

Schedule 1.0
Table of Definitions

“Acquired Assets” has the meaning set forth in Section 1.1.

“Acquisition Agreements” means this Agreement, the Assignment and Assumption and Bill of Sale and all other agreements executed in connection with this Agreement and in connection with Closing.

“Affiliates” has the meaning set forth in Rule 501 of Regulation D under the Securities Act of 1933, as amended.

“Agreement” has the meaning set forth in the first sentence of this Agreement.

“Ancillary Transition Services” has the meaning set forth in Section 6.10(b).

“Assumed Liabilities” has the meaning set forth in Section 1.3.

“Assumed PTO” has the meaning set forth in Section 1.5(b).

“Attorney General” has the meaning set forth in Section 6.3(b).

“Buyer” has the meaning set forth in the first sentence of this Agreement. For the purposes of Section 7.2, the term “Buyer” shall include Buyer and its Affiliates.

“Center Employees” has the meaning set forth in Section 1.5(a).

“Centers” has the meaning set forth in the Recitals of this Agreement.

“Clinical Systems” has the meaning set forth in Section 6.10(a).

“Closing” has the meaning set forth in the first sentence of Article III of this Agreement.

“Closing Date” has the meaning set forth in Article III of this Agreement.

“Closing Financial Statements” has the meaning set forth in Section 6.6(a).

“CMS” has the meaning set forth in Section 6.3(b).

“COBRA” means the health care continuation requirements set forth in Section 4980B of the Code and Sections 601 through 608 of ERISA, respectively.

“Code” means the Internal Revenue Code of 1986, as amended.

“Commission” has the meaning set forth in Section 6.8(c).

“Compliance Questionnaire” means the form for reporting upon compliance with Law and with Payment Program requirements completed by Seller and delivered to Buyer in connection with Buyer’s due diligence.

“Confidential Information” has the meaning set forth in Section 7.1.

“Deposit” has the meaning set forth in the Section 2.1.

“Dialysis Business” has the meaning set forth in the Recitals of this Agreement.

“Dialysis Contract,” “Assigned Dialysis Contract” and “Retained Dialysis Contract” have the meanings set forth in Section 4.20.

“Dialysis Licenses” has the meaning set forth in Section 4.5.

“Dialysis Payment Programs” has the meaning set forth in Section 4.13(a).

“Employee Benefit Plans” means any “employee benefit plan” as defined in Section 3(3) of ERISA and all bonus, stock or other security option, stock or other security purchase, stock or other security appreciation rights, incentive, deferred compensation, retirement or supplemental retirement, severance, golden parachute, vacation, cafeteria, dependent care, medical care, employee assistance program, education or tuition assistance programs, insurance and other similar fringe or employee benefit plans, programs or arrangements, and any current or former employment or executive compensation or severance agreements or any other plan or arrangement to provide compensation or benefits to any individual, written or otherwise, which has ever been contributed to, sponsored or maintained by, entered into for the benefit of, or relating to, any present or former contractor, employee or director of Seller or any ERISA Affiliate or employed in connection with the Dialysis Business, without regard to whether such individual is a Center Employee or a Transferring Employee.

“Employee Transition Period” has the meaning set forth in Section 1.6(a).

“Environmental Laws” means all Laws relating to hazardous waste, infectious medical and radioactive waste, and other environmental matters, including, without limitation, the Resource Conservation and Recovery Act, the Clean Air Act and the Comprehensive Environmental Response Compensation and Liability Act, and any regulations issued thereunder.

“ERISA” means the Employee Retirement Income Security Act of 1974, as amended.

“ERISA Affiliate” means any entity (whether or not incorporated) that together with Seller is a member of: (i) a controlled group of corporations within the meaning of Section 414(b) of the Code; (ii) a group of trades or business under common control within the meaning of Section 414(c) of the Code; (iii) an affiliated service group within the meaning of Section 414(m) of the Code; or (iv) any other person or entity treated as an Affiliate of Seller under Section 414(o) of the Code.

“Excluded Assets” has the meaning set forth in Section 1.2

“Excluded Liabilities” has the meaning set forth in Section 1.4(a).

“Execution Date” has the meaning set forth in the first paragraph of this Agreement.

“Final Financial Statements” has the meaning set forth in Section 6.6(b).

“Final Fixed Asset List” has the meaning set forth in Section 6.6(b).

“Financial Statements” has the meaning set forth in Section 4.9.

“Fundamental Representations” has the meaning set forth in Section 9.1.

“GAAP” means accounting principles generally accepted in the United States of America, consistently applied.

“Governmental Approval” has the meaning set forth in Section 4.3(a).

“Group Health Plan” means a plan, program or arrangement described in Section 5000(b)(1) of the Code.

“Hazardous Material” means (i) petroleum and petroleum products, by-products or breakdown products, radioactive materials, asbestos-containing materials and polychlorinated biphenyls; (ii) infectious medical waste; and (iii) any other chemical, material or substance, all of which are defined or regulated as toxic or hazardous or as a pollutant, contaminant or waste under any applicable Environmental Law.

“HIPAA” has the meaning set forth in Section 4.14(j).

“IDPH” has the meaning set forth in Article III.

“Indemnified Party” has the meaning set forth in Section 9.4.

“Indemnifying Party” has the meaning set forth in Section 9.4.

“Intellectual Property” means all recipes, patents, inventions, know-how, show-how, designs, trade secrets, copyrights, trademarks, trade names, service marks, fictitious and assumed business names, Internet domain names, manufacturing processes, software, formulae, trade secrets, technology or the like, and all applications for any of the foregoing.

“Interim Financial Statements” has the meaning set forth in Section 4.9.

“Interim Laboratory Services Agreement” has the meaning set forth in Section 8.1(v).

“Inventory Value” has the meaning set forth in Section 2.1.

“Labor Contract” has the meaning set forth in Section 4.15(d).

“Law” or “Laws” means any and all federal, state, and local statutes, codes, licensing requirements, ordinances, laws, rules, regulations, decrees or orders of any foreign, federal, state or local government and any other governmental department or agency, and any judgment, decision, decree or order of any court or governmental agency, department or authority.

“Licenses” means licenses, permits, consents, approvals, authorizations, registrations, qualifications and certifications of any governmental or administrative agency or authority (whether federal, state or local), including without limitation any Medicare, Medicaid and other provider numbers, certificates or determinations of need, CLIA and DEA certifications.

“Liens” means any lien, claim, security interest, mortgage, pledge, restriction, covenant, charge or encumbrance of any kind or character, direct or indirect, whether accrued, absolute, contingent or otherwise.

“Losses” means losses, damages, liabilities, actions, suits, proceedings, claims, demands, taxes, sanctions, deficiencies, assessments, judgments, costs, interest, penalties and expenses (including without limitation reasonable attorneys’ fees, which shall include a reasonable estimate of the allocable costs of in-house legal counsel and staff).

“Medicare CHOW Approval” has the meaning set forth in Section 6.3(b).

“New Center Employees” has the meaning set forth in Section 1.6(a).

“New Employee Assumed PTO” has the meaning set forth in Section 1.6(c).

“New Transferring Employees” has the meaning set forth in Section 1.6(b).

“New Transferring Employee Schedule” has the meaning set forth in Section 1.6(b).

“Non-reimbursable Assumed PTO” has the meaning set forth in Section 1.6(c).

“Payment Programs” means Medicare, TRICARE, Medicaid, Worker’s Compensation, Blue Cross/Blue Shield programs, and all other health maintenance organizations, preferred provider organizations, health benefit plans, health insurance plans, and other third party reimbursement and payment programs including without limitation the Dialysis Payment Programs.

“Personal Property Leases,” “Assigned Personal Property Leases” and “Terminated Personal Property Leases” have the meanings set forth in Section 4.8.

“Policy Manuals” has the meaning set forth in Section 6.10(a).

“Premises” means all real property used by Seller in connection with the Dialysis Business, as described on Schedule 4.21 hereto.

“Prescription Drug Inventory” shall have the meaning set forth in Section 1.1(c).

“PTO” means accrued vacation and other payable time off.

“Purchase Price” has the meaning set forth in Section 2.1.

“Reimbursable Assumed PTO” has the meaning set forth in Section 1.6(c)

“Release” means disposing, discharging, injecting, spilling, leaking, leaching, dumping, emitting, escaping, emptying, seeping, placing and the like into or upon any land, water or air, or otherwise entering into the environment.

“Remedial Action” means all action to (i) clean up, remove or treat Hazardous Materials in the environment; (ii) restore or reclaim the environment or natural resources; (iii) prevent the Release of Hazardous Materials so that they do not migrate or endanger or threaten to endanger public health or the environment; or (iv) perform remedial investigations, feasibility studies, corrective actions, closures and post-remedial or post-closure studies, investigations, operations, maintenance and monitoring on, about or in the Premises.

“Securities Act” has the meaning set forth in Section 6.8(c).

“Securities Exchange Act” has the meaning set forth in Section 6.8(c).

“Seller” has the meaning set forth in the first sentence of this Agreement.

“Seller Material Adverse Effect” means any event, circumstance, change or effect that individually or in the aggregate with all other events, circumstances, changes or effects, is reasonably expected to be materially adverse to the condition (financial or otherwise), properties, assets, liabilities, businesses, operations, results of operations or prospects of the Dialysis Business or the Acquired Assets or to Seller’s ability to perform its obligations as contemplated in this Agreement.

“Service Area” has the meaning set forth in the Recitals.

“STAT Laboratory Services Agreement” has the meaning set forth in Section 8.1(u).

“Taxes” means all taxes of any type or nature whatsoever, including without limitation, income, gross receipts, excise, franchise, property, value added, import duties, employment, payroll, sales and use taxes and any additions to tax and any interest or penalties thereon.

“Tax Returns” means any and all returns, declarations, reports, claims for refunds and information returns or statements relating to Taxes, required to be filed by Seller for itself and for the Employee Benefit Plans of Seller, including all schedules or attachments thereto and including any amendment thereof.

“Telecom Services” has the meaning set forth in Section 6.10(a).

“Third Party Consent” has the meaning set forth in Section 4.3(b).

“Transaction” has the meaning set forth in Section 10.2(b).

“Transferring Employees” has the meaning set forth in Section 1.5(a).

“Transition Period” has the meaning set forth in Section 6.10(a).

“Year-End Financial Statements” has the meaning set forth in Section 4.9.

Schedule 1.1
Acquired Assets

- Fixed Asset List provided and is attached (inventory will be counted the night before closing).

ACQUIRED ASSETS

Description	MANUFACTURER	Serial Number	Quantity	In-Service Date	Unit Cost	Total Cost	Life (Years)	Life (Months)	Months in Service	Months Remaining	Monthly Depreciation	Accumulated Depreciation	Estimated NBV
ice machine	EDWARD DON & COMPANY		1	10/1/2005	2,702.24	\$ 2,702.24	10	120.00	77.00	43.00	\$ 22.52	\$ 1,735.94	\$ 968.30
zoll AED plus series	ZOLL MEDICAL CORP		1	7/1/2003	9,552.00	\$ 9,552.00	7	84.00	104.00	-	\$ -	\$ 9,552.00	\$ -
copier	MARTIN WHALEN		1	10/1/2008	1,715.00	\$ 1,715.00	5	60.00	41.00	19.00	\$ 28.58	\$ 1,171.92	\$ 543.08
office furniture	O.E.C. BUSINESS INTERIORS, INC.		1	4/1/2007	10,784.27	\$ 10,784.27	10	120.00	59.00	61.00	\$ 89.87	\$ 5,302.27	\$ 5,482.00
vital signs monitor	BURROWS COMPANY		1	9/1/2008	1,363.56	\$ 1,363.56	8	96.00	42.00	54.00	\$ 14.20	\$ 596.56	\$ 767.00
television system	MDM COMMERCIAL		1	2/1/2009	16,793.52	\$ 16,793.52	5	60.00	37.00	23.00	\$ 279.89	\$ 10,356.00	\$ 6,437.52
recliner	THE BURROWS COMPANY		1	5/1/2009	2,629.70	\$ 2,629.70	10	120.00	34.00	86.00	\$ 21.91	\$ 745.08	\$ 1,884.62
centrifuge	ALLEGIANCE HEALTHCARE		1	7/1/2000	2,058.37	\$ 2,058.37	7	84.00	140.00	-	\$ -	\$ 2,058.37	\$ -
oxygen delivery system	MALLINCKRODT		1	7/1/2000	3,850.49	\$ 3,850.49	8	96.00	140.00	-	\$ -	\$ 3,850.49	\$ -
scales	FAIRBANKS SCALES		1	7/1/2000	4,761.99	\$ 4,761.99	15	180.00	140.00	40.00	\$ 26.57	\$ 3,719.33	\$ 1,062.66
dialysis reprocessing system	MINNTECH		1	7/1/2000	34,203.00	\$ 34,203.00	10	120.00	140.00	-	\$ -	\$ 34,203.00	\$ -
exam table	CALIGOR		1	7/1/2000	1,320.00	\$ 1,320.00	15	180.00	140.00	40.00	\$ 7.33	\$ 1,026.67	\$ 293.33
monitor	HEMA METRICS, INC.		1	1/1/2010	3,018.76	\$ 3,018.76	8	96.00	26.00	70.00	\$ 31.45	\$ 817.58	\$ 2,201.18
cart	BURROWS COMPANY		1	7/1/2000	2,342.63	\$ 2,342.63	10	120.00	140.00	-	\$ -	\$ 2,342.63	\$ -
chairs	KAG INDUSTRIES		1	7/1/2000	6,898.87	\$ 6,898.87	10	120.00	140.00	-	\$ -	\$ 6,898.87	\$ -
office furniture	ENVIRONETX		1	7/1/2000	22,957.32	\$ 22,957.32	10	120.00	140.00	-	\$ -	\$ 22,957.32	\$ -
nurse call system	COMMUNICATION SPECIALTIES		1	7/1/2000	11,300.00	\$ 11,300.00	10	120.00	140.00	-	\$ -	\$ 11,300.00	\$ -
water purification	US FILTER		1	7/1/2000	29,500.00	\$ 29,500.00	10	120.00	140.00	-	\$ -	\$ 29,500.00	\$ -
fire alarm	D7I ELECTRONICS		1	7/1/2000	2,383.75	\$ 2,383.75	10	120.00	140.00	-	\$ -	\$ 2,383.75	\$ -
dialysis machine	FRESENIUS USA	5KOSZ443	1	10/1/2005	13,000.00	\$ 13,000.00	5	60.00	77.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	5KOSZ702	1	10/1/2005	13,000.00	\$ 13,000.00	5	60.00	77.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	5KOSZ775	1	10/1/2005	13,000.00	\$ 13,000.00	5	60.00	77.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	5KOSY905	1	10/1/2005	13,000.00	\$ 13,000.00	5	60.00	77.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	5KOSY907	1	3/1/2006	13,000.00	\$ 13,000.00	5	60.00	72.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	6KOS156F	1	3/1/2006	13,000.00	\$ 13,000.00	5	60.00	72.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	6KOS289F	1	10/1/2006	13,000.00	\$ 13,000.00	5	60.00	65.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	6KOS053P	1	10/1/2006	13,000.00	\$ 13,000.00	5	60.00	65.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	6KOS044P	1	10/1/2006	13,000.00	\$ 13,000.00	5	60.00	65.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	6KOS076P	1	5/1/2006	13,000.00	\$ 13,000.00	5	60.00	70.00	-	\$ -	\$ 13,000.00	\$ -
dialysis machine	FRESENIUS USA	1KOS4077	1	5/1/2006	13,000.00	\$ 13,000.00	5	60.00	70.00	-	\$ -	\$ 13,000.00	\$ -
architecture	STROMSLAND AND DEYOUNG		1	7/1/2000	70,165.52	\$ 70,165.52	10	120.00	140.00	-	\$ -	\$ 70,165.52	\$ -
electrical wiring	BLOCK		1	7/1/2000	9,246.65	\$ 9,246.65	10	120.00	140.00	-	\$ -	\$ 9,246.65	\$ -
electric setup	COMM ED		1	7/1/2000	5,316.00	\$ 5,316.00	10	120.00	140.00	-	\$ -	\$ 5,316.00	\$ -
general contractor	ATLAS CONSTRUCTION		1	7/1/2000	488.50	\$ 488.50	10	120.00	140.00	-	\$ -	\$ 488.50	\$ -
telephone wiring	WIRE-TECH		1	7/1/2000	208.00	\$ 208.00	10	120.00	140.00	-	\$ -	\$ 208.00	\$ -
waste removal	WASTE MANAGEMENT		1	7/1/2000	956.00	\$ 956.00	3	36.00	140.00	-	\$ -	\$ 956.00	\$ -
artwork	GRIGORPOULIS		1	7/1/2000	1811.90	\$ 1,811.90	10	120.00	140.00	-	\$ -	\$ 1,811.90	\$ -
curtains	HANSEN'S MFRS WINDOW		1	7/1/2000	5,304.00	\$ 5,304.00	5	60.00	140.00	-	\$ -	\$ 5,304.00	\$ -
blinds	HANSEN'S MGRS WINDOW		1	7/1/2000	1,175.20	\$ 1,175.20	5	60.00	140.00	-	\$ -	\$ 1,175.20	\$ -
cabinets	INTERMETRO INDUSTRIES		1	7/1/2000	4,068.62	\$ 4,068.62	10	120.00	140.00	-	\$ -	\$ 4,068.62	\$ -
Total					\$ 411,895.66	\$ 411,895.66					\$ 392,256.16	\$ 19,639.70	

Leasehold Improvement Rights:

architecture	STROMSLAND AND DEYOUNG		1	7/1/2000	70,165.52	\$ 70,165.52	10	120.00	140.00	-	\$ -	\$ 70,165.52	\$ -
electrical wiring	BLOCK		1	7/1/2000	9,246.65	\$ 9,246.65	10	120.00	140.00	-	\$ -	\$ 9,246.65	\$ -
electric setup	COMM ED		1	7/1/2000	5,316.00	\$ 5,316.00	10	120.00	140.00	-	\$ -	\$ 5,316.00	\$ -
general contractor	ATLAS CONSTRUCTION		1	7/1/2000	488.50	\$ 488.50	10	120.00	140.00	-	\$ -	\$ 488.50	\$ -
telephone wiring	WIRE-TECH		1	7/1/2000	208.00	\$ 208.00	10	120.00	140.00	-	\$ -	\$ 208.00	\$ -
waste removal	WASTE MANAGEMENT		1	7/1/2000	956.00	\$ 956.00	3	36.00	140.00	-	\$ -	\$ 956.00	\$ -
artwork	GRIGORPOULIS		1	7/1/2000	1,811.90	\$ 1,811.90	10	120.00	140.00	-	\$ -	\$ 1,811.90	\$ -
curtains	HANSEN'S MFRS WINDOW		1	7/1/2000	5,304.00	\$ 5,304.00	5	60.00	140.00	-	\$ -	\$ 5,304.00	\$ -
blinds	HANSEN'S MGRS WINDOW		1	7/1/2000	1,175.20	\$ 1,175.20	5	60.00	140.00	-	\$ -	\$ 1,175.20	\$ -
cabinets	INTERMETRO INDUSTRIES		1	7/1/2000	4,068.62	\$ 4,068.62	10	120.00	140.00	-	\$ -	\$ 4,068.62	\$ -
Total					\$ 411,895.66	\$ 411,895.66					\$ 392,256.16	\$ 19,639.70	

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ACQUIRED ASSETS

Description	MANUFACTURER	Serial Number	Quantity	In-Service Date	Unit Cost	Total Cost	Life (Years)	Life (Months)	Months in Service	Months Remaining	Monthly Depreciation	Accumulated Depreciation	Estimated NBV
cabinet warming	SKY TRON		1	12/1/2011	5698.00	\$ 5,698.00	7	84.00	3.00	81.00	\$ 67.83	\$ 203.50	\$ 5,494.50
cart, resuscitation	INTERMETRO INDUSTRIES		1	12/1/2011	\$	\$	7	84.00	1,346.00		#DIV/0!	\$	\$
table	MIDMARK CORP		1	12/1/2011	1327.74	\$ 1,327.74	7	84.00	3.00	81.00	\$ 15.81	\$ 47.42	\$ 1,280.32
water treatment accessory	MAR COR		1	12/1/2011	19913.00	\$ 19,913.00	7	84.00	3.00	81.00	\$ 237.06	\$ 711.18	\$ 19,201.82
monitor	HEMAMETRICS		1	12/1/2011	2750.00	\$ 2,750.00	7	84.00	3.00	81.00	\$ 32.74	\$ 98.21	\$ 2,651.79
scale	SCALE-TRONIX		1	12/1/2011	5890.00	\$ 5,890.00	7	84.00	3.00	81.00	\$ 70.12	\$ 210.36	\$ 5,679.64
stool	MIDMARK CORP		1	12/1/2011	349.00	\$ 349.00	7	84.00	3.00	81.00	\$ 4.15	\$ 12.46	\$ 336.54
ice maker	FOLLETT CORP		1	12/1/2011	5759.25	\$ 5,759.25	7	84.00	3.00	81.00	\$ 68.56	\$ 205.69	\$ 5,553.56
wheelchair accessory	SCALE-TRONIX		1	12/1/2011	900.00	\$ 900.00	7	84.00	3.00	81.00	\$ 10.71	\$ 32.14	\$ 867.86
refrigerator	SUMMIT APPLIANCE		1	12/1/2011	1511.15	\$ 1,511.15	7	84.00	3.00	81.00	\$ 17.99	\$ 53.97	\$ 1,457.18
refrigerator	SUMMIT APPLIANCE		1	12/1/2011	883.00	\$ 883.00	7	84.00	3.00	81.00	\$ 10.51	\$ 31.54	\$ 851.46
medication dispenser	PYXIS		1	12/1/2011	33966.00	\$ 33,966.00	7	84.00	3.00	81.00	\$ 404.36	\$ 1,213.07	\$ 32,752.93
defibrillator	ZOLL		1	12/1/2011	1867.34	\$ 1,867.34	7	84.00	3.00	81.00	\$ 22.23	\$ 66.69	\$ 1,800.65
truck	RUBBERMAID		1	12/1/2011	1305.55	\$ 1,305.55	7	84.00	3.00	81.00	\$ 15.54	\$ 46.63	\$ 1,258.92
water treatment	MAR COR		1	12/1/2011	83968.08	\$ 83,968.08	7	84.00	3.00	81.00	\$ 999.62	\$ 2,998.86	\$ 80,969.22
television accessory	PDI COMMUNICATION		1	12/1/2011	944.00	\$ 944.00	7	84.00	3.00	81.00	\$ 11.24	\$ 33.71	\$ 910.29
suction machine	ARMSTRONG		1	12/1/2011	2032.00	\$ 2,032.00	7	84.00	3.00	81.00	\$ 24.19	\$ 72.57	\$ 1,959.43
television	PDI COMMUNICATION		1	12/1/2011	14725.00	\$ 14,725.00	7	84.00	3.00	81.00	\$ 175.30	\$ 525.89	\$ 14,199.11
monitor	WELCH ALLYN		1	12/1/2011	10419.45	\$ 10,419.45	7	84.00	3.00	81.00	\$ 124.04	\$ 372.12	\$ 10,047.33
monitor	GE MEDICAL		1										
monitor	HEMAMETRICS		1	2/1/2010	3016.81	\$ 3,016.81	8	96.00	25.00	71.00	\$ 31.43	\$ 785.63	\$ 2,231.18
carts	INNERSPACE		1	12/1/2011	3239.60	\$ 3,239.60	7	84.00	3.00	81.00	\$ 38.57	\$ 115.70	\$ 3,123.90
wheelchair, adult	ALCO		1		4650.00	\$ 4,650.00	7	84.00	1,346.00		\$	\$ 4,650.00	\$
chair, reclining	CHAMPION		1	12/1/2011	14852.80	\$ 14,852.80	7	84.00	3.00	81.00	\$ 176.82	\$ 530.46	\$ 14,322.34
chair, reclining	CHAMPION		1	12/1/2011	16802.70	\$ 16,802.70	7	84.00	3.00	81.00	\$ 200.03	\$ 600.10	\$ 16,202.60
chair, reclining	CHAMPION		1	12/1/2011	25204.05	\$ 25,204.05	7	84.00	3.00	81.00	\$ 300.05	\$ 900.14	\$ 24,303.91
dialysis machine	B. BRAUN MEDICAL	22191	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26811	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26840	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26841	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26884	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26885	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26887	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26910	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26911	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26912	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	26913	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27020	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27022	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27023	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27024	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27025	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27026	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27027	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27028	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88
dialysis machine	B. BRAUN MEDICAL	27029	1	1/1/2007	6817.00	\$ 6,817.00	10	120.00	62.00	58.00	\$ 56.81	\$ 3,522.12	\$ 3,294.88

Leasehold Improvement Rights: 1890 SILVER CROSS BLVD SPACE
 Leasehold Improvement Rights - Build out of new space

1	12/1/2011	\$ 1,540,000.00	\$ 1,540,000.00	10.00	120.00	3.00	117.00	\$ 12,833.33	\$ 38,500.00	\$ 1,501,500.00
\$ 1,938,314.52										
\$ 123,460.38										

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ACQUIRED ASSETS

Description	MANUFACTURER	Serial Number	Quantity	In-Service Date	Unit Cost	Total Cost	Life (Years)	Life (Months)	Months in Service	Months Remaining	Monthly Depreciation	Accumulated Depreciation	Estimated NBV
lcd tv	TB&A HOSPITAL TELEVISION, INC.		1	8/1/2005	10,608.00	\$ 10,608.00	5	60.00	79.00	-	\$ 176.80	\$ 10,608.00	\$ -
copier	MARTIN WHALEN OFFICE SOLUTIONS		1	10/1/2005	5,184.00	\$ 5,184.00	7	84.00	77.00	7.00	\$ 7.00	\$ 4,752.00	\$ 432.00
ice machine	EDWARD DON & COMPANY		1	2/1/2006	2,455.35	\$ 2,455.35	10	120.00	73.00	47.00	\$ 20.46	\$ 1,493.67	\$ 961.68
stainless steel warming cabinet	CARDINAL HEALTH MEDICAL PRODUCTS		1	05/1/2004	5,542.60	\$ 5,542.60	10	120.00	94.00	26.00	\$ 46.19	\$ 4,341.70	\$ 1,200.90
54 series recline/transporter	CHAMPION MANUFACTURING		1	07/1/2003	14,800.00	\$ 14,800.00	5	60.00	104.00	-	\$ 246.67	\$ 14,800.00	\$ -
cubicle curtains	STANDARD TEXTILE		1	07/1/2003	745.17	\$ 745.17	3	36.00	104.00	-	\$ 20.70	\$ 745.17	\$ -
vcr	TB&A HOPITAL TELEVISION INC		1	07/1/2003	94.28	\$ 94.28	3	36.00	104.00	-	\$ 2.62	\$ 94.28	\$ -
wall mounted 9 "hospital tv	TB&A HOPITAL TELEVISION INC		1	07/1/2003	2,613.39	\$ 2,613.39	3	36.00	104.00	-	\$ 72.59	\$ 2,613.39	\$ -
diagnosis system	B. BRAUN / MCGAW		1	12/1/2006	4,940.00	\$ 4,940.00	10	120.00	63.00	57.00	\$ 41.17	\$ 2,593.50	\$ 2,346.50
tv mount	TELEHEALTH SERVICES		1	3/1/2007	801.00	\$ 801.00	10	120.00	60.00	60.00	\$ 6.68	\$ 400.50	\$ 400.50
office furniture	O.E.C. BUSINESS INTERIORS, INC.		1	7/1/2007	5,779.08	\$ 5,779.08	10	120.00	56.00	64.00	\$ 48.16	\$ 2,696.90	\$ 3,082.18
mirror	CARNEY & COMPANY, INC.		1	7/1/2007	200.00	\$ 200.00	10	120.00	56.00	64.00	\$ 1.67	\$ 93.33	\$ 106.67
curtain tracks	STANDARD TEXTILE		1	7/1/2007	644.00	\$ 644.00	10	120.00	56.00	64.00	\$ 5.37	\$ 300.53	\$ 343.47
pedestal	OEC BUSINESS INTERIORS, INC.		1	7/1/2007	1,879.60	\$ 1,879.60	5	60.00	56.00	4.00	\$ 31.33	\$ 1,754.29	\$ 125.31
metal lockers	DGM SALES, INC.		1	7/1/2007	4,350.00	\$ 4,350.00	15	180.00	56.00	124.00	\$ 24.17	\$ 1,353.33	\$ 2,996.67
television	TELEHEALTH SERVICES		1	7/1/2007	9,289.00	\$ 9,289.00	5	60.00	56.00	4.00	\$ 154.82	\$ 8,669.73	\$ 619.27
reverse osmosis machine	MAR-COR PURIFICATION		1	7/1/2007	9,328.80	\$ 9,328.80	10	120.00	56.00	64.00	\$ 77.74	\$ 4,353.44	\$ 4,975.36
cubicle curtains	STANDARD TEXTILE		1	7/1/2007	14,537.31	\$ 14,537.31	5	60.00	56.00	4.00	\$ 242.29	\$ 13,568.16	\$ 969.15
reclining chair	CHAMPION MANUFACTURING, INC.		1	7/1/2007	15,350.00	\$ 15,350.00	15	180.00	56.00	64.00	\$ 744.14	\$ 41,671.56	\$ 47,624.64
reverse osmosis system	MAR-COR		1	7/1/2007	89,296.20	\$ 89,296.20	10	120.00	56.00	64.00	\$ 744.14	\$ 41,671.56	\$ 47,624.64
storage units	HEALTHCARE INSTALLATIONS		1	9/1/2007	1,675.00	\$ 1,675.00	5	60.00	54.00	6.00	\$ 27.92	\$ 1,507.50	\$ 167.50
storage units	INTERMETRO INDUSTRIES CORP.		1	9/1/2007	7,905.26	\$ 7,905.26	5	60.00	54.00	6.00	\$ 131.75	\$ 7,114.73	\$ 790.53
office furniture	O.E.C. BUSINESS INTERIORS		1	10/1/2007	5,096.84	\$ 5,096.84	10	120.00	53.00	67.00	\$ 42.47	\$ 2,251.10	\$ 2,845.74
television	TELEHEALTH SERVICES		1	10/1/2007	1,206.00	\$ 1,206.00	5	60.00	53.00	7.00	\$ 20.10	\$ 1,065.30	\$ 140.70
office furniture	O.E.C. BUSINESS INTERIORS		1	11/1/2007	7,239.47	\$ 7,239.47	10	120.00	52.00	68.00	\$ 60.33	\$ 3,137.10	\$ 4,102.37
office furniture	O.E.C. BUSINESS INTERIORS		1	11/1/2007	3,903.60	\$ 3,903.60	10	120.00	52.00	68.00	\$ 32.53	\$ 1,691.56	\$ 2,212.04
office furniture	O.E.C. BUSINESS INTERIORS		1	12/1/2007	4,545.72	\$ 4,545.72	10	120.00	51.00	69.00	\$ 37.88	\$ 1,931.93	\$ 2,613.79
office furniture	O.E.C. BUSINESS INTERIORS		1	11/1/2008	7,229.95	\$ 7,229.95	10	120.00	50.00	70.00	\$ 60.25	\$ 3,012.48	\$ 4,217.47
office furniture	O.E.C. BUSINESS INTERIORS		1	10/1/2007	4,485.64	\$ 4,485.64	10	120.00	53.00	67.00	\$ 37.38	\$ 1,991.16	\$ 2,504.48
diagnosis equipment	GIA MEDICAL, LLC		1	8/1/2008	19,551.79	\$ 19,551.79	7	84.00	43.00	41.00	\$ 232.76	\$ 10,008.65	\$ 9,543.14
television system	MDM COMMERCIAL		1	2/1/2009	16,793.52	\$ 16,793.52	5	60.00	37.00	23.00	\$ 279.89	\$ 10,356.00	\$ 6,437.52
labofuge	FISCHER SCIENTIFIC COMPANY, LLC.		1	3/1/2009	2,817.78	\$ 2,817.78	7	84.00	36.00	48.00	\$ 33.55	\$ 1,207.62	\$ 1,610.16
recliner	OWENS & MINOR		1	6/1/2009	11,833.65	\$ 11,833.65	10	120.00	33.00	87.00	\$ 98.61	\$ 3,254.25	\$ 8,579.40
cart	HEALTH CARE LOGISTICS, INC.		1	9/1/2009	1,625.67	\$ 1,625.67	10	120.00	30.00	90.00	\$ 13.55	\$ 406.42	\$ 1,219.25
vital signs monitor	OWENS & MINOR		1	9/1/2009	1,258.78	\$ 1,258.78	8	96.00	30.00	66.00	\$ 13.11	\$ 393.37	\$ 865.41
crit line monitor	HEMA METRICS, INC.		1	10/1/2009	3,016.49	\$ 3,016.49	8	96.00	29.00	67.00	\$ 31.42	\$ 911.23	\$ 2,105.26
monitor	HEMA METRICS, INC.		1	10/1/2009	6,033.62	\$ 6,033.62	8	96.00	25.00	71.00	\$ 62.85	\$ 1,571.26	\$ 4,462.36
office furniture	INTERIORS FOR BUSINESS, INC.		1	2/1/2010	7,601.84	\$ 7,601.84	10	120.00	21.00	99.00	\$ 63.35	\$ 1,330.32	\$ 6,271.52
copier	MARTIN WHALEN OFFICE SOLUTIONS		1	8/1/2010	1,615.00	\$ 1,615.00	5	60.00	19.00	41.00	\$ 26.92	\$ 511.42	\$ 1,103.58
reclining chair	OWENS & MINOR		1	9/1/2010	1,546.70	\$ 1,546.70	15	180.00	18.00	162.00	\$ 8.59	\$ 154.67	\$ 1,392.03
office furniture	INTERIORS FOR BUSINESS, INC.		1	9/1/2010	1,935.93	\$ 1,935.93	10	120.00	18.00	102.00	\$ 16.13	\$ 290.39	\$ 1,645.54
copier	MARTIN WHALEN OFFICE SOLUTIONS		1	9/1/2010	1,615.00	\$ 1,615.00	5	60.00	18.00	42.00	\$ 26.92	\$ 484.50	\$ 1,130.50
reclining chair	OWENS & MINOR		1	11/1/2010	1,546.70	\$ 1,546.70	15	180.00	16.00	164.00	\$ 8.59	\$ 137.48	\$ 1,409.22
treatment chair	OWENS & MINOR		1	6/1/2011	(180.80)	\$ (180.80)	10	120.00	9.00	111.00	\$ (1.51)	\$ (13.56)	\$ (167.24)
reclining chair	OWENS & MINOR		1	7/1/2011	12,192.90	\$ 12,192.90	15	180.00	8.00	172.00	\$ 67.74	\$ 541.91	\$ 11,650.99
diagnosis machine	B. BRAUN / MCGAW	26896	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	26903	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	26898	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	26900	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	26893	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	26904	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	26902	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	27088	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	26895	1	7/1/2007	6,817.00	\$ 6,817.00	10	120.00	56.00	64.00	\$ 56.81	\$ 3,181.27	\$ 3,635.73
diagnosis machine	B. BRAUN / MCGAW	27927	1	9/1/2006	6,817.00	\$ 6,817.00	10	120.00	54.00	66.00	\$ 56.81	\$ 3,749.35	\$ 3,067.65
diagnosis machine	B. BRAUN / MCGAW	27868	1	9/1/2006	6,817.00	\$ 6,817.00	10	120.00	54.00	66.00	\$ 56.81	\$ 3,749.35	\$ 3,067.65
diagnosis machine	B. BRAUN / MCGAW	27930	1	9/1/2006	6,817.00	\$ 6,817.00	10	120.00	54.00	66.00	\$ 56.81	\$ 3,749.35	\$ 3,067.65
diagnosis machine	B. BRAUN / MCGAW	27928	1	9/1/2006	6,817.00	\$ 6,817.00	10	120.00	54.00	66.00	\$ 56.81	\$ 3,749.35	\$ 3,067.65

ACQUIRED ASSETS

Description	MANUFACTURER	Serial Number	Quantity	In-Service Date	Unit Cost	Total Cost	Life (Years)	Life (Months)	Months in Service	Months Remaining	Monthly Depreciation	Accumulated Depreciation	Estimated NBV
dialysis machine	B. BRAUN / MCGAW	27929	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27867	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27931	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27932	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27870	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27869	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	26897	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	26894	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	26901	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27092	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27185	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27090	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27094	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27089	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27087	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27188	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27086	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65
dialysis machine	B. BRAUN / MCGAW	27093	1	9/1/2006	6,817.00	6,817.00	10	120.00	66.00	54.00	56.81	3,749.35	3,067.65

Leasehold Improvements Rights:

architecture	STROMSLAND & DEYOUNG		1	7/1/2003	7,274.00	7,274.00	10	120.00	104.00	16.00	60.62	6,304.13	969.87
general contractor	RDS CONSTRUCTION		1	7/1/2003	61,183.00	61,183.00	10	120.00	104.00	16.00	509.86	53,025.27	8,157.73
architecture fees	UNGARETTI & HARRIS		1	7/1/2007	269.25	269.25	10	120.00	56.00	64.00	2.24	125.65	143.60
cubicle tracks	CARNEY & COMPANY		1	7/1/2007	750.00	750.00	10	120.00	56.00	64.00	6.25	350.00	400.00
construction fees	MAGGS GLAZING		1	7/1/2007	850.00	850.00	10	120.00	56.00	64.00	7.08	396.67	453.33
wiring	WIRE-TECH		1	7/1/2007	961.35	961.35	10	120.00	56.00	64.00	8.01	448.63	512.72
wiring	WIRE-TECH		1	7/1/2007	875.00	875.00	10	120.00	56.00	64.00	7.29	408.33	466.67
wiring	WIRE-TECH		1	7/1/2007	1,202.50	1,202.50	10	120.00	56.00	64.00	10.02	561.17	641.33
vinyl flooring	URBAN TILE		1	7/1/2007	1,580.00	1,580.00	10	120.00	56.00	64.00	13.17	737.33	842.67
architecture fees	UNGARETTI & HARRIS		1	7/1/2007	1,708.58	1,708.58	10	120.00	56.00	64.00	14.24	797.34	911.24
electrical outlets	BLOCK		1	7/1/2007	1,793.00	1,793.00	10	120.00	56.00	64.00	14.94	836.73	956.27
construction fees	MIDWEST WOODCRAFTERS		1	7/1/2007	1,800.00	1,800.00	10	120.00	56.00	64.00	15.00	840.00	960.00
architecture fees	UNGARETTI & HARRIS		1	7/1/2007	2,241.70	2,241.70	10	120.00	56.00	64.00	18.68	1,046.13	1,195.57
architecture fees	ATLAS CONSTRUCTION		1	7/1/2007	2,313.90	2,313.90	10	120.00	56.00	64.00	19.28	1,079.82	1,234.08
plumbing	CR LEONARD		1	7/1/2007	2,397.33	2,397.33	10	120.00	56.00	64.00	24.39	1,365.00	1,560.00
wiring	WIRE-TECH		1	7/1/2007	2,925.00	2,925.00	10	120.00	56.00	64.00	25.57	1,431.95	1,636.52
wiring	WIRE-TECH		1	7/1/2007	3,039.65	3,039.65	10	120.00	56.00	64.00	26.40	1,478.40	1,689.60
architecture fees	UNGARETTI & HARRIS		1	7/1/2007	3,068.47	3,068.47	10	120.00	56.00	64.00	27.30	1,528.71	1,747.09
construction fees	J&L METAL DOORS		1	7/1/2007	3,168.00	3,168.00	10	120.00	56.00	64.00	28.75	1,610.00	1,840.00
architecture fees	UNGARETTI & HARRIS		1	7/1/2007	3,275.80	3,275.80	10	120.00	56.00	64.00	31.20	1,747.20	1,996.80
wiring	RF ELECTRONICS		1	7/1/2007	3,450.00	3,450.00	10	120.00	56.00	64.00	37.50	2,100.00	2,400.00
construction fees	J&L METAL DOORS		1	7/1/2007	3,744.00	3,744.00	10	120.00	56.00	64.00	47.63	2,667.00	3,048.00
architecture fees	UNGARETTI & HARRIS		1	7/1/2007	3,835.65	3,835.65	10	120.00	56.00	64.00	57.43	3,216.27	3,675.73
construction fees	UNGARETTI & HARRIS		1	7/1/2007	4,500.00	4,500.00	10	120.00	56.00	64.00	61.09	3,420.92	3,909.63
construction fees	ILLINOIS PAINTING		1	7/1/2007	5,715.00	5,715.00	10	120.00	56.00	64.00	66.35	3,570.00	4,080.00
plumbing	CR LEONARD		1	7/1/2007	6,892.00	6,892.00	10	120.00	56.00	64.00	74.68	4,182.27	4,779.73
architecture fees	PRIME COAT		1	7/1/2007	7,330.55	7,330.55	10	120.00	56.00	64.00	77.74	4,353.53	4,975.47
construction fees	UNGARETTI & HARRIS		1	7/1/2007	7,650.00	7,650.00	10	120.00	56.00	64.00	83.50	5,236.00	5,984.00
construction fees	ILLINOIS PAINTING		1	7/1/2007	7,962.00	7,962.00	10	120.00	56.00	64.00	90.00	5,040.00	5,760.00
construction fees	REED ILLINOIS		1	7/1/2007	8,292.00	8,292.00	10	120.00	56.00	64.00	93.50	5,236.00	5,984.00
sprinkler system	GREAT LAKES		1	7/1/2007	9,000.00	9,000.00	10	120.00	56.00	64.00	106.00	5,956.00	6,784.00
construction fees	ILLINOIS PAINTING		1	7/1/2007	9,329.00	9,329.00	10	120.00	56.00	64.00	113.00	6,328.23	7,232.27
architecture fees	J&L METAL DOORS		1	7/1/2007	9,536.00	9,536.00	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60
construction fees	STROMSLAND & DEYOUNG		1	7/1/2007	10,800.00	10,800.00	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60
architecture fees	J&L METAL DOORS		1	7/1/2007	11,220.00	11,220.00	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60
construction fees	REED ILLINOIS		1	7/1/2007	11,220.00	11,220.00	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60
construction fees	GREAT LAKES		1	7/1/2007	12,720.00	12,720.00	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60
construction fees	ILLINOIS PAINTING		1	7/1/2007	13,560.50	13,560.50	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60
construction fees	MIDWEST WOODCRAFTERS		1	7/1/2007	14,688.00	14,688.00	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60
architecture fees	ATLAS CONSTRUCTION		1	7/1/2007	14,688.00	14,688.00	10	120.00	56.00	64.00	122.40	6,854.40	7,833.60

Silver Cross - West
 Acquired Fixed Asset Listing
 February 29, 2012

Description	MANUFACTURER	Serial Number	Quantity	In-Service Date	Unit Cost	Total Cost	Life (Years)	Life (Months)	Months in Service	Months Remaining	Monthly Depreciation	Accumulated Depreciation	Estimated NBV
architecture fees	ATLAS CONSTRUCTION		1	7/1/2007	15,187.50	\$ 15,187.50	10	120.00	56.00	64.00	\$ 126.56	\$ 7,087.50	\$ 8,100.00
electrical wiring	BLOCK		1	7/1/2007	16,920.00	\$ 16,920.00	10	120.00	56.00	64.00	\$ 141.00	\$ 7,896.00	\$ 9,024.00
electrical wiring	BLOCK		1	7/1/2007	18,720.00	\$ 18,720.00	10	120.00	56.00	64.00	\$ 156.00	\$ 8,736.00	\$ 9,984.00
vinyl flooring	URBAN TILE		1	7/1/2007	19,296.00	\$ 19,296.00	10	120.00	56.00	64.00	\$ 160.80	\$ 9,004.80	\$ 10,291.20
architecture fees	MECHANICAL CONCEPTS		1	7/1/2007	23,962.50	\$ 23,962.50	10	120.00	56.00	64.00	\$ 199.69	\$ 11,182.50	\$ 12,780.00
architecture fees	MECHANICAL CONCEPTS		1	7/1/2007	24,750.00	\$ 24,750.00	10	120.00	56.00	64.00	\$ 206.25	\$ 11,550.00	\$ 13,200.00
plumbing	CR LEONARD		1	7/1/2007	26,165.06	\$ 26,165.06	10	120.00	56.00	64.00	\$ 216.04	\$ 12,210.36	\$ 13,954.70
electrical wiring	BLOCK		1	7/1/2007	26,924.00	\$ 26,924.00	10	120.00	56.00	64.00	\$ 224.37	\$ 12,564.53	\$ 14,359.47
architecture fees	UNGARETTI & HARRIS		1	7/1/2007	27,610.45	\$ 27,610.45	10	120.00	56.00	64.00	\$ 230.09	\$ 12,884.88	\$ 14,725.57
vinyl flooring	URBAN TILE		1	7/1/2007	28,800.00	\$ 28,800.00	10	120.00	56.00	64.00	\$ 240.00	\$ 13,440.00	\$ 15,360.00
electrical wiring	BLOCK		1	7/1/2007	31,320.00	\$ 31,320.00	10	120.00	56.00	64.00	\$ 261.00	\$ 14,616.00	\$ 16,704.00
architecture fees	MECHANICAL CONCEPTS		1	7/1/2007	32,755.50	\$ 32,755.50	10	120.00	56.00	64.00	\$ 272.96	\$ 15,285.90	\$ 17,469.60
electrical wiring	BLOCK		1	7/1/2007	32,791.50	\$ 32,791.50	10	120.00	56.00	64.00	\$ 273.26	\$ 15,302.70	\$ 17,488.80
plumbing	CR LEONARD		1	7/1/2007	39,604.00	\$ 39,604.00	10	120.00	56.00	64.00	\$ 330.03	\$ 18,481.87	\$ 21,122.13
architecture fees	MECHANICAL CONCEPTS		1	7/1/2007	39,994.61	\$ 39,994.61	10	120.00	56.00	64.00	\$ 333.29	\$ 18,664.15	\$ 21,330.46
construction fees	ATLAS CONSTRUCTION		1	7/1/2007	44,858.00	\$ 44,858.00	10	120.00	56.00	64.00	\$ 373.82	\$ 20,933.73	\$ 23,924.27
construction fees	REED ILLINOIS		1	7/1/2007	46,335.00	\$ 46,335.00	10	120.00	56.00	64.00	\$ 386.13	\$ 21,623.00	\$ 24,712.00
construction fees	MIDWEST WOODCRAFTERS		1	7/1/2007	47,205.00	\$ 47,205.00	10	120.00	56.00	64.00	\$ 393.38	\$ 22,029.00	\$ 25,176.00
plumbing	CR LEONARD		1	7/1/2007	65,093.00	\$ 65,093.00	10	120.00	56.00	64.00	\$ 542.44	\$ 30,376.73	\$ 34,716.27
construction fees	REED ILLINOIS		1	7/1/2007	65,984.00	\$ 65,984.00	10	120.00	56.00	64.00	\$ 549.87	\$ 30,792.53	\$ 35,191.47
architecture fees	STROMSLAND & DEYOUNG		1	7/1/2007	69,930.00	\$ 69,930.00	10	120.00	56.00	64.00	\$ 582.75	\$ 32,634.00	\$ 37,296.00
construction fees	MIDWEST WOODCRAFTERS		1	7/1/2007	87,572.00	\$ 87,572.00	10	120.00	56.00	64.00	\$ 729.77	\$ 40,866.93	\$ 46,705.07
construction fees	REED ILLINOIS		1	7/1/2007	119,531.00	\$ 119,531.00	10	120.00	56.00	64.00	\$ 996.09	\$ 55,781.13	\$ 63,749.87
					\$ 1,721,228.16	\$ 1,721,228.16					\$ 667,245.50	\$ 653,982.68	

Schedule 1.2
Excluded Assets

- Renal East – two (2) Stat Spin centrifuges
- Renal Morris – computers and related PC devices
- Renal West – computers and related PC devices
- Renal East – computers and related PC devices

Schedule 2.1

Payment to Seller/Adjustments to Purchase Price

To be prepared following inventory which will take place after the close of business on the day before the Closing Date.

Schedule 2.3
Allocation of Purchase Price

To be prepared following inventory which will take place after the close of business on the day before the Closing Date.

Schedule 4.3(a)
Governmental Approvals

- Illinois Attorney General
- Buyer will file Certificate of Need for Change of Ownership with the Illinois Health & Facilities Planning Board.
- Buyer needs to receive CMS Form 855A Seller documents and Signature Pages prior to Closing.
- Buyer will submit CMS Form 855A for both the Buyer and Seller Applications after Closing.
- Buyer will file NPI Application / Update Form (CMS 10114) to obtain its own NPI number.
- Buyer will obtain City/County Business License for all facilities (if Applicable).
- Seller must notify State CLIA Office that a Change of Ownership is taking place.
- Seller must submit request to terminate Medicaid for all facilities.

Schedule 4.3(b)
Third Party Consents

- None

Schedule 4.5
Licenses and Permits

Licensing Entity	License #	Expiration	Transferable? (Yes/No)
Medicare Renal East	142324	None	Yes
Medicaid Renal East	362174832001	None	No
NPI# East	1306965843	None	No
Medicare Renal West	143516	None	Yes
Medicaid Renal West	362174832005	None	No
NPI# West	1982721353	None	No
Medicare Renal Morris	143526	None	Yes
Medicaid Renal Morris	362174832006	None	No
NPI# Morris	1356468409	None	No
CLIA ID Renal West	14D0686667	03/08/2013	Yes
CLIA ID Renal Morris	14D0969553	01/18/2014	Yes
CLIA ID Renal East	14D0419040	07/26/2013	No

Schedule 4.6
Ownership and Subsidiaries

- Silver Cross Hospital and Medical Centers

Schedule 4.7

Assets Not Presently Owned but to be Conveyed at Closing

- None

Schedule 4.8
Personal Property Leases

- None

Schedule 4.9
Financial Statements

- See attached.

**Silver Cross Hospital
Dialysis Income Statement
12 Months Ending 9/30/11
(000's)**

	Renal Center <u>East</u>	Renal Center <u>Morris</u>	Renal Center <u>West</u>	Home/ <u>Peritoneal</u>	FY2011 <u>Total</u>
stations	14	9	29		52
Treatments	12,431	3,124	21,430	8,508	45,493
FTE's (including contract labor)	17.9	3.9	29.1	1.5	52.4
Net Revenue					\$ 12,829
<u>Expenses</u>					
Salaries	1,107	285	1,891	121	3,404
Benefits	332	86	567	36	1,021
Contract labor	15	18	47		80
Direct exp Lab/Pharm					1,729
Medical Director Fee					88
purch serv/maintenance	29	61	48	1	139
biomed maint - Aramark					221
supplies/drugs	961	284	2,073	562	3,880
rent	0	72	215	51	338
other	1	1	1	-	3
Depreciation-equip	33	7	54		94
Depreciation-buildout	9	36	64		109
Total	2,487	850	4,960	771	\$ 11,106
Net Income					\$ 1,723

**Silver Cross Hospital
Dialysis Income Statement
12 Months Ending 9/30/10
(000's)**

	<u>Renal Center East</u>	<u>Renal Center Morris</u>	<u>Renal Center West</u>	<u>Home/ Peritoneal</u>	<u>FY2010 Total</u>
stations	14	9	29		52
Treatments	12,371	3,192	21,858	7,244	44,665
FTE's (including contract labor)	18.0	3.9	29.4	1.3	52.6
Net Revenue					\$ 12,722
<u>Expenses</u>					
Salaries	1,074	278	1,769	101	3,222
Benefits	322	83	531	30	967
Contract labor	19	-	135		154
Direct exp Lab/Pharm					1,703
Medical Director Fee					88
purch serv/maintenance	32	62	40		134
biomed maint - Aramark					215
supplies/drugs	1,071	272	2,046	600	3,989
rent	0	70	210	-	280
other	4	1	1	33	39
Depreciation-equip	33	14	57		104
Depreciation-buildout	9	36	64		109
Total	2,564	816	4,853	764	\$ 11,004
Net Income					\$ 1,718

Schedule 4.13
Dialysis Payment Programs

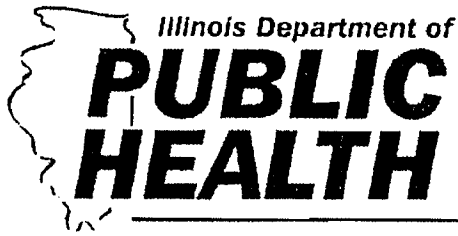
- Aetna Health
- Beech Street PPO
- Blue Cross Blue Shield PPO/HMO Illinois/Blue Advantage HMO/Blue Choice
- Caterpillar Network
- Cigna Health Plans
- Coventry Health Network
- First Health Network
- Healthcare's Finest Network (HFN) PPO/Platinum Plan
- Health Alliance
- Humana Health Plans
- Medicare
- Medicaid
- MultiPlan Inc. PPO
- Personal Care Health Plans
- Professional Benefit Administrators (Lincolnway Area Affiliation of Participating School Districts and Troy Community Consolidated School District #30C)
- Preferred Network Access (PNA) PPO
- Preferred Plan, Inc. PPO
- Private Health Care Systems (PHCS) PPO
- United Healthcare
 - Aetna Better Health HMO
 - IlliniCare HMO
 - Meridian Health Plan HMO

Schedule 4.14(a)
Compliance with Laws – Claims; Violations

- None

Schedule 4.14(g)
Compliance with Laws – Surveys

- CMS Surveys – current reports provided and attached.



Handwritten signatures and initials in black ink, including what appears to be "Pat Quinn" and another signature.

Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

January 20, 2012

Mary Bronczowski
Silver Cross Hospital
1890 Silver Cross Blvd
New Lenox, IL 60451

RE: Silver Cross Hospital
New Lenox
Recertification Survey of January 19, 2012
Statement of Deficiencies and Plan of Correction

Dear Mary Bronczowski:

The Illinois Department of Public Health appreciates the courtesies extended to the Department's Life Safety surveyor. As a result of the survey the following Condition is out of compliance:

42 CFR 494.60 Physical Environment

The Conditions of Participation which are not met must be corrected within 45 days of the survey exit date. Failure on your part to meet these requirements may result in the Center for Medicare and Medicaid Services (CMS) initiating termination action.

It is required that the provider prepare a "Plan of Correction" for the statement of deficiencies on the attached CMS-2567 Forms. This plan of correction must be prepared and returned to our office within ten (10) calendar days after receipt to:

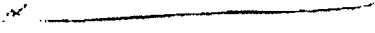
William R. Bender, Staff Architect
Design Standards Unit
Division of Health Care Facilities and Programs
Illinois Department of Public Health, 525 W. Jefferson, 4th floor, Springfield, IL 62761

The Plan of Correction must:

- Use the forms provided.
- Address each deficiency and explain how corrections will prevent reoccurrence.
- Indicate who is responsible for correction and monitoring.
- Give a specific date for completion of the corrective action, mm/dd/yy.
- Be signed and dated on the first page.

If you have any questions, please do not hesitate to call us at 217-785-4264. The Department's TTY number is 800/547-0466, for the hearing impaired.

Sincerely,


William R. Bender, Staff Architect
Design Standards Unit
Division of Health Care Facilities & Programs

cc: CMS, Chicago Region
Survey

file

Improving public health, one community at a time

printed on recycled paper

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

PRINTED: 01/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2012
NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SILVER CROSS BLVD NEW LENOX, IL 60451	
(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
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14290</p> <p>On January 19, 2012, the Life Safety portion of an End Stage Renal Dialysis Center Federal Certification Survey was conducted at the above facility by Surveyor 14290. He was accompanied during the survey walk-through by the following provider representatives:</p> <p>The Charge Nurse. The Director of Facilities for the Hospital. A Building Technician.</p> <p>The facility was observed to be a tenant in a 5 story building (plus basement) constructed in 2011. The building was observed to be of Type II (000) construction and to be fully covered by an automatic sprinkler system.</p> <p>The facility was surveyed as a new ambulatory health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 20.</p> <p>At the time of the survey, there were 14 patients and 6 staff members in the facility.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition of the NFPA 101 Life Safety Code.</p> <p>Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review.</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SILVER CROSS BLVD NEW LENOX, IL 60451	
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K 000	Continued From page 1	K 000		
K 029	<p>The requirements of 42 CFR Subpart 494.60 are NOT MET as evidenced by the deficiencies cited under the following K-Tags.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems. 38.3.2, 39.3.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14290</p> <p>Based on random observation during the survey walk-through, not all hazardous areas are protected in accordance with 20.3.2. and 38.3.2.1. These deficiencies could affect any patients or staff in the facility because fire in the hazardous areas could pass to other parts of the facility.</p> <p>Findings include:</p> <p>A. Hazardous areas were observed at which the doors are not self-closing, as required by 20.3.2., 38.3.2.1., 8.4.1.1(2). Locations observed include:</p> <ol style="list-style-type: none"> 1. Clean Supply Room, 2 doors. 2. Soiled Utility Room, 1 door. 	K 029	<p>A.1. Surface closers are to be added to doors 1103-1 and 1103-2.</p> <p>A. 2. A surface closer will be added to door 1106-1.</p>	<p>3-2-12</p> <p>3-2-12</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2012
NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SILVER CROSS BLVD NEW LENOX, IL 60451	
(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
K 029	Continued From page 2 B. Excessive amounts of combustible materials were observed being stored on the north and south sides of the Treatment Floor Nurses' Station. Sufficient amounts of combustible materials were observed being stored to require their separation from the remainder of the facility for compliance with 20.3.2., 38.3.2.1., 8.4.1.1(2).	K 029	B. Excessive materials were immediately removed and stored in clean supply room 1103. Audits will be conducted on a bi-weekly basis to ensure nurse stations remain free of excessive amounts of combustible materials.	1-20-12
K 039	416.44(b)(1) LIFE SAFETY CODE STANDARD Corridors for exit access are at least 44 inches wide. 20.2.3.2, 21.2.3.2 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all corridors are maintained in accordance with 21.2.3.2. Findings include: A. The door to the Medical Gas Manifold Room, when in the fully open (90 degree) position, reduces the adjacent Corridor to less than half its required width as prohibited by 7.2.1.4.4. This deficiency could affect any patients or staff attempting to exit the facility through that Corridor by obstructing their path.	K 039		
K 067	416.44(b)(1) LIFE SAFETY CODE STANDARD Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2. 20.5.2.1, 21.5.2.1	K 067	A. The door in question is to become two (2) 24" leaves, which will reduce the adjacent 60" wide corridor by less than half its required width. The inactive leaf is going to have flush bolts and a door closure. The active leaf will have a door closure and utilize existing lock.	3-2-12

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K 067	Continued From page 3 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all portions of the facility's air conditioning and ventilating systems are installed in accordance with NFPA 90A. Findings include: A. Combination fire/smoke dampers at transfer grilles (at least 5 thus) in the tenant separation walls were observed to lack access panels required by NFPA 90A 199 2-3.4.1. These deficiencies could affect any patients or staff in the facility because they would not be protected from a fire in other parts of the building.	K 067			
K 076	416.44(b)(1) LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities, and NFPA 101. (a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation. (b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. 4.3.1.1.2, 20.3.2.4, 21.3.2.4 This STANDARD is not met as evidenced by:	K 076	A. Fire dampers, not combination fire/smoke dampers, are provided in transfer ducts in the 1 hour fire separation. Access doors are being installed at all required locations.	3-2-12	

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NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SILVER CROSS BLVD NEW LENOX, IL 60451		
(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	
K 076	Continued From page 4 Surveyor: 14290 Based on random observation during the survey walk-through, not all portable medical gases are stored in accordance with NFPA 99. Findings include: A. Six medical gas tanks were observed, in the Medical Gas Manifold Room, that are not restrained as required by NFPA 99 1999 4-3.5.2.1(b)(27). This deficiency could affect any staff in the immediate area because the tanks could fall over and be damaged.	K 076	A. The 3 primary tanks and 3 reserve tanks are properly restrained. The additional 6 tanks have been removed.	2-7-12	
K 077	416.44(b)(1) LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA 99 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all piped-in medical gas systems are installed and maintained in accordance with NFPA 99. These deficiencies could affect any patients or staff in the facility because the gases in the tanks could contribute to a fire in the building. Findings include: A. The Medical Gas Manifold Room was observed to lack a minimum 1 hour fire resistance rating, required by NFPA 99 1999 4-	K 077	A. The lay-in ceiling tile and grid are to be removed and a 1 hour rated ceiling is being constructed in Oxygen Manifold Room 1160 to provide the proper rating for the room.	3-2-12	

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

PRINTED: 01/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2012
NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SILVER CROSS BLVD NEW LENOX, IL 60451	
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K 077	Continued From page 5 3.1.1.2., because the drywall on either side of the metal studs does not extend from the ceiling to the underside of the deck above. B. The door to the Medical Gas Manifold Room was observed to lack a minimum 3/4 hour fire resistance rating required by 8.2.3.2.3.1(12) and NFPA 99 1999 4-3.1.1.2.	K 077	B. The contractor is installing 2 - 24" leaves with a 45 minute label. The inactive leaf is going to have flush bolts and a door closure. The active leaf will have a door closure and utilize existing lock.	3-2-12
K 114	416.44(b)(1) LIFE SAFETY CODE STANDARD Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1 1/2 inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors are fixed fire window assemblies in accordance with 8.2.3.2.2 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, the facility is not separated from other building tenants in accordance with 20.3.7.1. These deficiencies could affect any patients or staff in the facility because they would not be protected from a fire in other parts of the building. Findings include: A. The separation wall between the facility and other building tenants was observed to lack a	K 114		

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NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 SILVER CROSS BLVD NEW LENOX, IL 60451		
(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	
K 114	Continued From page 6 minimum 1 hour fire resistance rating required by 20.3.7.1. for the reasons stated below. Conditions observed include: 1. The east wall of the Waiting Room was observed to consist of non-fire rated glazing. 2. Combination fire/smoke dampers at transfer grilles (at least 5 thus) in the tenant separation walls were observed to lack local smoke detectors that close the dampers under smoke conditions as required by 20.3.7.1. B. The entry door to the facility was observed to not comply with 20.3.7.1. because: 1. The door is not a solid core door. 2. The vision panel is not a fixed fire window assembly. C. The exit door adjacent to the Water Room was observed to not be self-closing as required by 20.3.7.1.	K 114	A.1. A 1 hour wall is to be constructed behind the non-rated glazing to continue the occupancy separation. A.2. Fire dampers, not combination fire/smoke dampers, are provided in transfer ducts in the 1 hour fire separation. Therefore, smoke detectors are not required. B.1. The door in question is a 45 minute labeled door. B.2. The vision panel is a 45 minute rated Fire Lite glazing assembly and is labeled as such. C. A surface closer will be added to door 1112-1.	3-2-12 3-2-12 3-2-12 3-2-12	
K 130	MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, document review, and staff interview, the facility is not in compliance with a	K 130			

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K 130	Continued From page 7 series of Life Safety and other code requirements that are not documented under other K-Tags. Findings include: A. Due to the number, variety, and severity of the life safety deficiencies observed during the survey walk-through, the provider shall institute appropriate interim life safety measures until all cited deficiencies are corrected. The provider shall include, as an attachment to its Plan of Correction (PoC) and referenced therein, a detailed narrative and proposed schedule for all such measures. The narrative shall describe all measures to be implemented, as well as the frequency with which they are to be conducted, and shall indicate the manner in which the measures are to be documented. The narrative shall also include comments related to changes in the interim life safety measures to remain in place as work toward the completion of its PoC progresses.	K 130	A. The interim life safety measures are attached along with a copy of the Daily Fire Watch Report that will be completed on an hourly basis.	1-31-12	



Interim Life Safety Measures
Renal East New Lenox Pavilion A
2-7-12

Construction areas are located in an occupied ambulatory area.

1. Alternate exits (existing)
 - a. Level 1:
East-through unit to outdoors (North) or (South) to corridor
Exit signs (existing)
2. Evacuation Routes
Building Services to post maps as needed.
3. Communication / education to occupants
Management of Renal East is responsible for communication with staff. General e-mail sent to other staff.
4. Drills
The Building Services director shall conduct a minimum of 2 fire drills per shift per quarter. Construction workers shall be included in these drills and their response evaluated. The director shall ensure that the contractor's management staff is advised of the deficiencies noted during fire drills.
5. Monitoring
Monitoring will include:
 - a. Means of egress shall be inspected daily by Building Services and logged into the log.
 - b. Silver Cross shall ensure that Building Services and Security using the appropriate inspection sheet are conducting daily inspections.
 - c. Building Services will provide and log daily inspections for 1st shift.
 - d. Building Services will provide and log daily inspections for 2nd shift.
 - e. Security or Building Services will provide and log daily inspections for 3rd shift.
 - f. Alternate exit signs must be visibly in place where exit access is temporarily obstructed or closed.
6. The contractors shall ensure free and unobstructed access to emergency services for fire, police, and other emergency forces. .
7. The contractors shall ensure fire alarm, detection, fire safety systems, i.e., fire detection system (smoke heat, water flow) and fire suppression system (sprinklers) are not compromised to a point of causing potential danger.
8. If fire alarm, detection or suppression systems are off-line, it shall not exceed four (4) hours.
9. The contractors shall ensure temporary construction partitions are smoke tight and will not contribute to the development or spread of fire. Temporary partitions are used only to control dust. Temporary partitions and negative air machines shall be used in accordance with Infection Control measures for use during facilities maintenance and construction and must be made of a fire rated plastic. Drywall partitions, installed in public areas are to be taped and painted to present a positive image. Ventilation is to be temporarily adjusted to prevent the transfer of the dust outside of the construction area. Air returns should be closed.



10. The contractors shall provide additional fire fighting equipment. The Building Services director shall identify the equipment needed and determine placement.
11. There is to be NO SMOKING in areas at all times. Smoking is prohibited in all buildings and construction barricaded areas. The contractors shall provide adequate signage advising construction personnel of this policy.
12. The contractors shall ensure that all construction debris inside the building will be placed in gondolas and covered while moved from the construction site to an external dumpster. Combustible materials shall be stored in accordance with NFPA.241.
13. The safety officer shall conduct weekly routine hazard surveillance of the entire construction area, ensuring a safe environment for workmen as well as adjacent occupancies. This survey is to include storage areas, staging areas, and excavation areas.
14. Contractors are required to provide a list of all hazardous materials used on the construction site and maintain MSDS file on the construction site.
15. Silver Cross managers are to review the ILSM log on a weekly basis to verify adherence.
16. Silver Cross Hospital Building Services director will report compliance with ILSM to the Safety Committee on a regular basis. It is the responsibility of the Silver Cross Hospital Building Services director to ensure that all contractors have trained their personnel in the use of fire fighting equipment.

DAILY FIRE WATCH REPORT

DATE: _____ LOCATION: _____

Initials of Person Completing	12A		1A		2A		3A		4A		5A		6A		7A		8A		9A		10A		11A			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
Exits lights/signs visible?																										
Egress route clear of obstruction?																										
Stairwells clear of obstruction?																										
Entrance doors to construction closed/latched?																										
Fire extinguishers removed at end of construction day?																										
Smoking policy being followeded?																										

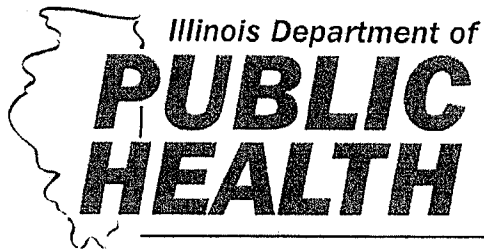
All NO answers must be explained here:

Initials of Person Completing	12P		1P		2P		3P		4P		5P		6P		7P		8P		9P		10P		11P			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
Exits lights/signs visible?																										
Egress route clear of obstruction?																										
Stairwells clear of obstruction?																										
Entrance doors to construction closed/latched?																										
Fire extinguishers removed at end of construction day?																										
Smoking policy being followeded?																										

All NO answers must be explained here:

RETURN TO BUILDING SERVICES DEPARTMENT WHEN COMPLETE

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*Cert.
Signed 3/6/12*

Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

February 3, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

7010 1060 0002 1903 2552

CCN: 14-2324

Keith Nelson, Administrator
Silver Cross Hospital Dialysis
1890 Silver Cross Blvd
New Lenox, IL. 60451

Dear Mr. Nelson:

To participate as a provider of services in the Medicare program, an End Stage Renal Disease (ESRD) facility must meet all of the provisions of the Social Security Act, and must be in compliance with each of the Conditions of Participation established by the Secretary of Health and Human Services, and be free of hazards to the health and safety of patients.

The Illinois Department of Public Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying end stage renal disease and other providers of services to determine whether they continue to meet the requirements for Medicare certification.

The Department surveyed Silver Cross Hospital Dialysis on, January 24, 2012 and found the following Condition(s) out of compliance:

42 CFR 405.494.40: Water and Dialysate Quality

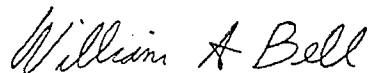
The Conditions of Participation which are not met must be corrected within 45 days of the survey exit date, in this case by **March 9, 2012**. Failure on your part to meet these requirements will result in our recommendation to the Centers for Medicare and Medicaid Services that termination action be initiated.

The Statement of Deficiencies Form 2567 may also note deficiencies that are not specifically related to the Condition(s) out of compliance noted above. This is a reminder that these deficiencies must also be corrected.

Keith Nelson
Page 2
February 3, 2012

Should you have any questions regarding this notification, please address your concerns to Gnenpu Stubblefield, Nurse Supervisor, at the Illinois Department of Public Health, Division of Health Care Facilities and Programs, 122 South Michigan Ave, 7th Floor South, Chicago, IL 60603, or feel free to call 312-793-2222. The Illinois Department of Public Health's TTY number, for hearing impaired use only, is 800-547-0466. The Chicago Division's office fax number is 312-793-8930. The Springfield Division's office fax number is 217-782-0382.

Sincerely,

A handwritten signature in cursive script that reads "William A. Bell".

William A. Bell, Chief
Division of Healthcare Facilities and Programs

WAB/kef

Cc: Centers for Medicare & Medicaid Services
Field Operations

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1200 Maple Road • Joliet, IL 60432
(815) 740-1100 • www.silvercross.org

February 8, 2012

Mr. William R. Bender
Staff Architect
Design Standards Unit
Division of Health Care Facilities & Programs
Illinois Department of Public Health
525 – 535 West Jefferson Street
Springfield, IL 62761-0001

Dear Mr. Bender,

Please find enclosed our Plan of Correction for the statement of deficiencies that have been placed on the appropriate CMS-2567 form. We have proceeded with the work which will all be completed by March 2, 2012.

Feel free to contact me at 815-300-7112 if you have any questions.

Sincerely,

Geoff Tryon
Vice President of Operations

GT:rk

Attachment

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Steff T Kifer
Wanda
Blair
(9)

Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

January 20, 2012

Mary Brenczewski
Silver Cross Hospital
1890 Silver Cross Blvd
New Lenox, IL 60451-

RE: Silver Cross Hospital
New Lenox
Recertification Survey of January 19, 2012
Statement of Deficiencies and Plan of Correction

Dear Mary Brenczewski:

The Illinois Department of Public Health appreciates the courtesies extended to the Department's Life Safety surveyor. As a result of the survey the following Condition is out of compliance:

42 CFR 494.60 Physical Environment

The Conditions of Participation which are not met must be corrected within 45 days of the survey exit date. Failure on your part to meet these requirements may result in the Center for Medicare and Medicaid Services (CMS) initiating termination action.

It is required that the provider prepare a "Plan of Correction" for the statement of deficiencies on the attached CMS-2567 Forms. This plan of correction must be prepared and returned to our office within ten (10) calendar days after receipt to:

William R. Bender, Staff Architect
Design Standards Unit
Division of Health Care Facilities and Programs
Illinois Department of Public Health, 525 W. Jefferson, 4th floor, Springfield, IL 62761

The Plan of Correction must:

- Use the forms provided.
- Address each deficiency and explain how corrections will prevent reoccurrence.
- Indicate who is responsible for correction and monitoring.
- Give a specific date for completion of the corrective action, mm/dd/yy.
- Be signed and dated on the first page.

If you have any questions, please do not hesitate to call us at 217-785-4264. The Department's TTY number is 800/547-0466, for the hearing impaired.

Sincerely,

William R. Bender, Staff Architect
Design Standards Unit
Division of Health Care Facilities & Programs

cc: CMS, Chicago Region
Survey

file

Improving public health, one community at a time

printed on recycled paper

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

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NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SILVER CROSS BLVD NEW LENOX, IL 60451
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14290</p> <p>On January 19, 2012, the Life Safety portion of an End Stage Renal Dialysis Center Federal Certification Survey was conducted at the above facility by Surveyor 14290. He was accompanied during the survey walk-through by the following provider representatives:</p> <p style="padding-left: 40px;">The Charge Nurse. The Director of Facilities for the Hospital. A Building Technician.</p> <p>The facility was observed to be a tenant in a 5 story building (plus basement) constructed in 2011. The building was observed to be of Type II (000) construction and to be fully covered by an automatic sprinkler system.</p> <p>The facility was surveyed as a new ambulatory health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 20.</p> <p>At the time of the survey, there were 14 patients and 6 staff members in the facility.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition of the NFPA 101 Life Safety Code.</p> <p>Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 The requirements of 42 CFR Subpart 494.60 are NOT MET as evidenced by the deficiencies cited under the following K-Tags.	K 000			
K 029	416.44(b)(1) LIFE SAFETY CODE STANDARD Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems. 38.3.2, 39.3.2 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all hazardous areas are protected in accordance with 20.3.2. and 38.3.2.1. These deficiencies could affect any patients or staff in the facility because fire in the hazardous areas could pass to other parts of the facility. Findings include: A. Hazardous areas were observed at which the doors are not self-closing, as required by 20.3.2., 38.3.2.1., 8.4.1.1(2). Locations observed include: 1. Clean Supply Room, 2 doors. 2. Soiled Utility Room, 1 door.	K 029			

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K 029	Continued From page 2 B. Excessive amounts of combustible materials were observed being stored on the north and south sides of the Treatment Floor Nurses' Station. Sufficient amounts of combustible materials were observed being stored to require their separation from the remainder of the facility for compliance with 20.3.2., 38.3.2.1., 8.4.1.1(2).	K 029		
K 039	416.44(b)(1) LIFE SAFETY CODE STANDARD Corridors for exit access are at least 44 inches wide. 20.2.3.2, 21.2.3.2 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all corridors are maintained in accordance with 21.2.3.2. Findings include: A. The door to the Medical Gas Manifold Room, when in the fully open (90 degree) position, reduces the adjacent Corridor to less than half its required width as prohibited by 7.2.1.4.4. This deficiency could affect any patients or staff attempting to exit the facility through that Corridor by obstructing their path.	K 039		
K 067	416.44(b)(1) LIFE SAFETY CODE STANDARD Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2. 20.5.2.1, 21.5.2.1	K 067		

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K 067	Continued From page 3 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all portions of the facility's air conditioning and ventilating systems are installed in accordance with NFPA 90A. Findings include: A. Combination fire/smoke dampers at transfer grilles (at least 5 thus) in the tenant separation walls were observed to lack access panels required by NFPA 90A 199 2-3.4.1. These deficiencies could affect any patients or staff in the facility because they would not be protected from a fire in other parts of the building.	K 067		
K 076	416.44(b)(1) LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities, and NFPA 101. (a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation. (b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. 4.3.1.1.2, 20.3.2.4, 21.3.2.4 This STANDARD is not met as evidenced by:	K 076		

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K 076	Continued From page 4 Surveyor: 14290 Based on random observation during the survey walk-through, not all portable medical gases are stored in accordance with NFPA 99. Findings include: A. Six medical gas tanks were observed, in the Medical Gas Manifold Room, that are not restrained as required by NFPA 99 1999 4-3.5.2.1(b)(27). This deficiency could affect any staff in the immediate area because the tanks could fall over and be damaged.	K 076		
K 077	416.44(b)(1) LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA 99 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all piped-in medical gas systems are installed and maintained in accordance with NFPA 99. These deficiencies could affect any patients or staff in the facility because the gases in the tanks could contribute to a fire in the building. Findings include: A. The Medical Gas Manifold Room was observed to lack a minimum 1 hour fire resistance rating, required by NFPA 99 1999 4-	K 077		

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K 077	Continued From page 5 3.1.1.2., because the drywall on either side of the metal studs does not extend from the ceiling to the underside of the deck above. B. The door to the Medical Gas Manifold Room was observed to lack a minimum 3/4 hour fire resistance rating required by 8.2.3.2.3.1(12) and NFPA 99 1999 4-3.1.1.2.	K 077		
K 114	416.44(b)(1) LIFE SAFETY CODE STANDARD Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1 1/2 inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors are fixed fire window assemblies in accordance with 8.2.3.2.2 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, the facility is not separated from other building tenants in accordance with 20.3.7.1. These deficiencies could affect any patients or staff in the facility because they would not be protected from a fire in other parts of the building. Findings include: A. The separation wall between the facility and other building tenants was observed to lack a	K 114		

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K 114	Continued From page 6 minimum 1 hour fire resistance rating required by 20.3.7.1. for the reasons stated below. Conditions observed include: 1. The east wall of the Waiting Room was observed to consist of non-fire rated glazing. 2. Combination fire/smoke dampers at transfer grilles (at least 5 thus) in the tenant separation walls were observed to lack local smoke detectors that close the dampers under smoke conditions as required by 20.3.7.1. B. The entry door to the facility was observed to not comply with 20.3.7.1. because: 1. The door is not a solid core door. 2. The vision panel is not a fixed fire window assembly. C. The exit door adjacent to the Water Room was observed to not be self-closing as required by 20.3.7.1.	K 114			
K 130	MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, document review, and staff interview, the facility is not in compliance with a	K 130			

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K 130	Continued From page 7 series of Life Safety and other code requirements that are not documented under other K-Tags. Findings include: A. Due to the number, variety, and severity of the life safety deficiencies observed during the survey walk-through, the provider shall institute appropriate interim life safety measures until all cited deficiencies are corrected. The provider shall include, as an attachment to its Plan of Correction (PoC) and referenced therein, a detailed narrative and proposed schedule for all such measures. The narrative shall describe all measures to be implemented, as well as the frequency with which they are to be conducted, and shall indicate the manner in which the measures are to be documented. The narrative shall also include comments related to changes in the interim life safety measures to remain in place as work toward the completion of its PoC progresses.	K 130		

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TITLE: WATER PURIFICATION CHLORAMINE TESTING

PURPOSE: To determine effectiveness of the carbon filter for removing chloramines. Chloramine testing is done to ensure chloramine levels are within safe range.

PROCEDURE:

NOTE: WATER SYSTEM WILL BE IN FULL OPERATION PRIOR TO TESTING FOR CHLORAMINES

1. Follow test kit instructions step by step.
2. Take chloramine sample from post worker carbon filter.
If chloramines are equal to or greater than 0.1ppm (mg/L), additional testing with ultra low total chlorine test strip will be performed .

If chloramines are equal to or greater than 0.1ppm (mg/L), take sample from polisher carbon filter.

If chloramines are equal to or greater than 0.1ppm (mg/L) post polisher carbon filter, dialysis treatments cannot be performed.

If chloramines are less than 0.1ppm (mg/L) post polisher carbon, continue with dialysis treatments and call for service.
3. Record sample results numerically on log.
4. Water purification chloramine logs will be kept in individual Dialysis Unit binders.

TITLE: WATER PURIFICATION CHLORAMINE TESTING

REFERENCES: AAMI STANDARDS 2004
NORTHWEST RENAL NETWORK – CMS CONTRACT JUNE 2005
RPC PRODUCT INFORMATION 2/2011

DEPARTMENTS AFFECTED: DIALYSIS

EFFECTIVE DATE: 4/1/98 REVISED: 10/22/98, 08/2008, 12/2010, 2/2012

APPROVED BY: Mary Brenneisen DATE: 2/1/2012
Department Head

APPROVED BY: P Nagulattam DATE: 2/1/12
Medical Director

AUTHORIZED: Jegay Princes DATE: 2/1/12
President (or designee)

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Silver Cross Hospital
Competence Validation Form

Name/Title: _____ Dept: _____

Competency: **Dialysis Competency 2012 Chloramine Testing**

Population Validated: Adult and Geriatric

Indicators	Met	Not Met
1. Assures water system is in full operation prior to performing Chloramine Testing.		
2. Fills sample cup with approximately 20mls of water. Discards contents and re-fills to 20 mls before testing.		
3. Immerses indicator pad in sample solution and moves test strip back and forth vigorously for 10 seconds, keeping the indicator pad perpendicular to the direction of the strip movement.		
4. Removes strip from solution without shaking strip.		
5. Waits 30 seconds. While waiting folds the white plastic handle of the test strip under the aperture to provide consistent viewing background.		
6. Compares the strip color to the color chart immediately at 30 seconds to determine the Total Chlorine level in the sample.		
7. Completes Post-Test with a score of 83% or above.		

Legend (under "met, not met," enter the following, if applicable)

Method of Validation:

1. Return Demonstration
2. Clinical Observation

Competency validated by: _____ Date: _____

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Attachment C

Data Collection Tool

Department/Service: Water Purification Chloramine Testing Audit

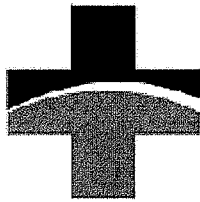
Person Collecting Data: Renal East Coordinators

Indicator: Compliance to Water Purification Chloramine Testing Procedure

Legend: Criteria met + **YES** Variance - **NO** Not applicable **N/A**

Employee Name	Assures water system in full operation prior to performing chloramine test	Fills sample cup with approx. 20 ml's of water. Discards contents and refills to 20 ml's before testing	Immerses indicator pad in sample solution and moves test strip back and forth vigorously for 10 seconds, keeping the indicator pad perpendicular to the direction of the strip movement	Waits 30 seconds. While waiting, folds the white plastic handle of the test strip under the aperture to provide consistent viewing background.	Compares the strip color to the chart immediately at 30 seconds to determine the Total Chlorine level in the sample.	Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
Total						

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SILVER CROSS
HOSPITAL

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Manual Page G-7

TITLE: INITIATING HEMODIALYSIS

Policy and/or Procedure:

Purpose: To prepare and safely begin dialysis treatment.

1. Take the patient's vital signs (sitting blood pressure, temperature, pulse and weight). Calculate and set ultrafiltration rate.
2. Wash patient's arm – using approved antiseptic cleanser.
3. May prime the fistula needles with saline.
4. Depending on size, location, and type of blood access (fistula), a tourniquet may be necessary to distend the vessel for easy puncture. DO NOT use tourniquet on a graft.
5. Insert arterial needle into the access (but never into the incision line). If drawing blood at this point, see lab work procedure. Aspiration and flushing of the needle with saline is then done. If resistance is met an adjustment of the needle may be necessary. Clamp needle line and tape securely.
6. Insert Venous Needle, clamp the needle line, tape securely, and attach syringe containing the patient's bolus dose of heparin. Unclamp the needle line and push the heparin dose into the vessel and then follow with the saline.
7. Wait 5 minutes to allow the heparin to take affect. Document Heparin bolus on patient treatment sheet.
8. Attach arterial line to patient's arterial needle line. Unclamp the arterial bloodline and arterial fistula needle. Start the blood pump at speed of 200mL/min. Make sure saline line is clamped.
9. When blood reaches the venous bubble trap, stop the blood pump. Clamp venous line and attach to venous needle line. CHECK TO MAKE SURE THAT ALL AIR IS REMOVED FROM THE VENOUS LINE BEFORE CONNECTING TO PATIENT.
10. Unclamp venous needle line and venous line. Start the blood pump at speed of 200mL/min.
11. Make sure the venous monitor line is open at this time. If positive pressure rises, check for infiltration, a clamp on the lines or possible kink of tubing.
12. Tape patient's bloodlines securely leaving enough slack for slight movement of the arm.
13. Make sure fistula needles are securely taped to patient. Instruct patient to keep site visible at all times.
14. Set alarm limits according to manufacturer's recommendations.
15. Verify dialysate flow rate of 600mL/min or according to physician order
16. Record time dialysis started and take patient's blood pressure. Record this along with flow rate, arterial pressure, venous pressure, and TMP on flow sheet. Fill in necessary information at the top of flow sheet, making sure you sign your name.
17. In space provided, record any complaints or comments pertaining to patient's status.
18. Patient should be running maximum blood flow rate within 15 minutes of start of dialysis.

MAKE SURE ALL SAFETY DEVICES ARE SET AND FUNCTIONING AND PATIENT IS STABLE.

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Attachment E

IDPH Action Plan, March 2012

Person Collecting Data: Renal East Coordinators

Indicator: Compliance to Physician Orders and Standards of Care

Legend: Criteria met + **YES** Variance – **NO** Not applicable **N/A**

Patient #/ Name	Date / Time	Heparin bolus is administered prior to the start of treatment.	Correct Heparin prescribed dose is documented and administered as ordered	Medications administered are properly documented with administration date, time and signature of RN	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Total					

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Attachment F

IDPH Action Plan, March 2012

Person Collecting Data: Renal East Coordinators

Indicator: Compliance to Standards of Care and Life-Safety

Legend: Criteria met + **YES** Variance – **NO** Not applicable **N/A**

Patient #/ Name	Date / Time	Patient site visible at all times.	Nurses station free of clutter and excess supplies (linens, extra linen hampers, and supplies stored properly in storage room).	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
Total				

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Chloramine Competency Post-Test 2012

Date: _____ Unit: _____

Name and Title: _____



Please answer the following questions as part of the competency

1. To perform chloramine testing correctly, the swish procedure should be used with the pad perpendicular to the direction of movement. True False

2. How much water must be used for the test to be completed? _____

3. Chloramine test wait time is _____ ,

4. The strip must be folded during the wetted wait time. True False

5. If chloramines are equal to or greater than 0.1 ppm (mg/L) take sample from polisher carbon filter. True False

6. The water system should be running for _____ minutes prior to obtaining Chloramine sample.

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V 175	494.40 CFC-WATER & DIALYSATE QUALITY This CONDITION is not met as evidenced by: Surveyor: 19843 A. Based on review of Hospital/Facility water purification chloramine log instructions, manufacturer's chlorine testing instructions, Hospital/Facility Quality Assurance Plan, water culture reports, Hospital/Facility policy, observation, and staff interview, it was determined, that for all 88 hemodialysis patients, the Facility failed to ensure provision of safe and quality water for dialysis. The cumulative effect of this systemic practice resulted in the Facility's inability to ensure compliance with the condition of Water & Dialysate Quality. Findings include: 1. The Facility failed to ensure chloramine testing was performed according to policy and chloramine testing strip manufacturer's instructions, V 196.	V 175	494.40 CFC WATER & DIALYSATE QUALITY A. Renal East Coordinators have inserviced staff on the necessity to ensure chloramine testing is performed according to testing strip manufacturer's instructions and Silver Cross Hospital Policy and Procedure. Dialysis policy entitled K-4; "Water Purification Chloramine Testing with Staff" (see Attachment A) was reviewed with staff. All staff will have competency validated on correct chloramine testing procedures and complete Chloramine Testing Post-Test (see Attachments B1, B2). B. Renal East Coordinators will conduct monthly concurrent audits to validate compliance with Chloramine testing standards to include those standards not met during survey. Audit log is attached (see Attachment C). The Silver Cross Renal Center East Interdisciplinary Team will review chloramine testing compliance at monthly unit-specific Quality Assurance and Performance (QAPI) meetings. The Renal East Coordinators will be responsible for implementing any action plans and monitoring compliance with this standard.	2/1/2012 2/21/2012 2/28/2012 2/28/2012
V 196	494.40(a) CARBON ADSORP-MONITOR, TEST FREQUENCY 6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are no set patient shifts, testing should be performed approximately every 4 hours. Results of monitoring of free chlorine, chloramine,	V 196	494.40(a) CARBON ADSORP-MONITOR. TEST FREQUENCY A. Policy entitled "Water Purification Chloramine Testing" has been modified to include that the water system will be in full operation prior to samples being taken for chloramine testing (see Attachment A).	1/23/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 196	<p>Continued From page 1 or total chlorine should be recorded in a log sheet.</p> <p>Testing for free chlorine, chloramine, or total chlorine can be accomplished using the N,N-diethyl-p-phenylene-diamine (DPD) based test kits or dip-and-read test strips. On-line monitors can be used to measure chloramine concentrations. Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels described in [AAMI] 4.1.1 (Table 1) [which is a maximum level of 0.1 mg/L].</p> <p>Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramine levels will decrease if the sample is not assayed promptly.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 19843</p> <p>A. Based on review of Hospital/Facility water purification chloramine log instructions, manufacturer's chlorine testing instructions, observation, and staff interview, it was determined, that for 4 of 4 chlorine tests observed on 1/23/12 at 1:00 PM, the Facility failed to ensure chloramine testing was performed according to policy and chloramine testing strip manufacturer's instructions. This could potentially affect all 88 of the current patients.</p> <p>Findings include:</p> <p>1. Hospital/Facility water purification chloramine log instructions were reviewed on 1/23/12 at 12:40 PM. The instructions required, "1. Follow</p>	V 196	<p>B. Employee #1 counseled with a corrective action plan for failure to follow hospital procedure and manufacturer instructions. Employee #1 will be remediated with individual competency. Individual performance will be audited by Renal Coordinators to ensure proper testing and competency according to manufacturer's guidelines five times prior to performing chloramine testing independently. Random audits to ensure employee remains competent and any further infractions will result in following Hospital disciplinary process for not meeting performance.</p> <p>1/23/2012</p>

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V 196	<p>Continued From page 2</p> <p>test kit instructions step by step. 2. Take chloramine sample from post worker carbon filter... "If chloramines are equal to (=) or greater than (>) 0.1 ppm, take sample from polisher carbon filter.." The instructions did not indicate that the Reverse Osmosis machine needed to be running prior to the samples being taken.</p> <p>2. On 1/23/12 at 2:30 PM, the E-Z Chek Sensitive Total Chlorine and Chloramine Test Strip instructions were reviewed. The instructions required, "1. Fill standard sample cup with solution. Discard solution and refill... 2. Immerse indicator pad of test strip in solution... 3. Remove strip from solution... While waiting, fold the white plastic handle on the test strip under the aperture... and then compare treated test strip to color chart..."</p> <p>3. On 1/23/12 at 12:50 PM, an observational tour was conducted in the water room and chlorine testing was observed. A Patient Care Technician (E #1) performed the chloramine test when the RO was not running.</p> <p>4. E #1 did not fold the white plastic handle on the test strip under the aperture before taking the reading. The test strip sample color appears darker and indicates an inaccurate higher chloramine level without the white plastic handle folded under the aperture.</p> <p>5. The chloramine test result was 0.1 ppm and E #1 recorded the result in the log. E #1 was going to leave the water room, but was asked by the Surveyor if E #1 should repeat the test for a 0.1 ppm and if the RO should be operating. E #1 stated that the RO should be running for the first</p>	V 196	

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V 196	Continued From page 3 test in the morning but not in the afternoon and she did not know how to turn the RO on. E #1 left to get the Nurse Manager. 6. The Nurse Manager came in, turned on the RO, and E #1 repeated the test without waiting for the RO to run for 15 minutes. E #1 again failed to fold the white plastic handle on the test strip under the aperture before taking the reading, and got results greater than 0.1 ppm. 7. E #1 repeated the test a third time, taking the sample from the worker carbon port, in the same manner, and receiving the same result. E #1 did not take a sample from polisher carbon filter, as required, but again left to find the Nurse Manager. 8. The Nurse Manager showed E #1 where to take the polisher test sample and how to fold the test strip. E #1 took a fourth sample correctly with an acceptable result. 9. These findings were confirmed by the Nurse Manager during an interview who was present during the observational tour on 1/23/12 at 1:10 PM.	V 196		
V 417	494.60(e)(1) PE-FIRE SAFETY-LIFE SAFETY CODE 2000 (1) Except as provided in paragraph (e)(2) of this section, by February 9, 2009. The dialysis facility must comply with applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference at §403.744 (a)(1)(i) of this chapter).	V 417	49460(e)(1) PE-FIRE SAFETY-LIFE SAFETY CODE 2000 See Fire Safety-Life Safety survey response, February 2012.	2/2012

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V 417	Continued From page 4 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, staff interview, and document review during the Life Safety portion of an End Stage Renal Dialysis Center Initial Certification Survey conducted on January 19, 2012, the surveyor finds that the facility failed to provide and maintain a safe environment for patients and staff. This is evidenced by the number, severity, and variety of Life Safety Code deficiencies that were found. Also see the CMS Form 2567, dated January 19, 2012.	V 417		
V 503	494.80(a)(2) PA-APPROPRIATENESS OF DIALYSIS RX The patient's comprehensive assessment must include, but is not limited to, the following: (2) Evaluation of the appropriateness of the dialysis prescription. This STANDARD is not met as evidenced by: Surveyor: 19843 A. Based on review of Facility policy, observation, clinical record review, and staff interview, it was determined that for 3 of 6 (Pts. #1, 2, & 4) patients receiving a Heparin bolus, the Facility failed to ensure that the Heparin was administered as ordered. This could potentially	V 503	494.80(a)(2) PA-APPROPRIATENESS OF DIALYSIS RX A. Renal East Coordinators reviewed policy entitled "Initiating Hemodialysis", G-7, (see Attachment D) and reinforced patient bolus dose of Heparin must be administered; wait 5 minutes to allow Heparin to take affect prior to start of treatment with all staff. Renal East Coordinators or designee will conduct bi-weekly audits of patient charts to document compliance. Audit log is attached (see Attachment E). B. Renal East Coordinators to discuss results of audits at monthly QAPI team meetings. The interdisciplinary team will be responsible for assessing findings and developing action plans as necessary. The Renal East Coordinators will be responsible for implementing any action plans and monitoring compliance with this standard.	2/1/2012 2/13/2012 2/28/2012

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V 503	Continued From page 5 affect all patients receiving Heparin boluses (currently 50). Findings include: 1. The Facility policy, entitled "Initiating Hemodialysis" (revised 02/07), was reviewed on 1/19/12 at approximately 10:00 AM and required "...push the Heparin dose into the vessel...wait 5 minutes to allow the Heparin to take affect..." 2. A tour of the dialysis treatment area was conducted on 1/19/12 between 9:00 AM and 9:30 AM. At approximately 9:15 AM, the Pt. #1 at station #16 was receiving dialysis treatment that had started at 8:30 AM. The dialysis tubing contained a syringe with 1 ml fluid labeled Heparin attached to the injection port. When the Surveyor asked the PCT (E #1) about the syringe, E #1 stated "That is the Heparin. The nurse gives that. We try to give it near the beginning of the treatment." The Heparin bolus was not administered until 45 minutes after the treatment began. 3. The clinical record for Pt #1 was reviewed on 1/19/12 at approximately 2:30 PM. Pt #1 was a 72 year old female admitted on 9/14/10 with diagnoses of End Stage Renal Disease (ESRD) and Diabetes Mellitus (DM). The dialysis prescription required a Heparin bolus of 1000 units. 4. At approximately 9:15 AM, Pt. #2 at station #17 was receiving dialysis treatment that had started at 9:00 AM. The dialysis tubing contained a syringe filled with 1 ml fluid labeled Heparin attached to the injection port. The Heparin bolus	V 503	C. The clinical record of Pt. #4 chart reviewed by Renal East Coordinators and immediately corrected to ensure physician orders are followed as prescribed. Registered nurses and licensed staff were re-educated on the nursing practice standard for medication administration with special emphasis to ensure that medication orders are followed as prescribed. Each medication administration administered should include documentation of date, time, and nurses signature. Renal East Coordinators or designee will conduct bi-weekly audits of patient charts to document compliance. Audit log is attached (see Attachment E). D. Renal East Coordinators to discuss results of audits at monthly QAPI team meetings. The interdisciplinary team will be responsible for assessing findings and developing action plans as necessary. The Renal East Coordinators will be responsible for implementing any action plans and monitoring compliance with this standard.	1/24/2012 2/1/2012 2/13/2012 2/28/2012	

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V 503	Continued From page 6 was not administered until 15 minutes after the treatment began. 5. The clinical record for Pt #2 was reviewed on 1/19/12 at approximately 3:00 PM. Pt # 2 was a 62 year old female admitted on 5/19/08 with diagnosis of ESRD, DM, and Hypertension. The dialysis prescription required a Heparin bolus of 1000 units. 6. These findings were confirmed by the Nurse Manager during an interview on 1/24/12 at 1:15 PM. 7. On 1/24/12 at approximately 11:30 AM, the clinical record of Pt#4 was reviewed. Pt#4 was a 90 year old female, admitted on 10/1/07, with a diagnosis of End Stage Renal Disease. A physician's order dated 12/5/11, required a Heparin 1000 units bolus, and 1000 units per hour, per pump, each treatment. On 7 of 7 treatment dates reviewed, Pt#4 received 2000 units of Heparin Bolus, an excess of 1000 Units of Heparin bolus. Treatment dates reviewed included: 12/30/11, 1/2/12, 1/6/12, 1/9/12, 1/11/12, 1/20/12, and 1/23/12. 8. On 1/24/12 at approximately 1:00 PM, during an interview, the above finding related to Pt. #4 was confirmed by the Facility's Nurse Manager. surveyors 30195, 19843, & 30196	V 503			
V 511	494.80(a)(8) PA-DIALYSIS ACCESS TYPE & MAINTENANCE The patient's comprehensive assessment must include, but is not limited to, the following:	V 511	494 80(a)(8) PA-DIALYSIS ACCESS TYPE & MAINTENANCE A. Renal East Coordinators have reviewed policy entitled "Initiating Hemodialysis" and reinforced keeping site visible at all times.	2/1/2012	

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V 511	Continued From page 7 (8) Evaluation of dialysis access type and maintenance (for example, arteriovenous fistulas, arteriovenous grafts and peritoneal catheters). This STANDARD is not met as evidenced by: Surveyor: 30195 A. Based on observation, review of Facility policy, and staff interview, it was determined that for 3 of 14 patients (#1, 2, and 3) receiving dialysis treatments on 1/19/12 between 9:00 AM and 9:30 AM, the Facility failed to ensure that the patient's vascular access site was visible at all times. This could potentially affect all 88 of the current patients. Findings include: 1. A tour of the dialysis treatment area was conducted on 1/19/12 between approximately 9:00 AM and 9:30 AM and the following was observed: - Between 9:15 AM and 9:30 AM, the patients at stations #16 (Pt #1) and #18 (Pt #2) were receiving dialysis, and their access sites were covered with blankets. - Between 9:20 AM and 9:30 AM, the patient at station #5 (Pt #3) was asleep and receiving dialysis. Pt #3's access site was covered with a blanket. 2. The Facility policy, entitled "Initiating Hemodialysis" (revised 02/07), was reviewed on 1/19/12 at approximately 10:00 AM and required,	V 511	B. Renal East Coordinators or designee will conduct bi-weekly audits of patient sites to document compliance. Audit log is attached (see Attachment F). C. Renal East Coordinators to discuss results of audits at monthly QAPI team meetings. The interdisciplinary team will be responsible for assessing findings and developing action plans as necessary. The Renal East Coordinators will be responsible for implementing any action plans and monitoring compliance with this standard.	2/13/2012 2/28/2012	

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V 511	Continued From page 8 "...keep site visible at all times..." 3. The above findings were confirmed with the Charge Nurse during an interview on 1/19/12 at approximately 3:00 PM.	V 511		
V 726	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility. This STANDARD is not met as evidenced by: Surveyor: 30196 A. Based on clinical record review and interview, it was determined, that the Facility failed to ensure for 1 of 7 (Pt. #6) clinical records reviewed, that medication administration documentation was complete. 1. On 1/24/12 at approximately 12:00 PM, the clinical record of Pt#6 was reviewed. Pt. #6 was a 54 year old female admitted on 9/26/11, with a diagnosis of End Stage Renal Disease. A physician's order, dated 10/11/11, required 2000 Units of Heparin bolus, and 500 Units of Heparin per hour per pump for each treatment. For 5 of 7 dates (1/19/12, 1/17/12, 1/12/12, 1/10/12, and 1/7/12) the record lacked the administration date, time, and the signature of the registered nurse giving the medication. 2. On 1/24/12 at approximately 1:00 PM, during	V 726	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE A. Licensed staff members have been inserviced by Renal East Coordinators on policy entitled "Standard Form of Hemodialysis chart to ensure that appropriate administration date, time, and signature of the registered nurse administering medications is documented. 2/1/2012 B. Renal East Coordinators or designee will conduct bi-weekly audits of patient charts to ensure medications are appropriately documented to include date, time, and nurse signature. Audit log is attached (see Attachment E). 2/13/2012 C. Renal East Coordinators to discuss results of audits at monthly QAPI team meetings and at staff meetings. The interdisciplinary team will be responsible for assessing findings and developing action plans as necessary. The Renal East Coordinators will be responsible for implementing any action plans and monitoring compliance with this standard. 2/28/2012	

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V 726	Continued From page 9 an interview, the above findings were confirmed with the Facility's Nurse Manager.	V 726		

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SILVER CROSS
HOSPITAL

1200 Maple Road • Joliet, IL 60432
(815) 740-1100 • www.silvercross.org

February 2, 2012

Illinois Department of Public Health

Annette Hodge, R.N., supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
122 South Michigan – 7th Floor
Chicago, IL 60603

Dear Ms. Hodge,

Attached you will find the Statement of Deficiencies and Plan of Corrections and supporting documents for Silver Cross Hospital Dialysis Center, located at 1900 Silver Cross Blvd, New Lenox, IL 60451.

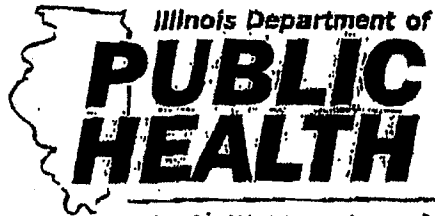
Please contact me if you have any further questions.

Yours truly,

Mary Brenzewski
Administrative Director of Nursing Practice and Operations

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Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

122 S. Michigan Ave., Suite 7000 • Chicago, IL 60603-6118 • www.idph.state.il.us

Date: 1/26
Facility: SILVER CROSS ESRD
Address:
City:

Dear Administrator: Nancy CARROLL

The Illinois Department of Public Health appreciates the courtesies extended to the Department's surveyors. The *Statement of Deficiencies and Plan of Correction* (POC) must be completed and returned within ten (10) calendar days after receipt to:

Annette Hodga, R.N., Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
122 South Michigan - 7th Floor
Chicago, IL 60603

An acceptable POC must contain the following elements:

- > The procedure for implementing the plan of correction for each deficiency cited, typed in the right-hand column of the original *Statement of Deficiencies*
- > The title of the individual responsible for implementing and monitoring the plan of correction
- > Evidence the facility has incorporated systemic improvement efforts into its quality assessment and performance improvement program in order to prevent the recurrence of the deficient practice
- > Supporting documentation as evidence of correction
- > Procedures for monitoring and tracking to ensure the plan of correction is effective
- > A completion date for correction of each deficiency cited, along with interim dates for any phases or intermediate steps
- > Date and signature of the authorized representative, on the bottom of page one of the original *Statement of Deficiencies and Plan of Correction*

If you have any questions, please contact the supervisor at the address listed above, or by phone at 312/793-2222. The Department's TTY is 800/547-0466, for use by the hearing impaired.

Sincerely,

Aida Trinidad, Supervisor
Field Operations Section
Division of Health Care Facilities and Programs

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V 175	494.40 CFC-WATER & DIALYSATE QUALITY	V 175		
	This CONDITION is not met as evidenced by: Surveyor: 19843			
	A. Based on review of Hospital/Facility water purification chloramine log instructions, manufacturer's chlorine testing instructions, Hospital/Facility Quality Assurance Plan, water culture reports, Hospital/Facility policy, observation, and staff interview, it was determined, that for all 88 hemodialysis patients, the Facility failed to ensure provision of safe and quality water for dialysis. The cumulative effect of this systemic practice resulted in the Facility's inability to ensure compliance with the condition of Water & Dialysate Quality.			
	Findings Include:			
	1. The Facility failed to ensure chloramine testing was performed according to policy and chloramine testing strip manufacturer's instructions, V 196.			
V 196	494.40(a) CARBON ADSORP-MONITOR, TEST FREQUENCY	V 196		
	6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are no set patient shifts, testing should be performed approximately every 4 hours.			
	Results of monitoring of free chlorine, chloramine,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 196 Continued From page 1

V 196

or total chlorine should be recorded in a log sheet.

Testing for free chlorine, chloramine, or total chlorine can be accomplished using the N,N-diethyl-p-phenylene-diamine (DPD) based test kits or dip-and-read test strips. On-line monitors can be used to measure chloramine concentrations. Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels described in [AAMI] 4.1.1 (Table 1) [which is a maximum level of 0.1 mg/L].

Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramine levels will decrease if the sample is not assayed promptly.

This STANDARD is not met as evidenced by:
Surveyor: 19843

A. Based on review of Hospital/Facility water purification chloramine log instructions, manufacturer's chlorine testing instructions, observation, and staff interview, it was determined, that for 4 of 4 chlorine tests observed on 1/23/12 at 1:00 PM, the Facility failed to ensure chloramine testing was performed according to policy and chloramine testing strip manufacturer's instructions. This could potentially affect all 88 of the current patients.

Findings include:

1. Hospital/Facility water purification chloramine log instructions were reviewed on 1/23/12 at 12:40 PM. The instructions required, "1. Follow

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V 196 Continued From page 2

V 196

test kit instructions step by step. 2. Take chloramine sample from post worker carbon filter... "If chloramines are equal to (=) or greater than (\geq) 0.1 ppm, take sample from polisher carbon filter." The instructions did not indicate that the Reverse Osmosis machine needed to be running prior to the samples being taken.

2. On 1/23/12 at 2:30 PM, the E-Z Chek Sensitive Total Chlorine and Chloramine Test Strip instructions were reviewed. The instructions required, "1. Fill standard sample cup with solution. Discard solution and refill. 2. Immerse indicator pad of test strip in solution... 3. Remove strip from solution... While waiting, fold the white plastic handle on the test strip under the aperture... and then compare treated test strip to color chart..."

3. On 1/23/12 at 12:50 PM, an observational tour was conducted in the water room and chlorine testing was observed. A Patient Care Technician (E #1) performed the chloramine test when the RO was not running.

4. E #1 did not fold the white plastic handle on the test strip under the aperture before taking the reading. The test strip sample color appears darker and indicates an inaccurate higher chloramine level without the white plastic handle folded under the aperture.

5. The chloramine test result was 0.1 ppm and E #1 recorded the result in the log. E #1 was going to leave the water room, but was asked by the Surveyor if E #1 should repeat the test for a 0.1 ppm and if the RO should be operating. E #1 stated that the RO should be running for the first

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V 196 Continued From page 3

test in the morning but not in the afternoon and she did not know how to turn the RO on. E #1 left to get the Nurse Manager.

6. The Nurse Manager came in, turned on the RO, and E #1 repeated the test without waiting for the RO to run for 15 minutes. E #1 again failed to fold the white plastic handle on the test strip under the aperture before taking the reading, and got results greater than 0.1 ppm.

7. E #1 repeated the test a third time, taking the sample from the worker carbon port, in the same manner, and receiving the same result. E #1 did not take a sample from polisher carbon filter, as required, but again left to find the Nurse Manager.

8. The Nurse Manager showed E #1 where to take the polisher test sample and how to fold the test strip. E #1 took a fourth sample correctly with an acceptable result.

9. These findings were confirmed by the Nurse Manager during an interview who was present during the observational tour on 1/23/12 at 1:10 PM.

V 196

V 417 494.60(e)(1) PE-FIRE SAFETY-LIFE SAFETY CODE 2000

V 417

(1) Except as provided in paragraph (e)(2) of this section, by February 9, 2009. The dialysis facility must comply with applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference at §403.744 (a)(1)(i) of this chapter).

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V 417	Continued From page 4 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, staff interview, and document review during the Life Safety portion of an End Stage Renal Dialysis Center Initial Certification Survey conducted on January 19, 2012, the surveyor finds that the facility failed to provide and maintain a safe environment for patients and staff. This is evidenced by the number, severity, and variety of Life Safety Code deficiencies that were found. Also see the CMS Form 2567, dated January 19, 2012.	V 417	
V 503	494.80(a)(2) PA-APPROPRIATENESS OF DIALYSIS RX The patient's comprehensive assessment must include, but is not limited to, the following: (2) Evaluation of the appropriateness of the dialysis prescription, This STANDARD is not met as evidenced by: Surveyor: 19843 A. Based on review of Facility policy, observation, clinical record review, and staff interview, it was determined that for 3 of 6 (Pts. #1, 2, & 4) patients receiving a Heparin bolus, the Facility failed to ensure that the Heparin was administered as ordered. This could potentially	V 503	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2012
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NAME OF PROVIDER OR SUPPLIER SILVER CROSS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SILVER CROSS BLVD NEW LENOX, IL 60451
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V 503 Continued From page 5
affect all patients receiving Heparin boluses (currently 50).

V 503

Findings include:

1. The Facility policy, entitled "Initiating Hemodialysis" (revised 02/07), was reviewed on 1/19/12 at approximately 10:00 AM and required "...push the Heparin dose into the vessel...wait 5 minutes to allow the Heparin to take affect..."
2. A tour of the dialysis treatment area was conducted on 1/19/12 between 9:00 AM and 9:30 AM. At approximately 9:15 AM, the Pt. #1 at station #16 was receiving dialysis treatment that had started at 8:30 AM. The dialysis tubing contained a syringe with 1 ml fluid labeled Heparin attached to the injection port. When the Surveyor asked the PCT (E #1) about the syringe, E #1 stated "That is the Heparin. The nurse gives that. We try to give it near the beginning of the treatment." The Heparin bolus was not administered until 45 minutes after the treatment began.
3. The clinical record for Pt #1 was reviewed on 1/19/12 at approximately 2:30 PM. Pt #1 was a 72 year old female admitted on 9/14/10 with diagnoses of End Stage Renal Disease (ESRD) and Diabetes Mellitus (DM). The dialysis prescription required a Heparin bolus of 1000 units.
4. At approximately 9:15 AM, Pt. #2 at station #17 was receiving dialysis treatment that had started at 9:00 AM. The dialysis tubing contained a syringe filled with 1 ml fluid labeled Heparin attached to the injection port. The Heparin bolus

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V 503 Continued From page 6
was not administered until 15 minutes after the treatment began.

5. The clinical record for Pt #2 was reviewed on 1/19/12 at approximately 3:00 PM. Pt # 2 was a 62 year old female admitted on 5/19/08 with diagnosis of ESRD, DM, and Hypertension. The dialysis prescription required a Heparin bolus of 1000 units.

6. These findings were confirmed by the Nurse Manager during an interview on 1/24/12 at 1:15 PM.

7. On 1/24/12 at approximately 11:30 AM, the clinical record of Pt#4 was reviewed. Pt#4 was a 90 year old female, admitted on 10/1/07, with a diagnosis of End Stage Renal Disease. A physician's order dated 12/5/11, required a Heparin 1000 units bolus, and 1000 units per hour, per pump, each treatment. On 7 of 7 treatment dates reviewed, Pt#4 received 2000 units of Heparin Bolus, an excess of 1000 Units of Heparin bolus. Treatment dates reviewed included: 12/30/11, 1/2/12, 1/6/12, 1/9/12, 1/11/12, 1/20/12, and 1/23/12.

8. On 1/24/12 at approximately 1:00 PM, during an interview, the above finding related to Pt. #4 was confirmed by the Facility's Nurse Manager.

V 503

surveyors 30195, 19843, & 30196
V 511 494.80(a)(8) PA-DIALYSIS ACCESS TYPE & MAINTENANCE

The patient's comprehensive assessment must include, but is not limited to, the following:

V 511

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V 511	Continued From page 7 (8) Evaluation of dialysis access type and maintenance (for example, arteriovenous fistulas, arteriovenous grafts and peritoneal catheters). This STANDARD is not met as evidenced by: Surveyor: 30195 A. Based on observation, review of Facility policy, and staff interview, it was determined that for 3 of 14 patients (#1, 2, and 3) receiving dialysis treatments on 1/19/12 between 9:00 AM and 9:30 AM, the Facility failed to ensure that the patient's vascular access site was visible at all times. This could potentially affect all 88 of the current patients. Findings include: 1. A tour of the dialysis treatment area was conducted on 1/19/12 between approximately 9:00 AM and 9:30 AM and the following was observed: - Between 9:15 AM and 9:30 AM, the patients at stations #16 (Pt #1) and #18 (Pt #2) were receiving dialysis, and their access sites were covered with blankets. - Between 9:20 AM and 9:30 AM, the patient at station #5 (Pt #3) was asleep and receiving dialysis. Pt #3's access site was covered with a blanket. 2. The Facility policy, entitled "Initiating Hemodialysis" (revised 02/07), was reviewed on 1/19/12 at approximately 10:00 AM and required,	V 511	

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V 511	Continued From page 8 "...keep site visible at all times..."	V 511	
V 726	3. The above findings were confirmed with the Charge Nurse during an interview on 1/19/12 at approximately 3:00 PM. 494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility. This STANDARD is not met as evidenced by: Surveyor: 30196 A. Based on clinical record review and interview, it was determined, that the Facility failed to ensure for 1 of 7 (Pt. #6) clinical records reviewed, that medication administration documentation was complete. 1. On 1/24/12 at approximately 12:00 PM, the clinical record of Pt#6 was reviewed. Pt. #6 was a 54 year old female admitted on 9/26/11, with a diagnosis of End Stage Renal Disease. A physician's order, dated 10/11/11, required 2000 Units of Heparin bolus, and 500 Units of Heparin per hour per pump for each treatment. For 5 of 7 dates (1/19/12, 1/17/12, 1/12/12, 1/10/12, and 1/7/12) the record lacked the administration date, time, and the signature of the registered nurse giving the medication. 2. On 1/24/12 at approximately 1:00 PM, during	V 726	

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V 726 Continued From page 9
an interview, the above findings were confirmed with the Facility's Nurse Manager.

V 726

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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)
{V 553}	494.90(a)(7)(i) POC-HOME DIALYSIS PLAN OR WHY NOT The interdisciplinary team must identify a plan for the patient's home dialysis or explain why the patient is not a candidate for home dialysis. This STANDARD is not met as evidenced by: Surveyor: 19843 A. Based on review of Facility policy, clinical record review, and staff interview, it was determined that in 1 of 5 (Pt. # 5) clinical records reviewed, the Facility failed to ensure the inclusion of the patient's home dialysis treatment options in the plan of care. Findings include: 1. Facility policy entitled, "Dialysis Plan of Care," reviewed on 1/20/11 at approximately 11:00 AM required, "...5. The POC must be developed from the comprehensive assessment and must include, at a minimum the following assessments:...k. Modality evaluation." The policy lacked the requirement for the inclusion of why the patient is not a candidate for home dialysis. 2. The clinical record of Pt #5 was reviewed on 1/20/11 between 2:40 PM and 2:55 PM. Pt #5 was a 64 year old male, admitted on 7/19/05, with diagnoses of End Stage Renal Disease, Hypertension, and Diabetes. The clinical record contained a Plan of Care dated 7/13/10, by the Transplant Representative. The other Members of the Interdisciplinary Team (Physician, Registered Nurse, Dietician, and Social Worker) had signed but not dated the Plan of Care. Pt. #5 had not signed the Care Plan. There was no	{V 553}	V553 494.90(a)(7)(i) POC-HOME DIALYSIS PLAN OR WHY NOT Renal West Coordinator has conducted staff in-services on proper documentation on the "Comprehensive Interdisciplinary Care Plan" and that the patient was considered or not considered as a candidate for home dialysis options. Patient #5 was reassessed and reeducated on home dialysis treatment options and has signed the Plan of Care. Members of the Interdisciplinary Team have reviewed and dated the Plan of Care. The Renal West Coordinator, or designee, will continue to conduct retrospective audits of patient charts using audit tool, "Dialysis Care Plan Documentation-Home Dialysis Options Complete," to document compliance (see Attachment A). Renal West Coordinator will discuss results of audit(s) at monthly QAPI Interdisciplinary Team meetings (see Attachment B). The Interdisciplinary Team will be responsible for assessing findings of audits and developing action plans, as needed. The Coordinator will be responsible for implementing any action plans and monitoring compliance with this standard on a monthly basis.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{V 553}	Continued From page 1 inclusion of Pt. #5's home dialysis treatment options in the Plan of Care. 3. These findings were confirmed by the Facility Coordinator on 1/20/11 at 4:20 PM, during an interview.	{V 553}	
{V 688}	494.140(b)(4) PQ-STAFF NURSE-MEET STATE REQUIREMENTS Each nurse who provides care and treatment to patients must be either a registered nurse or a practical nurse who meets the practice requirements in the State in which he or she is employed. This STANDARD is not met as evidenced by: Surveyor: 19843 A. Based on review of Facility policy, clinical record review, and staff interview, it was determined that in 2 of 5 (Pts. #1 & 3) clinical records reviewed, the Facility failed to ensure that all physician's orders were followed as prescribed. Findings include: 1. Facility policy entitled, "Hemodialysis Standards," reviewed on survey date 1/20/11 at 11:00 AM required, "Initiation of Treatment... Nursing Management... Intervention... 1. Administer medications... as ordered..." 2. The clinical record of Pt #1 was reviewed on 1/20/11 between 1:00 PM and 1:25 PM. Pt #1 was a 52 year old male, admitted on 10/19/10, with diagnoses of End Stage Renal Disease (ESRD) and Metabolic Bone Disease. The clinical record contained a physician's order dated	{V 688}	V668 494.140(b)(4) PQ-STAFF NURSE-MEET STATE REQUIREMENTS Licensed staff were in-serviced by Renal West Coordinator on Policy E-1, entitled, "Hemodialysis Standards," with special emphasis to ensure that physician orders are followed as prescribed. Patients #1 and #3 records were assessed by Renal Center Coordinator to ensure that their respective records are compliant for physician orders as prescribed. Renal West Coordinator, or designee, will continue to conduct weekly retrospective audits of patient charts using audit tool, "Compliance to Physician Orders," to document compliance (see Attachment C). Renal West Coordinator will discuss results of audit and/or action plans at monthly QAPI Interdisciplinary Team meetings (see Attachment B) and at monthly staff meetings. The Interdisciplinary Team will be responsible for assessing findings of audits and developing action plans, as needed. The Renal West Coordinator will be responsible for implementing any action plans and monitoring compliance with this standard on a monthly basis. 1-7-11 1-25-11 1-24-11 (ongoing) 2-28-11

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{V 688}	Continued From page 2 1/20/11, that required Procrit, 12,000 units, three time per week. The treatment sheet dated 1/15/11, lacked documentation that Procrit was administered, or a reason it was not administered and the clinical record lacked documentation why Procrit was not administered. 3. The clinical record of Pt #3 was reviewed on 1/20/11 between 1:45 PM and 2:00 PM. Pt #3 was a 65 year old male, admitted on 4/14/09, with a diagnosis of ESRD. The clinical record contained a physician's order dated 12/22/10, that required a 1.0 Potassium (K) and 2.25 Calcium (Ca) dialysate bath solution. Treatment sheets dated 1/8/11 and 1/20/11, included a 2.0 K and 2.5 Ca bath, without documentation of a physician's order. 4. These findings were confirmed by the Facility Coordinator on 1/20/11 at 4:20 PM, during an interview.	{V 688}	
{V 714}	494.150(c)(1) MD RESP-DEVELOP, REVIEW & APPROVE P&P The medical director must- (1) Participate in the development, periodic review and approval of a "patient care policies and procedures manual" for the facility; This STANDARD is not met as evidenced by: Surveyor: 19843 A. Based on a review of policies and procedures and staff interview, it was determined, that 1 of 1 Medical Director failed to ensure policies were developed and updated to reflect the current AAMI/RD52 Regulations.	{V 714}	V714 494.150(c)(1) MD RESP-DEVELOP, REVIEW AND APPROVE P&P The QAPI Interdisciplinary Team, in conjunction with the Medical Director and Administrator, reviewed current policies and developed a comprehensive policy to assure an Interdisciplinary Team assessment to meet the needs of each dialysis patient and to ensure the development of a congruent, integrated patient Plan of Care (see Attachment D). The Renal West Coordinator will in-service staff on this policy. 2-3-11 2-10-11

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{V 714}	Continued From page 3 Findings include:	{V 714}		
	1. Review of Dialysis Policies and Procedures were conducted on 1/20/11 at 11:15 AM. There was no policy for a comprehensive interdisciplinary assessment. 2. The above finding was confirmed with the Facility Coordinator during an interview on 1/20/11 at 4:20 PM.			
{V 726}	494.170 MR-COMPLETE, ACCURATE, ACCESSIBLE	{V 726}	V726 494.170 MR-COMPLETE, ACCURATE ACCESSIBLE	
	The dialysis facility must maintain complete, accurate, and accessible records on all patients, including home patients who elect to receive dialysis supplies and equipment from a supplier that is not a provider of ESRD services and all other home dialysis patients whose care is under the supervision of the facility.		The clinical records of Patients #1, #3, #4, and #5 have been reviewed to ensure that proper documentation of Heparin administration and/or total dose of Heparin administered is correct. In addition, a Heparin conversion chart (see Attachment E) will be laminated and available throughout the unit as an aid to licensed staff in calculating Heparin dosing. The staff will be inserviced on this conversion chart and the policy, "Standard Form of Hemodialysis Chart" to ensure that appropriate Heparin documentation and nurse initials/signature are part of the records. Renal West Coordinator, or designee, will continue to conduct weekly retrospective audits of patient charts using audit tool, "Compliance to Physician Orders," to document compliance (see Attachment C). Renal West Coordinator will discuss results of audit at monthly QAPI Interdisciplinary Team meetings (see Attachment B) and at monthly staff meetings. The Interdisciplinary QAPI Team will be responsible for assessing findings and developing action plans as needed. The Renal West Coordinator will be responsible for implementing any action plans and monitoring compliance with this standard on a monthly basis.	1-25-11 2-7-11 2-7-11
	This STANDARD is not met as evidenced by: Surveyor: 19843			
	A. Based on review of Facility policy, clinical record review, and staff interview, it was determined that in 4 of 4 (Pts. #1, 3 - 5) clinical records reviewed for patients receiving Heparin during dialysis treatment, the Facility failed to ensure the amount of Heparin each patient received was accurately administered and documented.			1-24-11 (ongoing)
	Findings include: 1. Facility policy entitled, "Medication Administration," reviewed on 1/20/11 at 2:15 PM required, "... 4. Medications are to be administered according to the 'Five Rights'... b.			2-28-11

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{V 726}	Continued From page 4 Right dose." 2. The clinical record of Pt #1 was reviewed on 1/20/11 between 1:00 PM and 1:25 PM. Pt #1 was a 52 year old male, admitted on 10/19/10, with diagnoses of End Stage Renal Disease (ESRD) and Metabolic Bone Disease. The clinical record contained a physician's order dated 1/20/11, that required a 4 hour treatment and the administration of 2,000 units Heparin bolus and 1,000 units Heparin hourly maintenance dose during treatment, except for the last hour, for a total of 5,000 units of Heparin. Treatment sheets lacked documentation of Heparin administration and/or total dose of Heparin administered on the following dates: - 1/8/11 and 1/11/11- no total dose documented. - 1/15/11 - no total dose documented; no nurse initials/signature for bolus and maintenance dose administration. - 1/18/11 - no bolus or maintenance dose documented. 3. The clinical record of Pt #3 was reviewed on 1/20/11 between 1:45 PM and 2:00 PM. Pt #3 was a 65 year old male, admitted on 4/14/09, with a diagnosis of ESRD. The clinical record contained a physician's order dated 12/22/10, that required a 3 1/2 hour treatment and the administration of 2,000 units Heparin bolus and 500 units Heparin hourly maintenance dose during treatment, except for the last hour, for a total of 3,750 units of Heparin. Treatment sheets lacked documentation of Heparin administration and/or total dose of Heparin administered on the following dates:	{V 726}	

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{V 726} Continued From page 5

- 1/8/11 - no total dose documented.
- 1/11/11 - no maintenance or total dose documented.
- 1/13/11 - wrong total dose (3,250 units) administered.
- 1/15/11 - wrong maintenance dose (1,000 units/hr) and wrong total dose (4,500 units) administered.
- 1/18/11 - wrong total dose (4,500 units) administered.
- 1/20/11 - wrong total dose (4,500 units) administered.

4. The clinical record of Pt #4 was reviewed on 1/20/11 between 2:10 PM and 2:35 PM. Pt #4 was a 60 year old female, admitted on 6/26/06, with diagnoses of ESRD and Hypertension (HTN). The clinical record contained a physician's order dated 12/22/10, that required a 3 1/4 hour treatment and the administration of 2,000 units Heparin bolus and 1,000 units Heparin hourly maintenance dose during treatment, except for the last hour, for a total of 4,250 units of Heparin. Treatment sheets lacked documentation of Heparin administration and/or total dose of Heparin administered on the following dates:

- 1/8/11 - no bolus dose or maintenance dose documented; wrong total dose (4,000 units) administered.
- 1/11/11 - no maintenance or total dose

{V 726}

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/20/2011
NAME OF PROVIDER OR SUPPLIER SILVER CROSS RENAL CENTER WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 1051 ESSINGTON ROAD JOLIET, IL 60435		
(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 726}	<p>Continued From page 6 documented.</p> <ul style="list-style-type: none"> - 1/15/11 - wrong total dose (4,300 units) administered. - 1/18/11 - wrong total dose (4,300 units) administered. <p>5. The clinical record of Pt #5 was reviewed on 1/20/11 between 2:40 PM and 2:55 PM. Pt #5 was a 64 year old male, admitted on 7/19/05, with diagnoses of ESRD, HTN, and Diabetes. The clinical record contained a physician's order dated 1/13/11, that required a 4 hour treatment and the administration of 2,000 units Heparin bolus and 1 ml (1,000 units) hourly Heparin maintenance dose during treatment, except for the last hour, for a total of 5,000 units of Heparin. Treatment sheets lacked documentation of Heparin administration and/or total dose of Heparin administered on the following dates:</p> <ul style="list-style-type: none"> - 1/8/11 - no total dose documented. - 1/11/11 - no maintenance or total dose documented. - 1/13/11 - no total dose documented. - 1/15/11 - no total dose documented. <p>6. These findings were confirmed by the Facility Coordinator on 1/20/11 at 4:20 PM, during an interview.</p>	{V 726}		

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(A)

Data Collection Tool

Department/service: Dialysis Dates:

Person Collecting Data: Dialysis

Indicator: Dialysis Care Plan Documentation

Legend: Criteria met + Variance - # Samples

CRITERIA						
Sample Member (patient M#, individual code)	Date	Home Dialysis Options complete	Reassessment monthly on unstable patients	Blood pressure/fluid management needs addressed		List All Sections Not Completed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total						

B

PATIENT LABEL

**SILVER CROSS RENAL CENTERS
COMPREHENSIVE INTERDISCIPLINARY CARE PLAN IN-CENTER HEMO**

Date of updated Care Plan Review:

Patient was marked as unstable in the previous month because of:

- Extended or Frequent Hospitalization as evidenced by hospitalization of more than 15 days or more than 3 hospitalizations in one month
- Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis as evidenced by Albumin of less than 3.4g/dl and weight loss greater than 5% in one month, Hgb less than 10g/dl and KTV less than 1.2 for in center hemodialysis patients.
- Significant change in psychosocial needs as evidenced by financial or housing loss, decline in physical or mental status, death or major illness in family, consideration of terminating treatment, loss of emotional support, physical or mental abuse or patient considered at risk for involuntary discharge or transfer, ONLY IF IT INTERFERES WITH THE PATIENT BEING ABLE TO FOLLOW THE TREATMENT PLAN.
- Marked deterioration in health status as evidenced by recurrent serious complication. Health care team to document specific reason
- Other: _____

Upon team review patient is no longer considered unstable based on above criteria, as evidenced by: _____

Team to continue with most recent plan of care.

Upon team review, patient remains unstable as evidenced by: _____

Team to Reassess the patient and update plan of care

Patient/ designated other signature:

Physician signature:

Nurse signature:

Dietitian signature:

Social Worker signature:



Data Collection Tool

Department/service: Dialysis Dates:

Person Collecting Data:

Indicator: Compliance To Physician Orders

Legend: Criteria met + Variance — # Samples

CRITERIA						
Sample Member (patient M#, individual code)	Date	Heparin dosage documentation and administration as ordered	Dry weight achieved as ordered/exception documented	Procrit adjustments and administration as ordered	Dialysate as ordered	List All Sections Not Completed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						/
15						
16						
17						
18						
19						
20						
Total						

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D



SILVER CROSS HOSPITAL



Manual Page E-8

TITLE: DIALYSIS PATIENT ASSESSMENT AND PLAN OF CARE

PURPOSE:

To assure an interdisciplinary team assessment to meet the needs of each dialysis patient.

To ensure the development of a congruent, integrated patient Plan of Care (POC).

PROCEDURE:

1. The dialysis interdisciplinary team, for both patient assessment and POC, consists of the patient/or patient designee, a registered nurse, a physician, a social worker and a clinical dietitian.
2. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of their needs.
3. The comprehensive assessment will be used to develop the patient's treatment plan and POC.
4. The comprehensive assessment will include an evaluation of the patient's current health status and medical condition, including co-morbid conditions, evaluation of the appropriateness of the dialysis prescription, blood pressure and fluid management needs, laboratory profile, immunization history and medication history.
5. Each patient's hematologic status must be evaluated for determination of their individual anemia management needs.
6. Renal bone disease evaluation will be included in the patient assessment. Evaluation will include calcium, phosphorous and PTH levels and a review of bone disorder medications, over-the-counter medications, dietary factors and all related medical conditions.
7. A Registered Dietitian will conduct a thorough nutritional evaluation of each patient.
8. A psychosocial needs evaluation will be conducted by a social worker. Evaluation will include all appropriate psychosocial parameters.
9. Each dialysis patient will have an evaluation for the most appropriate type and location of vascular access and of the capacity of the vascular access to facilitate adequate dialysis treatments. Appropriate referrals for vascular access will be made as indicated.
10. Patients will be encouraged to participate in their care, within the limits of their capacity and desire to participate. Documentation of the patient's abilities, interests, preferences and goals will be recorded by members of the interdisciplinary team. All options of modalities and settings will be presented to each patient. Patient expectations will be given priority in the decision-making process for modality and setting. If a patient is determined to be not suitable for a setting, such as home dialysis the reason must be documented in the medical record.
11. As part of the comprehensive assessment each patient will be evaluated for suitability for transplantation referral, using the selection/exclusion criteria provided by the transplant center. If a patient is not suitable for transplantation referral, the basis for the non-referral will be documented in the medical record.
12. Patients will be encouraged to involve family and all other support systems in their dialysis care and treatment. Educational efforts will include family and other caregivers as appropriate.
13. The comprehensive assessment will include observation of the patient's ability to ambulate, transfer, and other physical activities pertinent to the dialysis environment. Appropriate referrals for possible rehabilitation services will be made as indicated.
14. Each new dialysis patient, as well as each patient transferring into the facility without a completed comprehensive assessment and POC, will have a comprehensive assessment completed within 30 days or 13 treatments of admission. A

follow up comprehensive reassessment will occur within 3 months after the completion of the initial assessment.

15. The adequacy of each patient's dialysis prescription will be assessed on an ongoing basis:

- Hemodialysis patients at least monthly by calculating delivered KtV/URR
- Peritoneal dialysis patients at least every 4 months by calculating delivered weekly KtV/Crcl

16. Comprehensive reassessment of all stable patients will be done annually.

17. Patients with extended or frequent hospitalizations, marked deterioration in health stats, significant change in psychosocial needs, or concurrent poor nutritional status, unmanaged anemia and inadequate dialysis are considered to be unstable patients. A comprehensive reassessment and revision of the POC must be conducted at least monthly for unstable patients.

18. The POC must be developed from the comprehensive assessment and must include, at a minimum the following assessments:

- Dose of dialysis
- Adequacy of dialysis
- Vascular access
- Fluid control
- Blood pressure
- Anemia management
- Nutritional management
- Mineral metabolism
- Psychosocial status
- Transplant status
- Modality evaluation
- Safety training
- Vocational rehabilitation status

19. The POC will be signed by each team member including the patient, or patient designee.

Interdisciplinary team conferences will be conducted. To facilitate full team participation in conferences, any member, including the patient, may participate through telecommunication.

21. The individual POC will be revised after each patient assessment, and portions of the POC will be updated if the target goals for each area are not achieved or sustained.

22. POC outcomes will be based on current evidence-based clinical practice standards.

RESOURCES:

Federal Register Part II
Department of Health and Human Services
Centers for Medicare and Medicaid Services
42 CFR Parts 405, 410, 413 et al.
Medicare and Medicaid Programs; Conditions for Coverage for End-Stage Renal Disease Facilities; Final Rule April 15, 2008

DEPARTMENTS AFFECTED:

Dialysis

EFFECTIVE DATE:

REVISED DATE (S):

January 28, 2011

APPROVED BY:

Keith Nelson
Department Head

DATE: 02/03/11

PROVED BY:

P. Nagarkatte, M.D.
Medical Director

DATE: 02/03/11

AUTHORIZED:

Peggy Gricus, RN/VP
President (or designee)

DATE: 02/03/11

**Heparin 1000u/ml
Conversion Chart**

E

mLs/hour	units/hour	mLs/hour	units/hour	mLs/hour	units/hour
0.1	100	3.1	3100	6.1	6100
0.2	200	3.2	3200	6.2	6200
0.3	300	3.3	3300	6.3	6300
0.4	400	3.4	3400	6.4	6400
0.5	500	3.5	3500	6.5	6500
0.6	600	3.6	3600	6.6	6600
0.7	700	3.7	3700	6.7	6700
0.8	800	3.8	3800	6.8	6800
0.9	900	3.9	3900	6.9	6900
1	1000	4	4000	7	7000
1.1	1100	4.1	4100	7.1	7100
1.2	1200	4.2	4200	7.2	7200
1.3	1300	4.3	4300	7.3	7300
1.4	1400	4.4	4400	7.4	7400
1.5	1500	4.5	4500	7.5	7500
1.6	1600	4.6	4600	7.6	7600
1.7	1700	4.7	4700	7.7	7700
1.8	1800	4.8	4800	7.8	7800
1.9	1900	4.9	4900	7.9	7900
2	2000	5	5000	8	8000
2.1	2100	5.1	5100	8.1	8100
2.2	2200	5.2	5200	8.2	8200
2.3	2300	5.3	5300	8.3	8300
2.4	2400	5.4	5400	8.4	8400
2.5	2500	5.5	5500	8.5	8500
2.6	2600	5.6	5600	8.6	8600
2.7	2700	5.7	5700	8.7	8700
2.8	2800	5.8	5800	8.8	8800
2.9	2900	5.9	5900	8.9	8900
3	3000	6	6000	9	9000

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