

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

PRINTED: 01/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/15/2025
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE GARY			STREET ADDRESS, CITY, STATE, ZIP CODE 3290 GRANT ST GARY, IN 46408		
(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>This survey was for a Post Condition revisit of an ESRD Provider.</p> <p>Survey date: January 15, 2025</p> <p>Census by Modality:</p> <p>In-Center Hemodialysis: 90 Home Hemodialysis: 0 not offered Home Peritoneal Dialysis: 17 Total Active Patient Census: 107 Approved in-center dialysis stations: 24 Isolation room: 01</p> <p>During this post condition revisit survey, 1 previously cited Condition of Participation CfC 42 CFR 494.180 Governance was corrected.</p> <p>Fresenius Kidney Care Gary Dialysis was found to be in compliance with Condition of Participation 42 CFR 494.180 Governance for ESRD Providers.</p> <p>QR: A 1 January 22, 2025</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.