

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

PRINTED: 12/03/2024
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152507 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/23/2024 |
| NAME OF PROVIDER OR SUPPLIER BATESVILLE DIALYSIS CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 232 SR 129 S BATESVILLE, IN 47006 | | |
| (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. Survey Dates: August 23rd, 24th, 25th of 2024 Active Census: 25 At this Emergency Preparedness survey, Batesville Dialysis Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62. | E 000 | | | |
| V 000 | QR completed on 08/28/2024 by A4 INITIAL COMMENTS This visit was for a CORE Federal recertification survey of an ESRD provider. Survey dates: August 23rd, 24th, 25th of 2024 Census by Service Type: In-Center Hemodialysis: 25 Home Hemodialysis: 0 Home Peritoneal dialysis: 0 Total Active Census: 25 Isolation Room/Waiver: Isolation Room Waiver Batesville Dialysis Center was found to be in compliance with 42 CFR 494. | 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.