

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

PRINTED: 06/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152621		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2022	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP CODE 1159 W JEFFERSON STREET, SUITE 201 FRANKLIN, IN 46131			
(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
E 000	<p>Initial Comments</p> <p>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 494.62, for a Medicare participating End Stage Renal Disease Supplier.</p> <p>Date of survey: 06-06, 06-07 and 06-08-2022</p> <p>ICHD Census: 20</p> <p>HHD Census: 2</p> <p>Stations: 12, there is no isolation room.</p> <p>Total Census: 22</p> <p>At this Emergency Preparedness survey, Fresenius Medical Center Franklin, was found to have been in compliance with the requirements of Emergency Preparedness Requirements for Medicare participating providers and suppliers, including staffing and implementation of staffing during a Pandemic, at 42 CFR 494.62.</p>			E 000			
V 000	<p>QR by Area 3 on 6-23-2022</p> <p>INITIAL COMMENTS</p> <p>This visit was for a Core Federal recertification and Emergency Preparedness survey of an ESRD provider.</p> <p>Survey dates: 06-06, 06-06 and 06-08-2022</p> <p>Facility #: 006646</p> <p>CCN#: 152621</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.

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V 000	<p>Continued From page 1</p> <p>ICHD census: 20</p> <p>HHD census: 2</p> <p>Stations: 12, there is no isolation room, the facility opened prior to 2008.</p> <p>Total: 22</p> <p>Fresenius Medical Center Franklin was found to be in compliance with 42 CFR 494 in regard to a Federal recertification survey. Fresenius Medical Center Franklin was approved to begin their Home PD Program.</p>	V 000			