

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152579	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/27/2013
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE BLOOMINGTON MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 575 S PATTERSON DR BLOOMINGTON, IN 47403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{V 000}	<p>INITIAL COMMENTS</p> <p>[CORE]</p> <p>This was a revisit of a ESRD federal recertification survey conducted May 17 through May 22, 2013</p> <p>Survey Date: June 27, 2013</p> <p>Facility #: 005143</p> <p>Medicaid #: 200389400</p> <p>Surveyors: Bridget Boston, RN PH Nurse Surveyor, Team Leader Tonya Tucker, RN PH Nurse Surveyor Observer</p> <p>During this revisit survey, through staff interview and review of administrative documents, it was determined Fresenius Medical Care Bloomington Monroe was in compliance with the Conditions for Certifications for ESRD facilities 42 CFR Part 494. Three (3) conditions and seventeen (17) standards were found to be corrected.</p> <p>QA: Linda Dubak, R.N. July 1, 2013</p>	{V 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.