

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

PRINTED: 05/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152573	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/28/2021
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 102 CONNIE AVE STE 104 SALEM, IN 47167		
(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: April 26th, 27th, and 28th of 2021 Census = 20 In-Center Hemodialysis At this Emergency Preparedness survey, Fresenius Medical Care Salem was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 494.62.	E 000			
V 000	Quality Review completed on 5/5/2021 A4 INITIAL COMMENTS This visit was for a federal core ESRD (Core) recertification survey in conjunction with a COVID-19 infection control focused survey and a complaint investigation survey. Complaint IN00342709 Substantiated with no deficiencies cited. Survey Dates: April 26th, 27th, & 28th of 2021 Facility ID: 002879 Census: 20 In-center hemodialysis 0 Home peritoneal dialysis 0 Home hemodialysis. Fresenius Medical Care Salem was found to be in compliance with 42 CFR Part 494 for End Stage Renal Disease.	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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