



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

10/18/2011

Tosha Tenske
Totem Lake Kidney Center
12303 NE 130th Lane
Kirkland, WA 98034

Dear Ms. Tenske;

The Department of Health survey team has reviewed your progress report, dated 10/3/2011, for deficiencies noted during the survey completed on 7/19/2011. The progress report has been "**conditionally accepted**". Additional reporting is required within 30 days to show a much better compliance percentage for tag V-126.

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,

Stephen Mickschl, MS, RN
Department of Health
Investigation and Inspection Office



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

August 4, 2011

Tosha Teske
Totem Lake Kidney Center
12303 NE 130th Lane
Kirkland, WA 98034

Dear Ms. Teske;

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 July 18-19, 2011.

A Progress Report is due on or before February 18, 2011, when all deficiencies have been corrected. *error Sept. 18, 2011 Cd*
The Progress Report must address all items listed in the plan of correction, including the prefix tags or CFR reference numbers and letters, the actual correction completion dates, and the results of the monitoring process to verify the corrections are effective.

Please call me with any questions at (360) 371-7899 and mail the Progress Report to the address listed in the header.

Sincerely,

Stephen B. Mickschl, RN, MS



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

July 22, 2011

Tosha Tenske
Totem Lake Kidney Center
12303 NE 130th Lane
Kirkland, WA 98034

Dear Ms. Tenske:

This letter contains information regarding the recent survey of Totem Lake Kidney Center by the Washington State Department of Health. Your Medicare Re-Certification survey was completed on July 19, 2011.

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: Instructions for completing the Plans of Correction
Statement of Deficiencies

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 502516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2011
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NAME OF PROVIDER OR SUPPLIER TOTEM LAKE KIDNEY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12303 NE 130TH LANE KIRKLAND, WA 98034
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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>INITIAL COMMENTS</p> <p>Surveyor: 08982 MEDICARE RE-CERTIFICATION SURVEY FOR END-STAGE RENAL DISEASE</p> <p>This survey for Medicare End State Renal Disease facility re-certification was conducted July 18-19, 2011 by Stephen Mickschl, MS, RN and Lee Malmberg, RS.</p> <p>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 Totem Lake Kidney Center in substantial compliance with all the Conditions except as listed below:</p> <p>Shell # 8N1V11</p>	V 000		
V 126	<p>494.30(a)(1)(i) IC-HBV-VACCINATE PTS/STAFF</p> <p>Hepatitis B Vaccination</p> <p>Vaccinate all susceptible patients and staff members against hepatitis B.</p> <p>This Standard is not met as evidenced by: Surveyor: 08982</p> <p>Based on review of medical credential file information, the facility failed to ensure that documentation existed to show that medical staff had evidence of hepatitis B immunity or evidence of obtaining vaccinations for 7 of 7 medical credential files reviewed (S1-S7).</p> <p>Failure to ensure that providers have evidence of protection from hepatitis B places patients at risk of harm from the potential to contact a communicable disease.</p>	V 126		

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 126	Continued From page 1 Findings: 1. Per review of medical credential file information, Staff #1 did not have documentation indicating either of an immunity or evidence of vaccination against the hepatitis B virus. 2. Per review of medical credential file information, Staff #'s 2-7 did not have documentation indicating either of an immunity or evidence of vaccination against the hepatitis B virus.	V 126		
V 403	494.60(b) PE-EQUIPMENT MAINTENANCE-MANUFACTURER'S DFU The dialysis facility must implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations. This Standard is not met as evidenced by: Surveyor: 00210 Based on observation the dialysis center failed to ensure patient equipment was maintained to allow for effective cleaning and disinfection according to manufacturer's recommendations. Failure to maintain smooth and cleanable surfaces on the patient dialysis machines limits the ability of staff to clean the patient equipment and is a potential risk for the spread of infections. Finding: During a tour of the patient treatment area on	V 403		

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V 403	Continued From page 2 7/19/2011 the surveyor found the bicart holders for 7 of 9 patient dialysis machines (#22521, #22522, #22523, #22525, #22526, #22527, and #22528) were caked with dried bicarbonate residue. The machine surfaces around the bicart holders were rough and not easily cleanable. The patient dialysis machines were not maintained to allow for thorough cleaning and disinfection by the staff.	V 403	
V 552	494.90(a)(6) POC-P/S COUNSELING/REFERRALS/HRQOL TOOL The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis. This Standard is not met as evidenced by: Surveyor: 08982 Based on review of facility documents and administrative staff interview, the facility's Inter-Disciplinary Team (IDT) failed to ensure that the results of the tool selected by the National Quality Forum and Centers for Medicare and Medicaid Services for adult patients (the KDQOL-36 assessment survey) were assessed and below average scores were incorporated into the plan of care for 8 of 8 records reviewed for KDQOL scores (P1-P8). Failure to assess and incorporate the information	V 552	

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V 552	<p>Continued From page 3 into the care planning process places patients at risk of not having any identified issues incorporated in the care plan.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Per record review, Patient #1 had evidence of a completed KDQOL survey documented on 1/1/2011. The record did not include evidence that the patient's "below average" KDQOL scores had been: a) assessed; b) reviewed by the IDT; and c) any assessed issues incorporated into the patient's plan of care. 2. Per record review, Patient #2 had evidence of a completed KDQOL survey documented on 10/21/2010. The record did not include evidence that the patient's "below average" KDQOL scores had been: a) assessed; b) reviewed by the IDT; and c) any assessed issues incorporated into the patient's plan of care. 3. Per record review, Patient #'s 3-8 had evidence of a completed KDQOL surveys. Their records did not include evidence that the "below average" KDQOL scores had been: a) assessed; b) reviewed by the IDT; and c) any assessed issues incorporated into the patient's plan of care. <p>The above mentioned record review information was verified by Staff #9 on 7/19/2011.</p>	V 552		



Plan of Correction- TLKC- July 26, 2011

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

**V 126 494.30(a)(1) IC-HBV-Vaccinate Pts/staff
Vaccinate all susceptible patients & staff against hepatitis B.**

How: All active & courtesy medical staff (90 individuals) credentialed at the Northwest Kidney Centers will be sent a notification requiring documentation of their Hepatitis B status or evidence of obtaining the vaccination. Medical Staff that do not have documentation of their Hepatitis B status will be required to have an antigen and antibody test drawn and the results sent to NKC.

Who: Cheryl Lake, Medical Staff Credentialing Coordinator and Connie Anderson, Vice President of Clinical Operations are responsible to assure that the appropriate documentation is obtained.

What: All new medical staff applying for privileges at Northwest Kidney Centers as a part of the credentialing process will have their Hepatitis B status documented. Ongoing surveillance will be done through the employee health department.

When: All attempts will be made to have the plan of correction completed by September 19, 2011. NKC will notify the surveyor prior to the September 19, 2011 date if there are problems with completing the plan of correction.

12303 NE 130th Lane

Suite #300

Kirkland, WA 98034

Ph: 425.821.8785

Fx: 425.823.9667

www.nwkidney.org

V403- 494.60 (b)- PE- Equipment Maintenance

How: All bi-cart arm holders on the machines at TLKC have been thoroughly cleaned and de-scaled by using hot water and citric acid. Plan: to clean each machine every night with hot water and Wypall cloths. Recheck in 2 weeks to see effectiveness of daily cleaning with hot water. If noted that bi-cart arms are becoming crusted with residue, then will add weekly soaking and cleaning with Citric acid.

Who: Chris Grove, TLKC Unit Manager is the responsible party to assure that the machines are free of bicarb residue. Evening shift technicians will be responsible for the daily cleaning of the bi-cart arms with water and Wypall cloth, this has been added to the Evening Shift Chore list.

What: Daily cleaning of bi-cart arms documented by check off on evening shift chore list that is monitored by Unit Manager weekly. Clinical Director will check all bi-cart holders on 8-8-2011 to see effectiveness of hot water and Wypall. If in-effective will add weekly soak and cleaning with Citric acid. Our findings will be added to policy for cleaning of bi-cart arms throughout NKC.

When: All machines bicart arms were de-scaled by 7/21/2011. Audit of all machine bi-cart holders to be done on 8-8-2011 by Clinical Director. Decide at that time if citric acid cleaning needs to be done as well. Will add to plan as needed until desired effectiveness is achieved.

V552-494.90 (a)(6) POC-P/S Counseling/Referrals/HRQOL Tool

The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as needed basis.

How: Based on scores derived from patients completing the KDQOL survey, the inter-disciplinary team (IDT) will develop plans of care to address below average KDQOL scores. The below average KDQOL scores and the plan of care will be discussed during IDT team meeting/calls.

Who: William Bowden, MSW, Manager, Social Services Department

What: The discipline(s) deemed most capable of addressing the particular problems identified by the KDQOL will have primary responsibility. Documentation of the IDT discussion of the below average KDQOL scores will be recorded in the patient's electronic medical record by Nursing.

When: Effective Immediately. For the next six months, Manager will audit Totem Lake Kidney Center IDT plan of care calls to ensure that patients' below average KDQOL scores are discussed during the plan of care call.
