



HEARTLAND KIDNEY NETWORK

# State Survey Agency Readiness

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## TOOLKIT FOR DIALYSIS FACILITIES

### **Revisions**

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# STATE AGENCY SURVEY READINESS TOOLKIT FOR DIALYSIS FACILITIES

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## **ORGANIZATION**

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Organization: End-Stage Renal Disease (ESRD) #12 Network Coordinating Council, Inc.  
dba: Heartland Kidney Network

The Heartland Kidney Network strives to provide quality educational information and resources as part of our responsibility to provide assistance to ESRD patients and providers.

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## **PURPOSE**

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In order to receive Medicare reimbursement from the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services (DHHS), End Stage Renal Disease (ESRD) facilities must meet certification requirements. State survey agencies, operating under contract with DHHS, survey all Medicare facilities for compliance with the ESRD Conditions for Coverage and related standards.

The survey process is a method of ensuring that the facility provides quality patient care to every patient treated at the dialysis facility.

Among dialysis providers, there is some degree of both fear and confusion related to the topic of the state survey process. The purpose of this toolkit is to provide dialysis facilities with a comprehensive resource for preparing for a state survey. Resources have been compiled to provide the ESRD facility with basic general information about the state survey process and some tools for preparing. It is not intended to be an exhaustive compilation but was developed as a resource for ESRD facilities.

The preparation and response to any state survey is the responsibility of the individual facility, its management, and its governing body. Heartland Kidney Network assumes no responsibility regarding facility survey outcomes.

The Unit Administrator is encouraged to share the information contained in this document with the members of the interdisciplinary team, Medical Director, and the Quality Assessment and Performance Improvement (QAPI) team of the dialysis center.

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## PART I: Survey Information

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### State Survey Glossary

#### Did You Know?

The Centers for Medicare and Medicaid Services (CMS) oversees both the State Survey Agencies and the ESRD Networks? All three entities work collaboratively with one another.

#### Think of it this way!

The state surveyor gives your facility a periodic check-up and helps you to identify problems that are unsafe and/or contribute to poor outcomes.

Virtually all problems discovered during a survey can be rectified as long as the facility is willing to work with the state agency in a spirit of cooperation.

The bottom line is this: all ESRD patients have the right to dialyze in a facility that is both safe and provides quality renal care. Welcome the state review and learn from the process.

#### Conditions for Coverage

The Conditions for Coverage may be found in the Federal Register - Conditions for Coverage of Suppliers of End-Stage Renal Disease (ESRD) Services. These conditions detail the necessary compliance requirements for a dialysis facility to participate in the ESRD program and receive Medicare reimbursement for the patient care provided.

The most current Conditions for Coverage went into effect October 18, 2008.

They can be found here: <http://www.cms.hhs.gov/center/esrd.asp>

#### Survey & Certification

The following paraphrased statement reviews the authority of the Survey and Certification division:

The survey activity that is conducted by the State Survey Agency or other CMS agents under the direction of CMS is performed within regulations and the scope of work as outlined by CMS in published documents and manuals.

These activities are covered under the Social Security Act §1864 that determines compliance or noncompliance of Medicare providers and suppliers with applicable Medicare requirements for participation with the Medicare program.

#### Types of Surveys

These are the types of surveys that the State Survey Agencies perform:

- Initial surveys
- Re-visits
- Re-certifications
- Relocation surveys
- Expansion surveys

- Surveys following extensive remodeling of the dialysis facility
- Surveys when facilities add services such as a home dialysis program (hemodialysis and/or peritoneal dialysis) or a reuse program
- Complaint investigations

### **Being In Compliance**

If a facility is stated to be in compliance, this means that the state agency has found the facility to meet the conditions for coverage for ESRD facilities and that Medicare program participation will continue.

### **Being Out of Compliance**

If a facility is stated to be out of compliance, this means that the state agency has found the facility to fall short of meeting one or more of the conditions for coverage or standards for ESRD facilities.

A plan or correction must be approved by the state agency in order for Medicare program participation to continue. (See the section on Plan of Correction for more information.)

### **Statement of Deficiencies**

If the facility fails to meet the regulations in one or more areas, this is addressed in the statement of deficiencies. For clarity, the regulatory reference number, the V-tag, and the regulatory language appear on the document. This allows the state agency to be absolutely clear in informing the facility about the cited deficiency.

The survey findings for each deficiency appear in an initial statement or statements followed by evidence supporting the specific findings. The names of patients and staff members do not appear on the statement of deficiencies. Patients or staff references in the statement of deficiencies are listed by assigned numbers or letters. Some key staff members may be identified using a title or position.

### **What does it mean when a “condition is out”?**

Condition level deficiencies are more serious than standard level deficiencies. When a “condition is out” of compliance, it indicates that the facility failed to meet a basic requirement of the ESRD Conditions for Coverage. A condition level deficiency may result from a single significant issue, event, omission, or other finding or from a pattern of facility noncompliance with the standards under the condition. Often there is more than one condition level deficiency cited at a time.

The facility with a condition level deficiency is placed on a 90-day termination track by CMS.

The facility must take the necessary action to correct the condition level deficiency and any related standards and submit a plan of correction to the state agency.

When the state agency has an acceptable plan of correction, a re-visit occurs at the facility. This revisit must occur within 45 days of the exit date of the survey resulting in the condition level deficiency.

If the revisit survey findings support that the facility corrected the condition level deficiency and its related standard level deficiencies, the termination process ceases.

If the revisit survey findings support that the facility failed to correct the condition level deficiency and related standards, the 90-day termination track continues.

The regional CMS office must approve a second revisit by the state agency for a second revisit to occur prior to termination.

The facility is at high risk for termination from the Medicare ESRD program.

### **What does it mean when a “standard it out”?**

Each condition for coverage is followed several related regulatory standards.

Standard level deficiencies are less serious than condition level deficiencies.

When a standard is out of compliance, it indicates that the facility failed to meet the requirements of one of the standards under a particular condition.

### **Plan or Correction**

When a survey results in deficiencies, the facility must correct the problem(s) described in each deficiency, complete a plan of correction (POC) and send the POC to the state agency for approval within the specified time identified in the cover letter received with the statement of deficiencies.

Completing a POC does not automatically mean the state will accept it. When writing a POC, focus on the “who, what, when, where, and how” elements. The plan must address the core issue(s). Clearly state the following information on the POC: how the facility will correct the identified problems, how the facility will correct their system to prevent the problem from re-occurring; name (by title) the person responsible for monitoring continued correction of the problem; identify how often that person will monitor for the problem/correction, and list the date the facility will be back in compliance with the regulation.

A POC includes a correlating corrective action for each cited deficiency. Failure to complete an acceptable POC’s will jeopardize the facility’s continued operation as a Medicare supplier of ESRD services. Remember that the purpose of the POC is to assure the facility provides safe and quality care to their patients. The POC must address the issue(s) identified, be complete, and include a dated signature of the administrator or other responsible person on the first page of the Statement of Deficiencies/Plan of Correction document.

The state agency will work with the facility to facilitate an acceptable POC. The Network is able to provide technical assistance to the facility by making suggestions in completing the POC, however, the Network cannot and will not write the POC for the facility.

### **Exit Interview with the Manager**

Once the surveyor has completed the facility visit, he/she will sit down with the facility management and Medical Director, if available, to verbally discuss the preliminary findings of the survey. The surveyor will answer questions and provide information regarding the next steps. The written report to the facility will take several days for the surveyor complete and should arrive at the facility within ten (10) days.

## **Immediate Jeopardy**

Immediate jeopardy is a term used to indicate that the situation at the dialysis facility is unsafe and places patients at risk for harm. The term is often abbreviated as "IJ". This is a very serious situation and one that puts the facility on the brink of closure. A facility may be placed on a twenty- three (23) day termination track. The state agency will work closely with the regional office of CMS in an IJ situation. If the situation is serious enough, the facility may be required to cease operations – stop providing any dialysis treatments to patients immediately, and find alternative placement for all of the patients until an acceptable plan of correction is approved by the state agency and CMS regional office and the IJ is removed. Please note that it is not the responsibility of the Network to place patients in other facilities. The Network can assist the facility staff with locating units close to your geographical area.

## **Patient Interviews**

As part of the normal survey process, the State Surveyor will interview patients regarding patient satisfaction, patient perception of care, disaster planning and preparation, the facility and Network grievance procedure, dispute resolution, and various facility practices. Patients are encouraged to discuss these issues and voice any other concerns they may have with the surveyor.

## **Staff Interviews**

As part of the routine survey process, the State Surveyor will interview staff members about facility policies and procedures, training and supervision, job descriptions, patient care practices, and emergency preparedness. This is a normal part of the survey. Staff members should feel free to talk with the surveyor and provide honest answers to questions.

## **The Medical Director**

Medical Directors play a key role in the provision of medical supervision and quality dialysis services to patients. As more emphasis is being placed on outcomes, Medical Directors are held more accountable for the acceptable clinical performance outcomes of patients. Additionally, they have responsibilities in the overall management of the facility, in the oversight of staff training, and in the development and approval of facility policies and procedures. Virtually everything that occurs at the facility happens within the oversight responsibility of the Medical Director. As pay for performance (P4P) becomes more of a reality in nephrology, it will be very important for the Medical Director to be actively involved in the continuous quality improvement activities of the facility to insure positive clinical outcomes. The Medical Director can be a tremendous resource for the facility as he/she is uniquely positioned for this responsibility and possesses the necessary analytical and leadership skills to lead the facility forward. The qualifications and responsibilities of a Medical Director can be found in the current Conditions for Coverage.

## **The Network and/or CMS Came with the State Agency!**

On rare occasions ESRD Network personnel (usually two) and/or CMS survey and certification personnel will accompany State Survey Agency staff on a site visit. This happens when the situation at a facility is unusual, complex, and/or serious.

The surveyor must have pre-approved permission from CMS before inviting the Network to assist and Network involvement is directed by the ESRD Networks Regional CMS Project Officer.

The Network has limited regulatory authority and when directed by CMS to accompany state surveyors on a site visit the Networks purpose and goal is to collaborate with the state in the role of expert investigators.

It is possible for personnel from CMS to visit the dialysis facility alone on rare occasions.

The Network personnel are invited to assist the surveyor and share their expertise in renal care as it applies to the situation. The Network staff will review records and other data, tour the facility, conduct interviews with the staff and/or patients, provide the State Surveyor with their findings, and then exit the facility thus fulfilling their contractual obligation with CMS.

Personnel from the Centers for Medicare & Medicaid Services (CMS) may also assist them during a visit. The CMS surveyors and the state agency surveyors hold full regulatory authority. The surveyors will conclude their visit and reveal preliminary findings with facility management. Facility management is encouraged to cooperate with each entity, as it will expedite the survey process.

## **State Survey Frequently Asked Questions**

### **State Agency Visits**

**Q: *Our facility completed a state survey a few months ago and now the surveyor is back again! Why?***

The surveyor should explain the purpose of the visit and if the surveyor does not explain the purpose of the visit, simply ask.

State visits within a short period of time can be due to a few different reasons. The visit may have been in response to a complaint that was lodged with the state. It could be a “re-visit” to determine if corrective actions have been implemented.

The visit might have been requested by another entity (such as a hospital, long term care facility, CMS, ESRD Network, etc.) in cases when there are suspected quality of care issues.

**Q: *I offered to buy the state surveyor lunch and he/she wouldn't let me - why?***

Although the generous gesture was appreciated, State Surveyors are not allowed to accept gifts while they perform their duties.

**Q: *If I call the Network about an issue does that mean that the State will come to visit the unit?***

The Network is a resource for dialysis facilities. Please feel free to discuss issues and questions with us. Depending on the situation, the Network may suggest that the unit also contact the state agency for additional direction and guidance.

**Q: *I wish I knew when the surveyor was coming to visit. Can't they just call first?***

Sorry, the State Surveyors cannot announce when they will be coming. (The ESRD Network can't and won't divulge that information either.) Actually, the state can be sanctioned and fined thousands of dollars for divulging when a visit will take place to a facility!

The “take home” message is this: Always be ready for a surveyor to visit!

**Q: *Why does a survey take a few days?***

The ESRD regulations are extensive and it takes time to review your facility's processes, conduct interviews with patients and staff, review policies and procedures, and observe care. The process helps to prevent disruption in the flow of patient care by allowing enough time to complete the survey process thoroughly. Helping the surveyor by providing information requested in a timely manner is important to maintain the efficiency of the survey. Remember the surveyor's goals are the same as your goals for quality patient care. The survey findings can help you by identifying concerns or problems needing correction. Often addressing these concerns and problems will improve your facility and your facility's outcomes.

**Q: *What if the Unit Manager is not at the facility (vacation, ill, etc.) when the surveyor comes?***

It is helpful to have another individual such as the Head Nurse who can assist the surveyor. Educate the staff members about the survey process. Notify the Medical Director when the surveyor arrives. In the case of large dialysis corporations (LDO), corporate regional people may also be able to assist the surveyor in the absence of the manager. The facility is expected to run smoothly in the absence of the unit manager. The expectation is that an alternate staff person will be able to assist the surveyor during the visit.

**Q: *When do I get the results of the survey?***

At the completion of the survey, the surveyor will hold an exit interview with the facility manager to discuss the preliminary results. A final report will be sent to the facility within a few weeks.

**Q: *What happens if deficiencies are found?***

The seriousness of the citation will determine the course of action. If there is an immediate threat causing jeopardy to the patients, the facility may not be allowed to continue providing services. If the citations are serious and deficiencies are at the condition level, it is important to implement immediate corrections because a revisit survey will occur within forty-five (45) days or sooner with a twenty-three (23) day termination. (See the section "What does it mean when a Condition is Out") If the citations are minor and deficiencies are at the standard level, a corrective action plan will be required of the facility and a re-visit may occur sometime after your POC correction date.

**Q: *Can the staff refuse to let the surveyor come into the unit?***

Failure to allow the state surveyor into the facility is actually grounds for termination from the Medicare program!

The best way to handle this situation would be to invite the surveyor to come in to observe care, interview patients, review records, and alert the facility management of the surveyor's presence.

**Q: *How does the Network know what deficiencies were cited?***

The Network receives the statement of deficiencies after the plan of correction have been accepted by the state – usually 2-3 months after a survey. The quality improvement personnel and community information resource department review all surveys received, trend the data, identify patterns relating to quality of care and provide the facility with educational information and technical assistance.

**Q: Which facilities get surveyed?**

Facilities are surveyed on a rotating basis. The surveys for each state's lowest 10% in terms of clinical performance and potential for poorer outcomes will be surveyed first. The State Survey Agencies also perform initial surveys, re-surveys, complaint investigation surveys and special surveys. Special surveys occur with major remodeling, relocation, expansion, new water system, adding a new service (reuse, home hemo, PD), etc.

**Q: Can the state surveyor be allowed to copy records?**

This question is asked frequently. Failure to allow the state surveyor to copy records would be grounds for termination from the Medicare program!

**Q: I have heard that I should notify the state survey agency also when we have a change in key facility personnel such as Unit Administrator, Head Nurse, Medical Director – is that correct?**

Yes – the state survey agency would appreciate a courtesy call, email, or letter when the dialysis facility changes key personnel! This information helps them keep their records up to date. Just call the appropriate state office and share the information.

The state survey agency may request additional documentation showing the new person meets the minimal ESRD regulatory qualifications for the new position.

**Mandated Reporting**

**Q: The interpretive guidelines are not very clear as to which adverse events are reportable to State or Network. Can you offer some clarification?**

V101 states: "If a drug or device may have caused or contributed to a serious injury or illness, the facility must notify the manufacturer and the FDA using FDA's User Facility reporting requirements.

Clusters of adverse events (infectious or non-infectious) should also be reported to the appropriate State or local public health department, as required by those authorities."

V145 also requires the facility to report communicable diseases to Federal or State agencies as required. The CDC and FDA websites include information on what is reportable.

V637 states that facilities should report viral hepatitis seroconversions to state and local health officials.

Your State Health Department can provide information on any required reporting in your state.

**Q: Please clarify that at least in MO, anyone who is licensed (RN, dietitian, social worker, MD, DO) are all mandated reporters of abuse/neglect (not just the MSW).**

This is true in many states. Know your state law(s) regarding mandated reporters.

### **Single Use Vials**

**Q: We have single use vials for some meds and multi-dose vials for EPO, lidocaine, etc. We use single dose for a single patient. Do we have to convert multi-dose EPO vials to single use vials?**

Multi-dose vials do not have to be converted to single use.

A new syringe and needle must be used for each entry into a multi-dose vial and the septum should be cleaned with alcohol before entry.

**Q: Can you use single use medications on more than one patient if drawn up, given immediately, and not saved? We have 44 stations going at one time with several RNs preparing meds. Seems like a huge waste if not.**

No. V118 states that vials labeled for single use must be entered with a syringe and needle just once and can only be used on one patient. Facilities were given until June 2009 to comply with this for EPO to ensure an adequate supply is available.

**Q: Do the regulations about single use vials apply to other medications with preservatives, i.e., heparin, lidocaine? Do you need a separate vial of medication per patient for these meds?**

If these vials are labeled for multiple use, they may be used for more than one patient.

### **Infection Control**

**Q: If the patient is sitting in their chair holding their sites, is it a violation to disinfect the surfaces of their machine while they sit next to it?**

Not at this time, as long as cross contamination between the patient and the cleaned equipment does not occur.

V122 states: "For each 'station' (i.e., the machine, the purified water connection, dialysate concentrate container(s) or connection(s), and the treatment chair), the completion of one patient's treatment and post-dialysis care must be separated by enough time from the initiation of the next patient's care to allow correct disinfection.

If the previous patient remains in the treatment chair while the machine is prepared for the next patient, extreme caution must be employed to prevent cross-contamination."

**Q: Are we allowed to have clean supply carts in the treatment area if they are stationary?**

Yes.

V119 states: "If a common supply cart is used to store clean supplies in the patient treatment area, this cart should remain in a designated area at a sufficient distance from patient stations to avoid contamination with blood. Such carts should not be moved between stations to distribute supplies."

**Q: Does using the antimicrobial hand sanitizer between patients count as hand washing between patients?**

Yes.

V113 states: “‘Hand hygiene’ includes either washing hands with soap and water, or using a waterless alcohol-based antiseptic hand rub with 60-90% alcohol content. Hands should be washed with soap and water if visibly soiled. If not visibly soiled, hand hygiene with alcohol-based hand rub may be used. The CDC recommends that hand washing incorporate rubbing hands together “vigorously” for 15 seconds, and that the use of alcohol-based rubs incorporate covering all surfaces of hands and fingers, until hands are dry. According to the CDC, even with glove use, hand hygiene is necessary after glove removal because hands can become contaminated through small defects in gloves and from the outer surface of gloves during glove removal.”

“Examples of when hand hygiene should be performed:

- After touching blood, body fluids, secretions, excretions, and potentially contaminated items;
- Before and after direct contact with patients;
- Before performing any invasive procedure such as vascular access cannulation or Administration of parenteral medications;
- Immediately after gloves are removed;
- After contact with inanimate objects, including medical equipment or environmental Surfaces at the patient station;
- Before entering and on exiting the patient treatment areas; and
- When moving from a contaminated body site to a clean body site of the same patient.”

**Water and Dialysate Quality**

**Q: Does the actual water room door have to be locked if outside access doors are locked/secured?**

No.

V184 states: “To ensure access is restricted, the delivery doors/loading dock must not be left unlocked, open and unattended. Many water systems are in the same room as stored treatment supplies; staff members who are not responsible for the water system may come into that area to retrieve supplies.”

**Q: Ours is a hospital based unit and the unit door locked when not in use. The water room access door is inside of the unit. Therefore, it is only accessible when unit is unlocked and staffed. Is a separate lock to the water room required?**

No.

V184 requires that the delivery doors/loading dock doors must be locked.

**Q: Our water room and store room is one big room. This room can be accessed by 3 different doors inside the building/dialysis unit (patient treatment area, lab area, staff hallway). Do all of these doors need to be locked? The outside door to this room is always locked.**

No.

V184 requires that the delivery doors/loading dock must be locked.

**Q: How do you determine the frequency that the dialysis machine hose needs to be disinfected? We have a nightly hot water disinfect, weekly chemical disinfect to machine. Our biomed says it is hard on the machine membrane (to disinfect it too often).**

It is not expected that the hose would be disinfected each night; monthly disinfection would be sufficient.

V220 states: "The machine supply line is the hose that connects the dialysis machine to the treated water outlet. This hose should be disinfected at the same frequency as the water distribution loop is disinfected, i.e., monthly."

### **Reuse**

**Q: Do reuse only techs need to be certified?**

Not as a patient care technician, however, V307 states that reuse personnel should have enough education, training, or experience to understand and perform procedures outlined by the individual dialysis facility relevant to the facility's multiple-use program.

The medical director must also "certify" that the reuse technician has successfully completed the necessary training.

### **Physical Environment**

**Q: If the staff members prop the door open to get a wheelchair patient into the hemodialysis area from the lobby, would it held against us?**

Not unless the door is left open a long time or the "prop" presents a risk for trips or falls. V401 states: "'Safe environment' means that there are no obstacles which would present risks for trips and falls, such as loose floor tiles; no areas that would pose infection control risks, such as broken work surfaces; and no outside doors that remain propped open allowing entry of unauthorized individuals, insects, or animals or creating a hazard in the event of fire."

Propping a door from the lobby to the treatment area open just long enough to get a wheelchair through should not allow unauthorized individuals or other insects or vermin to enter that would create a potential hazard.

**Q: Does the Life Safety Code (LSC) pertain to current units, i.e. do you have to have sprinkler system or the one-hour fire wall?**

According to V418, these rules exempt existing dialysis facilities in operation on October 14, 2008, (i.e., that have a valid certificate of occupancy), from needing to install sprinkler systems if the facility is located in a building that was built before January 1, 2008, and if State law permits.

According to V417, a facility that is in a mixed occupancy building must have a 1 hour firewall between it and another tenant. Facilities located in hospitals must comply with LSC regulations for hospitals which are more stringent.

**Q: Will all units have to be surveyed by the State Fire Marshall at the same frequency as the Medicare survey?**

V417 requires a LSC survey to be conducted after 2/9/2009. The LSC survey will be conducted with all initial and recertification health surveys, but generally will be done separately and within a reasonable timeframe of the health survey to complete the federal requirements.

Some states use State Fire Marshalls for the LSC surveys, while other states use LSC qualified state surveyors. The regulation doesn't state how often the survey will occur.

**Q: If a unit is redesigning or updating its physical environment, do we need to notify the state office?**

Yes, you should notify the State agency.

Major renovation changes the Life Safety Code requirements and requires your facility to have an isolation room or waiver. Either the State Surveyor or Fire Marshal would have to come to the facility to verify compliance.

### **Patients' rights**

**Q: How often are we to ensure that "consent to treat" forms are signed for an outpatient chronic hemodialysis center?**

Facility policies should define the frequency consents are to be obtained. At a minimum, consents must be signed at admission and with changes to modality of treatment.

**Q: How available is home dialysis especially in rural or less populated areas of the country?**

A growing number of facilities are providing home dialysis options (PD and home hemodialysis). You can look up facilities that offer home options at [www.homedialysis.org](http://www.homedialysis.org).

**Q: Is it OK for the patients to weigh themselves pre and post treatment without staff confirmation?**

V456 states that patients should be informed about and participate, if desired, in all aspects of his or her care.

Staff should train patients to observe and record their weight accurately. Unless problems have been observed related to recording weights accurately, this would be OK.

## State Agency Contact Information

### Q: How can I contact my state agency?

Facilities may contact their state agency if they have additional questions or require further clarification or assistance. Just ask for one of the ESRD surveyors. The state agencies serving the Heartland Kidney Network are listed below:

State Agency	Address	City	State	Zip Code	Phone
Iowa Department of Inspections and Appeals Health Facilities Division	3 <sup>rd</sup> Floor, Lucas State Office Bldg. 321 East 12 <sup>th</sup> Street	Des Moines	IA	50319-0083	515-281-8632
Bureau of Hospital Licensing and Certification Missouri Department of Health	912 Wildwood P.O. Box 570	Jefferson City	MO	65102-0570	573-751-6303
Bureau of Health Facilities Division of Health Kansas Department of Health and Environment	1000 SW Jackson, Suite 330 Curtis Office Bldg.	Topeka	KS	66612-1365	888-842-0078
Health Facility Licensure and Inspection Nebraska Department of Health	P.O. Box 95026	Lincoln	NE	68509-5026	402-471-0555

### Did You Know?

Some of the State Agencies request copies of paperwork prior to their facility visit for initial certification or for expansion of unit services. It is very helpful to provide the state agencies with the following if requested:

- Qualified personnel Curriculum Vitae (Unit Administrator, RN, SW, RD, PCT etc.)
- Contact information for someone from the facility in the event the surveyor arrives and the facility is open only on Monday – Wednesday - Friday. In many cases the state surveyor must travel a great distance to reach the facility.
- Appropriate policies and procedures when starting up a home program

**If you have questions about what your state specifically requires, please contact them directly.**

#### Considerations

- Learn from the survey experience – use the process as a tool to improve the quality of care provided by the facility
- Understand that the state agency is not “out to get the unit”.
- Strive to be survey-ready at all times.
- The Heartland Kidney Network can provide technical assistance to any facility requesting it.
- Patients, Dialysis Facilities, State Agencies, the Centers for Medicare & Medicaid Services, and the Heartland Kidney Network must work together to create an environment of quality.

**Sources**

Glenda Payne – ESRD Technical Advisor Dallas Regional Office

Centers for Medicare & Medicaid Services

ESRD Conditions for Coverage

ESRD Network Operation Manual

Iowa State Survey Agency

Kansas State Survey Agency

Missouri State Survey Agency

Nebraska State Survey Agency

Renal Physicians Association (RPA)

2009 Heartland Kidney Educational Conference January 8-9, 2009, Kansas City, Missouri (State Agency  
Question and Answer session)

Anecdotal notes

## Types of Surveys

These are the types of surveys that the State Survey Agencies perform:

Type of survey	Comments
<b>Initial surveys</b>	<ul style="list-style-type: none"> <li>• A Certificate of Need (CON) may be required (the State Health Department of Licensure &amp; Inspection will tell you)</li> <li>• CMS Form 855 must be completed (application to be a Medicare provider)</li> <li>• Some states require that policies &amp; procedures be forwarded to the survey agency prior to their initial visit for the Medicare survey</li> <li>• The state survey agency may also require a licensure survey and inspection</li> <li>• An Environmentalist may visit the facility to evaluate sanitary conditions, fire safety, etc.</li> <li>• The facility will not be paid for any dialysis treatments performed before the inspection date.</li> </ul> <p>Some of the State Agencies request copies of paperwork prior to their facility visit for initial certification. It is very helpful to provide the state agencies with the following if requested:</p> <ul style="list-style-type: none"> <li>• Qualified personnel Curriculum Vitae (Unit Administrator, RN, SW, RD, PCT etc.)</li> <li>• Contact information for someone from the facility in the event the surveyor arrives and the facility is open only on Monday – Wednesday - Friday. In many cases the state surveyor must travel a great distance to reach the facility.</li> <li>• Appropriate policies and procedures when starting up a home program</li> </ul>
<b>Re-visits</b>	Re-visits occur when facilities have submitted a Plan of Correction to verify that the documented changes were actually made.
<b>Re-certifications</b>	Re-certifications are full surveys.
<b>Relocation surveys</b>	When a dialysis center moves, a relocation survey is needed.
<b>Expansion surveys</b>	<p>Expansion surveys are usually only partial surveys focusing on the expansion unless the unit has had issues in the past. Some of the State Agencies request copies of paperwork prior to their facility visit for expansion of unit services. It is very helpful to provide the state agencies with the following if requested:</p> <ul style="list-style-type: none"> <li>• Qualified personnel Curriculum Vitae (Unit Administrator, RN, SW, RD, PCT etc.)</li> <li>• Contact information for someone from the facility in the event the surveyor arrives and the facility is open only on Monday – Wednesday - Friday. In many cases the state surveyor must travel a great distance to reach the facility.</li> <li>• Appropriate policies and procedures when starting up a home program</li> </ul>
<b>Surveys following extensive remodeling of the dialysis facility</b>	Major renovation changes the Life Safety Code requirements and requires your facility to have an isolation room or waiver. Either the State Surveyor or Fire Marshal would have to come to the facility to verify compliance. Some states require prior notification <u>prior</u> to new construction (e.g. Nebraska)
<b>Complaint investigations</b>	The state takes patient complaints seriously. A complaint survey usually focuses on patient complaints but can become a complete facility survey if necessary.

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## Part II: Planning Tools

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### “Survey Ready Book”

The Survey Ready Book is a large binder housing important facility documents (or copies of those documents) to be used by the Unit Administrator only. The documents can be grouped by type and separated by tabs so that everything is easily found and very organized. It should be locked in a secure place such as the Unit Administrators office. Having a survey ready book is not a Heartland Kidney Network requirement, but merely a suggestion. The Entrance Conference Worksheet<sup>1</sup> may be used as a guide for your Survey Ready Book.

#### The benefits

1. Important items are all in one location and easy to find.
2. This binder can be given to the state survey to begin reviewing at the facility during a certification visit (while you call your Medical Director).
3. It is also handy during an annual or bi-annual review by the Board of Directors, Governing Body, Joint Commission on Accreditation of Health Care Organizations (JCAHO), or dialysis corporate officials.

**Things you may want to include** (Note: This is not an all inclusive list, but just a guide.)

- The Entrance Conference Worksheet
- Disclosure of Ownership of the dialysis facility.
- Corporate Organizational Chart or in the case of an independent dialysis facility the Organizational Chart of the owners and managers.
- Number of dialysis stations approval letter from the Centers of Medicare & Medicaid Services (CMS).
- Current physician certificates (DEA and state registration).
- Proof of physician malpractice insurance.
- The last state agency review results.
- Fire Inspectors report.
- Risk Managers report.
- Description of the facility Quality Assessment and Performance Improvement (QAPI) program (emphasis on how patients are involved in their care; modality choice; and evaluation for kidney transplant evaluation if desired). QAPI is a condition for coverage in the regulations. It is very important the facility staff analyze all the data, develop an action plan if the facility failed to meet the identified goals, evaluate the success of the action plan and revise it if necessary.
- Documentation of all the emergency drills completed in the last 12 months including post-assessments.
- Documentation of Emergency Contact communications including letters to utility companies as well as annual communication with the local emergency management agency
- Copies of Letters of Agreement including emergency care, hospitalization, Heartland Kidney Network (an agreement form is on our website: [www.HeartlandKidney.org](http://www.HeartlandKidney.org)), blood bank, laboratory, acute dialysis, transplantation center, organ procurement organization (OPO), back-up dialysis centers, etc.
- The Facility Grievance Procedure.
- The Facility Admission and Discharge Policies & Procedures.
- The Network Grievance Procedure.
- Evidence that the patients were provided with their rights & responsibilities.

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<sup>1</sup> Available at [www.cms.gov/GuidanceforLawsAndRegulations/05\\_Dialysis.asp](http://www.cms.gov/GuidanceforLawsAndRegulations/05_Dialysis.asp) - Section C. Surveyor Worksheets & Tools: 2-Optional-Worksheet-Entrance-Conference-Questions-1.1.pdf and 3-Optional Worksheet-Reference-Materials-List-Entrance-Conference-1.1.pdf

## Tips for Support during the Survey

Having the state surveyor show up unexpectedly for a visit naturally changes the usual flow of the day for patients and the staff members. This is an instance when you want “all hands on deck”. As a Unit Administrator, you may want to have additional support at the facility (or available by phone) during a state survey to help you.

Here are some tips:

<b>Nephrologist(s)</b>	<b>LDO</b>	<b>Network</b>
<p>Contact your Medical Director and other physicians to ask if they can come to the unit at least for a few minutes during the survey.</p> <p>The State Surveyors like to talk to them too, if they are available.</p>	<p>If your facility is corporately owned, contact your regional manager as a courtesy to let him/her know that the state surveyor is visiting you.</p>	<p>Feel free to contact the Heartland Kidney Network as a courtesy.</p>
<b>Another staff member</b>	<b>Patients</b>	<b>Social Workers &amp; Dietitians</b>
<p>If you normally provide direct care for patients in addition to your administrative duties, you may want to see if an additional staff member can take your place on the floor.</p> <p>Your time will probably be tied up with the survey process.</p>	<p>It is OK to tell the patients that the state surveyor is visiting and that such visits are routine.</p> <p>Post or give out a letter to the patients explaining that the survey is taking place today.</p>	<p>If your SW and RD travel from unit to unit, you may want to let them know that the state survey is visiting.</p> <p>It would be helpful to have the SW and RD at the unit if possible.</p>

General: Despite efforts to appear calm and collected, having a survey produces anxiety. Being fully prepared is one way to decrease stress during a survey. Think of other ways to keep the stress level of the unit down (i.e. donuts, lunch, soothing music, chocolate, etc.).

## Assessment Metric of Facility State Survey Readiness

Instructions:

After completing the mock facility survey and using the flash cards, determine the survey readiness of your facility.

Place a mark in the square that best describes your unit for the various topics and give your facility a score to the right.

Add up the total scores on the right to obtain an overall readiness score.

**Example:**

Major Topics	The unit is in chaos. Needs help.	Starting from scratch/ re-organizing	Must change many things to be ready	Must change a few things to be ready	Ready for a survey	Highest possible Score (90)	Unit Score for the topic
	1-2	3-4	5-6	7-8	9-10		
Water and Dialysate Quality			X			10	6
Reuse of dialyzers and/or bloodlines (if applicable)				X		10	7
Patient Assessment			X			10	5
Plan of Care				X		10	8
QAPI		X				10	3
Infection Control				X		10	8
Emergency Preparedness				X		10	8
Clinical Outcomes			X			10	5
Vascular Access (AVF%)	< 29%	30-39%	40-49%	50- 65%	66% or >	10	7
				X			7
Total facility score							65

Calculate the percentage by dividing your facility score 65 by the total possible 90 and moving the decimal point over two places.  $65 \div 90 = 72.2\%$

## Assessment Metric of Facility State Survey Readiness

Assessment Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Major Topics	The unit is in chaos. Needs help.	Starting from scratch/ re-organizing	Must change many things to be ready	Must change a few things to be ready	Ready for a survey	Highest possible Score (90)	Unit Score for the topic
	1-2	3-4	5-6	7-8	9-10		
Water and Dialysate Quality						10	
Reuse of dialyzers and/or bloodlines (if applicable)						10	
Patient Assessment						10	
Plan of Care						10	
QAPI						10	
Infection Control						10	
Emergency Preparedness						10	
Clinical Outcomes						10	
Vascular Access (AVF%)	< 29%	30-39%	40-49%	50- 65%	66% or >	10	
Total facility score							

Calculate the percentage by dividing your facility score \_\_\_ by the total possible 90 and moving the decimal point over two places.  $\text{___} \div 90 = \text{___}\%$

### Network Suggestions:

100% - The facility is ready for a state survey. Even though you have self-evaluated the unit with a high score, the State Surveyor may still find deficiencies.

90% – Fine tune your policies and procedures to address any issues that were identified.

80%– Your unit is probably in pretty good shape overall. Educate your staff members about the Conditions for Coverage and address any clinical outcomes or issues that are below an acceptable level.

75% – Your unit needs to improve. Look closely at the effectiveness of your clinical outcomes, CQI, and QAPI programs.

Below 73%– Your unit really needs help and may not be providing safe and quality care for the patients. Work very hard with your team, owners, and Medical Director to seriously identify and improve issues that are below an acceptable level. There may be longstanding issues that need to be addressed. The Network can provide technical assistance if requested.

## Facility State Survey Readiness Scorecard

Dialysis Facility: \_\_\_\_\_ Medicare Provider #: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Persons		Title					
		Medical Director					
		Unit Administrator					
Discussed in CQI Meeting		Date					
Discussed in QAPI Meeting		Date					
Discussed in Staff Meeting		Date					
Area(s) Needing Improvement							
(Indicate the reference # from the mock survey or flash card, for example G#5.)							
Actions Taken							
Issue #	Action	Staff Member		Date			
Quarter 1 (Jan – Mar)		Quarter 2 (Apr – Jun)		Quarter 3 (Jul – Sept)		Quarter 4 (Oct – Dec)	
Readiness %		Readiness %		Readiness %		Readiness %	
_____		_____		_____		_____	

**Unit Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature indicates review of the document

**Medical Director** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature indicates review of the document

### Recommendations

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## Part III: Educational Tools

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### **Dialysis Staff Education: The State Survey Process (Power Point Presentation)**

This is a power point presentation that can be used to educate staff members about the survey process during a staff meeting. It is designed to stimulate questions and excitement about survey preparation. Getting everyone involved promotes a culture of preparedness at the facility and highlights the role that each one plays in quality care.

<h2 style="text-align: center;">Infection Control and Safety (IC &amp; S)</h2>	<p><b>IC &amp; S #8 <u>Medication Preparation Area</u></b></p> <p>Is medication preparation room clean and away from patient station? (V117)</p>
<p><b>IC &amp; S #1 <u>Facility Cleanliness</u></b></p> <p>Is the condition of the unit clean and sanitary? (V111,122, &amp; 401)</p> <p>Are all areas of the unit free of hazards? (V402)</p>	<p><b>IC &amp; S #9 <u>Hand Hygiene &amp; Glove Changes</u></b></p> <p>Are hands washed and gloves changed between patients &amp; between dirty &amp; clean tasks? (V113);</p> <p>Do the patients wear gloves to hold their needle sites? (V113)</p>
<p><b>IC &amp; S #2 <u>Infectious Waste Storage</u></b></p> <p>Check to see that there is restricted access to infectious waste storage. (V121)</p>	<p><b>IC &amp; S #10 <u>Cleaning &amp; Disinfecting</u></b></p> <p>Are machines, chairs, and equipment cleaned between patients? (V122)</p>
<p><b>IC &amp; S #3 <u>Isolation Room/Area</u></b></p> <ul style="list-style-type: none"> <li>• Is the isolation room in use for hepatitis B+ (HBV+) patients? (V128 -129)</li> <li>• Are the supplies in the isolation room being dedicated for hepatitis B+ use only? ( V130)</li> <li>• Are staff members caring for HBV+ patients only caring for HBV+ and HBV immune patients? (V131)</li> </ul>	<p><b>IC &amp; S #11 <u>Medication Preparation and Administration</u></b></p> <p>Are opened multiple- dose vials being handled aseptically and discarded in accordance with manufacturer's set time frame? (V143)</p> <p>Are single dose medication vials being used as single use? (V118)</p>
<p><b>IC &amp; S #4 <u>Infection Control Practices</u></b></p> <p>Is there is a high facility hospitalization rate for septicemia or conversions to hepatitis?</p> <p>Spend extra time observing infection control practices.</p>	<p><b>IC &amp; S #12 <u>Wastes and Sharps</u></b></p> <p>Are wastes and sharps being properly handled and then disposed of properly? (V121)</p>

<p><b>IC &amp; S #5 <u>Items Taken to the Patient Station</u></b></p> <p>Are items taken to the patient’s dialysis station disinfected, dedicated, or discarded? (V116)</p>	<p><b>IC &amp; S #13 <u>Blood Spills</u></b></p> <p>Are all blood spills cleaned up immediately? (V122)</p> <p>Are there any dried blood spills?</p> <p>Remember to look in hidden places on the dialysis chairs too.</p>
<p><b>IC &amp; S #6 <u>Personal Protective Equipment (PPE)</u></b></p> <p>Is PPE being worn that is appropriate for the task being done? ( i.e., gowns, gloves, eye/nose protection) (V115)</p>	<p><b>IC &amp; S #14 <u>Dialysis Access Care (pre and post treatment)</u></b></p> <p>Are the patients’ vascular accesses receiving proper skin prep prior to cannulation?</p> <p>Is aseptic technique being used for central venous catheter (CVC) use and dressing changes? (V142, 147, 550-551)</p>
<p><b>IC &amp; S #7 <u>Patient Evaluation</u></b></p> <p>Are the patients and machines monitored per policy during the dialysis treatment?</p> <p>Are unstable patients being more frequent monitored? (V504, 543, 550-551, and 715)</p>	<p><b>IC &amp; S #15 <u>Infections</u></b></p> <p>Does the unit have patient infection logs?</p>
<p style="text-align: center;"><b>Special Information (SI)</b></p>	<p><b>SI #2 <u>Wild Card!</u></b>  <b>Frequently Cited V Tags! Pay Special Attention!</b>  V412 Emergency preparedness patient training  V627 Reduction of medical errors  V682 Medical Director qualifications  V726 Medical Records  V729 Completion of patient records</p>
<p><b>SI #1 <u>Wild Card!</u></b>  <b>Frequently Cited V Tags! Pay Special Attention!</b>  V114 Sufficient # of sinks for hand washing  V122 Cleaning and disinfection of contaminated surfaces  V124 Routine testing for Hepatitis B  V184 Secure &amp; restricted access- water and storage areas  V401 Safe environment  V403 Equipment maintenance</p>	<p style="text-align: center;"><b>Water Treatment (WT)</b></p>

<p><b>WT #1 <u>Water Treatment</u></b></p> <p>The facility should ensure all the water room components are labeled along with directional arrows identifying the water flow.</p>	<p><b>WT #5 <u>Water Treatment</u></b></p> <p>The facility should ensure staff has knowledge about each of the water room components.</p>
<p><b>WT #2 <u>Water Treatment</u></b></p> <p>The facility ensures all staff understands the importance of the tests for total chlorine and has a strong knowledge base of the steps to take if that test result is high.</p>	<p><b>WT #6 <u>Water Treatment</u></b></p> <p>The facility should ensure all staff completes the water room tests in accordance with the facility policies and procedures and manufacturer’s recommendations.</p>
<p><b>WT #3 <u>Water Treatment</u></b></p> <p>The facility ensures all staff practices are reflected in their policies and procedures.</p>	<p><b>WT #4 <u>Water Treatment</u></b></p> <p>Is there restricted access to the water treatment area? (V184)</p> <ul style="list-style-type: none"> <li>• What is the general condition of the water treatment equipment? (V182, 401, 403)</li> <li>• Are there two carbon tanks in place? (V192)</li> <li>• Have the chlorine/chloramines test been done prior to each shift of patients? (V196)</li> <li>• Are the chemical reagents in-date and appropriate for the tests? (V196)</li> </ul>
<p><b>Dialyzers (D) (reuse and non-reuse)</b></p>	<p><b>D #1 <u>Non-Reuse Dialyzers</u></b></p> <p>Are non-reuse dialyzers primed per manufacturer’s directions for use (DFU)? (V715)</p>
<p><b>D #2 <u>Reprocessed Dialyzers</u></b></p> <ul style="list-style-type: none"> <li>• Are all preprocessed before the first use? (V336)</li> <li>• Are the dialyzers labeled with the patients’ name before the first use? (V328)</li> <li>• Is there sufficient germicide contact time? (V349)</li> <li>• Does the dialyzer meet aesthetic requirements? (V347)</li> <li>• Is the dialyzer tested for germicide presence? (V350, 351)</li> </ul> <p><b>More on D #3</b></p>	<p><b>D #3 <u>Reprocessed Dialyzers (continued)</u></b></p> <ul style="list-style-type: none"> <li>• Is the dialyzer primed per manufacturer’s directions for use (DFU)? (V352)</li> <li>• Is the dialyzer tested for germicide residual? (V353)</li> <li>• Are the testing methods sufficiently sensitive?</li> <li>• Are the appropriate test strips being used?</li> <li>• Are the reprocessed dialyzers being identified by two persons prior to treatment initiation? (V348)</li> </ul>

<p><b>D #4 <u>Reuse Room</u></b></p> <ul style="list-style-type: none"> <li>• Is the overall condition of equipment in good working order and clean? (V316)</li> <li>• Are the dialyzers stored properly?</li> <li>• How is the aesthetic appearance of the reprocessed dialyzers? (V321, 343)</li> <li>• Are there noticeable germicide odors? There shouldn't be. (V318)</li> </ul>		<p><b>General (G)</b></p>
<p><b>G #1 <u>Quality Assessment and Performance Improvement (QAPI)</u></b></p> <p>If the facility has areas of QAPI that do not meet target levels based on the Measures Assessment Tool (MAT), the facility is expected to take action toward improving those outcomes.</p>		<p><b>G #5 <u>Master Patient List</u></b></p> <p>Does the facility have a current hemodialysis (HD) patient listing by shifts including any isolated patients?</p> <p>Is there a seating chart?</p>
<p><b>G #2 <u>Reference Materials</u></b></p> <p>Is the unit able to produce its P&amp;P books, machine PMs, water tests, LALs, cultures, water treatment, organizational chart, etc?</p>		<p><b>G #6 <u>Patient Census/Modality</u></b></p> <p>Does the unit have a current patient census that is separated into modalities including the patients' admission dates?</p>
<p><b>G #3 <u>Vascular Access</u></b></p> <p>Does the unit have the vascular access information as reported to the ESRD Network?</p> <p><b>Check out the catheter reduction Toolkit at: <a href="http://esrdnetworks.org/mac-toolkits/download">http://esrdnetworks.org/mac-toolkits/download</a></b></p>		<p><b>G #7 <u>Dialysis Machines</u></b></p> <p>Are the dialysis machines being prepared per manufacturer's directions for use (DFU)? (V403);</p> <p>Are the machine alarms tested?</p> <p>Are the machine dialysate pH/conductivity checked via an independent method? (V403, V250)</p>

<p><b>G #4 <u>Long Term Care</u></b></p> <p>Does the unit keep a list of patients who reside at Long Term Care facilities?</p> <p>How is the communication between the two facilities?</p>	<p><b>G #8 <u>Waiting Room</u></b></p> <p>Are all of the chair surfaces intact? (V403)</p> <p>Is there space for wheelchair storage? (V402)</p>
<p><b>G #9 <u>Patient Restrooms</u></b></p> <p>Are the restrooms clean, functional, and do they have an emergency call method? (V402)</p>	<p><b>G #14 <u>Aggregate Labs</u></b></p> <p>Does the facility have an aggregated list of individual patients' labs (Kt/V, Hgb, T-sat%, Ferritin, albumin, Ca+, PO4, PTH)?</p>
<p><b>G #10 <u>Supply Storage</u></b></p> <p>Is there a sufficient supply of non-expired supplies on-site? (V401, 403)</p> <p>Are germicides kept at the correct temperature? (V319)</p>	<p><b>G #15 <u>Hospitalization</u></b></p> <p>Does the unit have patient hospitalization logs?</p> <p>Are the patients medications checked when he/she return to the facility after hospitalization?</p> <p>Check out the Medication Reconciliation Toolkit at: <a href="http://esrdnetworks.org/mac-toolkits/download">http://esrdnetworks.org/mac-toolkits/download</a></p>
<p><b>G #11 <u>Staffing</u></b></p> <p>Is the facility staffing adequate for the patient load? (V757)</p> <p>Is an RN present? (V759)</p> <p>Are all machine alarms set? (V403)</p> <p>Are all alarms responded to? (V757)</p>	<p><b>G #16 <u>Pediatric Patients</u></b></p> <p>Does the facility have a list of the pediatric patients receiving treatment? (Patients who are under 18 years of age.)</p>
<p><b>G #12 <u>Patient Education &amp; Training</u></b></p> <p>Be sure to educate patients on the dialysis experience, treatment options, self care, quality of life, infection prevention and rehabilitation. (V562)</p> <p>Be sure to document evidence of education and training in the patient's record. (i.e. date, topic, response, method, etc.)</p>	<p><b>G #17 <u>Involuntary Patient Discharges (IVD)</u></b> V766</p> <ul style="list-style-type: none"> <li>• Has the unit documented thoroughly on any involuntary patient discharges?</li> <li>• Were the state agency <u>and</u> the Network notified?</li> <li>• Did the Medical Director sign off on the order?</li> <li>• Did the unit attempt to place the patient at another facility? Was the patient given instructions on where to go for medical help/dialysis?</li> </ul> <p><b>Work with the patient. Try not to do this. CMS is watching.</b></p>

<p><b>G #13 <u>Patient Census/Modality</u></b></p> <p>Does the unit have a current patient census that is separated into modalities including the patients' admission dates?</p>	<p><b>G #18 <u>Dialysate Preparation Area</u></b></p> <p>Is the general condition of dialysate mixing &amp; delivery systems clean, labeled, and safe? (V231, V232, V401, V403)</p> <p>Are the individual dialysate jugs clean? (V243)</p> <p>Are individual dialysate jugs labeled?</p>
<p><b>G #19 <u>Home Training Area</u></b></p> <p>Is there sufficient space? (V404)</p> <p>Is a hand washing sink available? (V114)</p>	<p><b>G #21 <u>General Conditions in the Treatment Area</u></b></p> <ul style="list-style-type: none"> <li>• Is there sufficient space in the treatment area? (V404)</li> <li>• Can the staff members see all patients and their vascular accesses at all times? (V407)</li> <li>• Is patient privacy maintained? (V406)</li> <li>• Is the treatment area temperature comfortable for the patients? (V405)</li> </ul> <p>Are all patients treated respectfully? (V452)</p>
<p><b>G #20 <u>Hemodialysis Patient Treatment Area</u></b></p> <p>There should be no “<u>dummy drip chambers</u>” in the patient treatment areas they are considered as an <u>immediate &amp; serious</u> threat to patient health &amp; safety. (V403).</p>	<p><b>G #22 <u>Patient Census/Modality</u></b></p> <p>Does the unit have a current patient census that is separated into modalities including the patients' admission dates?</p>
<p style="text-align: center;"><b>Medical Records (MR)</b></p>	<p><b>MR #3 <u>Medical Record</u></b></p> <p><u>Blood Pressure &amp; Fluid Management</u> (V504)</p> <ul style="list-style-type: none"> <li>• Interdialytic blood pressure and weight gain</li> <li>• Target weight</li> <li>• Symptoms</li> </ul>

<p><b>MR #1 <u>Medical Record</u></b></p> <p><u>Dialysis access type &amp; maintenance (V511)</u></p> <ul style="list-style-type: none"> <li>• Access efficacy</li> <li>• Candidacy for an AVF</li> </ul>	<p><b>MR #4 <u>Medical Record</u></b></p> <p><u>Immunization &amp; medication history (V506)</u></p> <ul style="list-style-type: none"> <li>• Vaccines: Pneumococcal, hepatitis, and influenza</li> <li>• Medication allergies</li> </ul> <p>Check out the Vaccination Toolkit at:  <a href="http://esrdnetworks.org/mac-toolkits/download">http://esrdnetworks.org/mac-toolkits/download</a></p>
<p><b>MR #2 <u>Medical Record</u></b></p> <p>Be sure the record includes the patient’s abilities, interests, preferences, goals, desired level of participation in care, preferred modality and setting, and outcomes expectations. (V512)</p> <p>Also note:</p> <ul style="list-style-type: none"> <li>• Reasons why the patient does not participate in care</li> </ul> <p>Reasons why the patient is not a home dialysis (or transplant) candidate</p>	<p><b>MR #5 <u>Medical Record</u></b></p> <p><u>Renal bone disease (V508)</u></p> <ul style="list-style-type: none"> <li>• Calcium</li> <li>• Phosphorus</li> <li>• PTH</li> <li>• Medications</li> </ul>
<p><b>MR #7 <u>Medical Record</u></b></p> <p><u>Lab Profile (V505)</u></p> <p>Monitor the labs monthly and as needed.</p> <p><b>Check out the Diabetes Toolkit at:</b>  <a href="http://esrdnetworks.org/mac-toolkits/download">http://esrdnetworks.org/mac-toolkits/download</a></p>	<p><b>MR #11 <u>Medical Record</u></b></p> <p><u>Psychosocial Needs (V510)</u></p> <p>Includes: Cognitive status and ability to understand, ability to meet basic needs, ability to follow the treatment prescription, mental health history, capacity, need for counseling, substance abuse history, ability to cope with and adjust to dialysis, expectations for the future and living with kidney failure and treatment, educational and employment status... (<u>More on MR#12</u>)</p>
<p><b>MR #6 <u>Medical Record</u></b></p> <p>Family &amp; other support systems (V514)</p> <p>HIPAA does not prohibit a staff member from educating a family member or other support person about how to help the patient with diet medications, and cope with kidney failure.</p>	<p><b>MR #12 <u>Medical Record</u></b> (Psychosocial Needs continued)</p> <p>...concerns and goals, home environment including current living situation, legal issues – court appointed guardian, advance directive status, health care proxy, need for advocacy with traditional (nursing home) and non-traditional housing (homeless shelter, group home), financial capabilities and resources, access to available community resources, and eligibility for Federal, State, or local resources.</p>

<p><b>MR #8 <u>Medical Record</u></b></p> <ul style="list-style-type: none"> <li>• Current physical activity level (V515)</li> <li>• Referral to vocational rehabilitation and/or physical rehabilitation</li> </ul> <p>The patient should be assessed as to his/her current level of physical activity, ability to perform activities of daily living, and any barriers to independence. The assessment should involve observing the patient's ability to ambulate, transfer, and other activities pertinent to the dialysis environment.</p> <p><b>Pediatric patients should be encouraged to attend school full-time if possible.</b></p>	<p><b>MR #13 <u>Medical Record</u></b></p> <p><u>Anemia</u> (Hgb, Hct, iron stores, ESA need) (V507)</p> <ul style="list-style-type: none"> <li>• Volume</li> <li>• Bleeding</li> <li>• Infection</li> <li>• Erythropoietin stimulating agents (ESA) hypo-response</li> </ul>
<p><b>MR #9 <u>Medical Record</u></b></p> <p><u>Health status and co-morbidities</u> (V502)</p> <ul style="list-style-type: none"> <li>• Medical and nursing history</li> <li>• Physical examination</li> <li>• Findings</li> </ul>	<p><b>MR #14 <u>Medical Record</u></b></p> <p><u>Nutritional status</u> (V509) <b>This area is critically important in pediatric patients</b></p> <p>Includes many things such as:</p> <p>Albumin, body weight (height, weight history, weight changes), hydration, glycemic control, cardiovascular health, appetite, food intake, ability to chew/swallow, GI issues, use of prescribed and (Continued on MR# 15)</p>
<p><b>MR #10 <u>Medical Record</u></b></p> <p><u>Dialysis prescription</u> (V503)</p> <ul style="list-style-type: none"> <li>• Evaluate HD patients every month</li> <li>• Evaluate PD patients during the first month and then every four (4) months</li> </ul>	<p><b>MR #15 <u>Medical Record</u></b> (Nutritional status continued)</p> <p>... over the counter nutritional dietary or herbal supplements, previous diets, nutritional education, route of nutrition, self management skills, attitude about nutrition/health/wellbeing, and motivation to make changes to meet nutrition and other health goals.</p>
<p><b>MR #16 <u>Medical Record</u></b></p> <p>Suitability for transplant referral (V513)</p> <p>Is the patient a transplant candidate?</p> <p>If the patient is not suitable for a transplantation referral, the basis for non-referral must be documented in the patient's medical record.</p>	<h2>Emergency Preparedness (EP)</h2>
<p><b>EP #1 <u>Staff Emergency Preparedness</u></b></p> <ul style="list-style-type: none"> <li>• Are policies and procedures in place for the use of the resuscitation equipment? (V409 &amp; V411)</li> <li>• Are policies and procedures in place to deal with a fire?</li> <li>• Are policies and procedures in place covering an emergency evacuation of the facility? (V409)</li> </ul> <p>Are staff members trained in emergency policies and procedures?</p>	<p><b>EP #4 <u>Emergency Equipment Function</u></b></p> <p>Does the facility have an AED defibrillator, Ambu-bag, oxygen, airways, and suction machine?</p> <p>Does all of the emergency equipment function properly?</p> <p>Are emergency medications available and ready for use? (V413)</p> <p>Are the staff members trained in the use of the emergency equipment and medications?</p>

<p><b>EP #2 <u>Emergency Medical Equipment</u></b></p> <p>Is emergency equipment such as an AED/defibrillator, Ambu-bag, oxygen, and suction available at the unit? (V413)</p>	<p><b>EP #5 <u>Emergency Evacuation Supplies</u></b></p> <p>Are emergency evacuation supplies present and in date? (V408)</p> <p>Are the evacuation supplies sufficient for the patient census?</p> <p>Are the evacuation supplies monitored routinely?</p>
<p><b>EP #3 <u>Fire Extinguishers &amp; Evacuation</u></b></p> <p>Are fire extinguishers present? (date checked) Are the evacuation routes posted? (V417)</p>	<p style="text-align: center;"><b>Patient Plan of Care (POC)</b></p>
<p><b>POC #1 <u>Patient Individualized and Comprehensive Assessment of Needs</u></b></p> <p><b>Key words here:</b></p> <ul style="list-style-type: none"> <li>• Individualized (tailor made for the patient)</li> <li>• Comprehensive (includes everything)</li> </ul>	<p><b>POC #2 <u>Patient Plan of Care</u></b></p> <p>Does it include the following elements?</p> <ul style="list-style-type: none"> <li>• Vascular access – AVF is preferred. Avoid catheters. (V550 &amp; V551)</li> <li>• Modality – Candidacy or reason for non-referral for home modality or transplant. (V553 &amp; V554)</li> <li>• Rehabilitation Status – Achieve and sustain appropriate level. Productive activity, education, work. Vocational and physical rehab referrals as indicated. (V555)</li> <li>• Pediatric formal education.</li> </ul>
<p><b>POC #3 <u>Patient Plan of Care</u></b></p> <p>The prescribed dose of dialysis should achieve and sustain a HD Kt/V of at least 1.2 and a PD dialysis weekly Kt/V of at least 1.7 (V554)</p>	<p><b>POC #5 <u>Patient Plan of Care</u></b></p> <p><u>Psychosocial status</u></p> <ul style="list-style-type: none"> <li>• The patient is to achieve &amp; sustain appropriate status (V552)</li> <li>• Are the patients physical and mental functioning surveyed annually?</li> <li>• Is the KDQOL-36 administered annually?</li> </ul>

Dear Patient,

Today our unit is being surveyed by the state. The Center for Medicare & Medicaid Services (CMS) has a set of rules and regulations that dialysis centers must follow. Just like the state visits hospitals, nursing homes, and other businesses, dialysis centers are routinely visited to be sure that they are clean, organized, and that the patients dialyzing there are getting great care.

If the state surveyor asks to speak with you, please feel free to do so! Patient interviews are a normal part of the survey visit. Please be honest with him/her and answer the questions to the best of your ability.

You will probably see the surveyor walking around the various rooms of the unit, talking with staff members and the doctor. He/she will probably take notes or use the computer too.

If you have any questions about the survey, please let me know.

Sincerely,

Unit Administrator

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## Part IV: Follow Up Tools

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### Using Positive Survey Results for Facility Marketing

#### CONGRATULATIONS!

If you have received a state survey report which states that the facility has no deficiencies, celebrate and find ways to spread the good news! Here are some ideas.

- Post a framed and matted copy of the CMS 2567 survey form in the patient waiting room.
- Note the achievement in the facility patient and staff newsletters.
- Have a punch and cookie reception for your unit and/or community to celebrate together.
- Place balloons at each patient station.
- Print an announcement celebrating the achievement.
- Write a press release. (The Network can provide technical assistance on how to do this.)
- Celebrate with a “tea” at the local hospital. Have napkins imprinted with the dialysis unit name, date, and *ESRD State Survey: No deficiencies!*
- Have new gold tone name tags printed for the staff members.
- Buy gold star pins for each staff member.
- Hold a celebration staff meeting and serve pizza.
- Donate canned goods to your local food bank in honor of your unit and survey.
- Ask that your corporation include your achievement in their newsletter.
- Send a registered letter to your Board of Directors and/or corporate Medical Director.
- Call your local newspaper and ask that an article be written about your unit.
- Send your corporate management a registered letter sharing your news.
- Host a nice dinner for your Board of Directors and staff.
- Contact your local TV station to visit and film the facility after hours (because of HIPPA) and interview your Medical Director about chronic kidney disease and dialysis as a public service.
- Send a flyer to businesses in your community.
- Mail an announcement to the local Better Business Bureau and Chamber of Commerce.
- Have a nice plaque made to display commemorating the achievement.

## Writing Corrective Action Plans

### Plan of Correction

When a survey results in deficiencies, the facility must correct the problem(s) described in each deficiency, complete a plan of correction (POC) and send the POC to the state agency for approval within the specified time identified in the cover letter received with the statement of deficiencies. In the Plan of Correction, the statements should reflect the facility's plan for corrective action and the anticipated time of correction including an explicit date. If the action has been completed at the time the form is returned, the plan should indicate the date completed. The date indicated for completion of the corrective action must be appropriate to the level of the deficiency(ies).

A POC includes a correlating corrective action for each cited deficiency. Failure to complete an acceptable POC's will jeopardize the facility's continued operation as a Medicare supplier of ESRD services. Remember that the purpose of the POC is to assure the facility provides safe and quality care to their patients. The POC must address the issue(s) identified, be complete, and include a dated signature of the administrator or other responsible person on the first page of the Statement of Deficiencies/Plan of Correction document.

The POC should clearly state the following information: how the facility will correct the identified problems including steps to correct their system and prevent re-occurrence; name (by title) the person responsible for monitoring continued correction of the problem; how often that person will monitor for the correction, and an explicit date for the correction.

The state agency will work with the facility to facilitate an acceptable POC. The Network is able to provide technical assistance to the facility by making suggestions in completing the POC; however, the Network cannot and will not write the POC for the facility.

### Completion Tips

- Note the date the POC is due.
- Read the directions carefully.
- Use writing a plan of correction as a learning experience.
- Copy the form and jot down notes before filling out the official form.
- Be sure each V tag is addressed.
- Include the "who, what, when, where, and how" for each citation.
- Be clear and concise.
- Emphasize your plans to prevent a reoccurrence of the problem.
- Ask the state surveyor if you have questions.
- Have someone else review the document before submitting it to the state.

## Additional Resources

Medicare ESRD Network Organizational Manual. Section 7 (Revised, March 12, 2004)

Conditions for Coverage – CMS/ESRD Final Regulations Released October 14, 2008

[www.cms.gov/GuidanceforLawsAndRegulations/05\\_Dialysis.asp](http://www.cms.gov/GuidanceforLawsAndRegulations/05_Dialysis.asp) - Provides basic information related to survey and certification of dialysis facilities for ESRD surveyors and dialysis providers. It includes links to applicable laws and regulations, and provides resources to support and assess compliance with Federal regulations. Section C. Surveyor Worksheets & Tools allows for downloads of worksheets utilized by surveyors which can be used by facilities in preparing.

[www.cms.gov/SurveyCertificationGenInfo/](http://www.cms.gov/SurveyCertificationGenInfo/)

[www.dialysisreports.org](http://www.dialysisreports.org) –Provides how each facility compares to the local and national averages for patient characteristics and treatment patterns. This is a pre-survey task for the state surveyors.

ESRDSurvey@cms.gov. –This is the email for the CMS ESRD team.

[www.hhs.gov.center.esrd.asp](http://www.hhs.gov.center.esrd.asp)

[www.aami.org](http://www.aami.org)

[www.cdc.gov](http://www.cdc.gov)

[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

Punch, D. (2010, October) Getting your clinic ready for a facility survey. *Nephrology News & Issues*, 24,11.



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