clallam County Emergency Management
223 East 4th Street – Suite 12
Port Angeles, WA 98362

SUBJECT: Dialysis Provider Participation – Local Disaster Plan
NKC Port Angeles Kidney Center
809 Georgiana Street
Port Angeles, WA 98362
Phone 360-565-1435
Manager: Kathy Lilienthal, RN

Dear Ms. Linterman:

This letter is a request for information and whatever guidance you can offer to ensure that the Clallam County Emergency Management office is fully aware of the Port Angeles Kidney Center. In turn, we wish to offer whatever assistance and resources we may have to your agency during emergencies or disasters.

The Port Angeles Kidney Center is open from 5AM to 7PM, Monday through Saturday, including holidays. We provide life-sustaining dialysis treatments and related services to residents of Port Angeles and the surrounding communities. The nursing staff also provides dialysis to inpatients at Olympic Medical Center as needed, and training and support to home dialysis patients on the upper Olympic Peninsula.

Our patients typically require dialysis three or more times per week, and often cannot go for more than a few days without treatment without risk of death. They are heavily dependent on transportation resources to get them to and from treatment, and during an emergency we work carefully to stay in communication with them. Our facility, in turn, is completely dependent on power and water utilities, any interruption of which causes us to cease operations.

I welcome any recommendations you may have for our participation in Emergency Management plans.

Sincerely,

700 Broadway

Seattle, WA 98122

Ph: 206.292.2771

Fx: 206.860.5821

www.nwkidney.org

Palmer Pollock
Vice President of Planning
Phone 206-292-2771, ext 6014
Fax 206-860-5821
Email palmer@nwkidney.org

Cc: Kathy Lilienthal, RN, Manager, Port Angeles Kidney Center
Diane Heron, RN, Clinical Director, Port Angeles Kidney Center

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB 0938-0360

END STAGE RENAL DISEASE APPLICATION/NOTIFICATION AND SURVEY AND CERTIFICATION REPORT

PART I - APPLICATION - TO BE COMPLETED BY FACILITY

Name of Facility: Port Angeles Kidney Center
2. Provider Number: 5 0 2 5 1 0
3. Street Address: 809 Georgiana St.
4. City: Port Angeles
5. County: Clallam
6. State: Washington
7. ZIP Code: 98362
8. Telephone No.: 360- 565- 1435
9. Facsimile No.: 360- 565-1440
10. Fiscal Year Ending Date: 6-30-10

11. Name/Address/Telephone Number of Authorized Official
Name: Diane Heron
Address: 2150 N 107th St. #160 Seattle WA 98133
Telephone No.: 206- 568-4098

12. Type of Application/Notification: (V1) *(check all that apply and specify in Remarks section* [see item 27])
☐ 1. Initial ☐ 2. Expansion to new location ☐ 3. Change of ownership
☐ 4. Change of location ☐ 5. Expansion in current location ☐ 6. Change of services/operations
☒ 7. Other *(specify)* RE-CERTIFICATION

13. Ownership (V2) ☐ For Profit ☑ Not for Profit ☐ Public

14. Is this Facility Hospital-Based *(check one)* (V3) ☐ Yes ☑ No *If Yes, hospital provider number* (V4) ☐☐☐☐☐☐

15. Is this Facility SNF-Based *(check one)* (V5) ☐ Yes ☑ No *If Yes, SNF provider number* (V6) ☐☐☐☐☐☐

16. Is this facility owned and/or managed by a multi-facility organization? (V7) ☑ Yes ☐ No *If Yes, name and address of parent organization*
Name: (V8) Northwest Kidney Centers
Address: 700 Broadway Seattle WA 98122

17. Services Provided: (V9) *(check all that apply and specify in Remarks section* [see item 27])
☑ 1. Hemodialysis ☐ 2. Peritoneal Dialysis ☐ 3. Transplantation ☑ 4. Home Training: ___ Hemodialysis ✓ Peritoneal Dialysis ☑ 5. Home Support: ___ Hemodialysis ✓ Peritoneal Dialysis

18. Is Reuse Practiced? (V10) ☐ Yes ☑ No

19. Reuse System (V11) *(check all that apply)* ☐ 1. Manual ☐ 2. Semi-Automated ☐ 3. Automated

20. Germicide (V12) *(check all that apply)* ☐ 1. Formalin ☑ 2. Heat ☐ 3. Gluteraldehyde ☑ 4. Peracetic Acid Mixture ☐ 5. Other *(specify)* Bleach, Citric Acid

21. Number of Dialysis Patients
(V13) 45 Total Patients = (V14) 35 Hemodialysis + (V15) 10 Peritoneal Dialysis

22. Number of Stations *(check all that apply and include isolation stations under Total Stations)*
(V16) 8 Total Stations = (V17) 8 Hemodialysis + (V18) 0 Hemodialysis Training

23. Does the facility have isolation stations? (V19) ☐ Yes ☑ No

24. Total Number of Patients *(enter number of dialysis facility patients treated on each shift for full week prior to submission of this form)*

A. SUNDAY				B. MONDAY 4-12				C. TUESDAY 4-13				D. WEDNESDAY 4-14			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	closed			8	7	5		7	8			8	6	5	

E. THURSDAY 4-15				F. FRIDAY 4-16				G. SATURDAY 4-17			
1	2	3	4	1	2	3	4	1	2	3	4
7	8			8	7	4		6	8		

25. Total Number of patients followed at home (V20) 10- peritoneal dialysis patients

FORM HCFA-3427 (06-97)

26. Staffing (list full-time equivalents)

(V21) ☐ Registered Nurse 4.10 (V22) ☐ Licensed Practical Nurse 0

(V23) ☐ Social Worker 0.40 (V24) ☐ Dietitian 0.25

(V25) ☐ Technicians 2.20 (V26) ☐ Others 1.50

27. Remarks: *(Use this space for explanatory statements for Items 1-26)*

26, Other = Chief Tech and Receptionist

28. The information contained in this Application Survey and Certification Report (Part I) is true and correct to the best of my belief. I understand that incorrect or erroneous statements may cause the Request for Approval to be denied, or facility approval to be rescinded, under 42 C.F.R. 405.2100 and 405.2180 respectively.

Signature of Authorized Official	Title	Date
Diana Huron RN	Clinical Director	5-12-10

PART II TO BE COMPLETED BY STATE AGENCY

29. ESRD Provider Number *(if the facility has a provider number)* 5 0 2 5 1 0

30. Network Number (V27) 1 6

31. State Region (V28)

32. State County Code (V29)

33. Type of Survey (V30) *(check all that apply)* ☐ Initial ☐ Complaint ☒ Recertification ☐ Other

34. Survey Protocol (V31) *(check all that apply)* ☒ Basic ☐ Initial ☐ Supplemental ☐ Combination

35. Surveyor Name/Number *(print)*	Professional Discipline *(print)*
STEPHEN MICKSCHL / 08982	RN
LEE MALMBERG / 00210	SANITARIAN

36. Date of Survey 4/21-22/2010