

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>152585</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRESENIUS MEDICAL CARE SHADELAND STATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7155 SHADELAND STATION STE 130 INDIANAPOLIS, IN 46256</b>		
(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	Initial Comments  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 in conjunction with an on-site survey for the addition of a home hemodialysis and home peritoneal dialysis training and services program.  Survey Date: February 2, 2023  CCN: 152585  Stations: 4  Home Program Census: 3  Total Census of the Home Program Area: 3  At this Emergency Preparedness survey, Fresenius Medical Care Shadeland Station Home Training Program was found to have been in compliance with the Emergency Preparedness Requirements for Medicare participating providers and suppliers, including staffing and implementation of staffing, at 42 CFR 494.62.	E 000			
V 000	QR by Area 3 on 2-7-23 INITIAL COMMENTS  This visit was for an on-site survey for the addition of a home training program and services at an ERSD provider to include home hemodialysis and home peritoneal dialysis.  Survey Date: February 2, 2023	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	Continued From page 1 CCN: 158585  Stations: 4  Census Total: 3  HD Census: 2 PD Census: 1  Fresenius Medical Care Shadeland Station home program was found to have been in compliance with the requirements of 42 CFR 494.100, for an ESRD home hemodialysis and home peritoneal dialysis training and service program.  QR by Area 3 on 2-7-23	V 000		