

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

PRINTED: 03/19/2010  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  052804	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 03/10/2010
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NAME OF PROVIDER OR SUPPLIER  MONTCLAIR DIALYSIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5050 PALO VERDE STREET, SUITE 100 MONTCLAIR, CA 91763
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(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
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{V 000}	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during a Revisit Survey conducted on 03/10/2010.</p> <p>Representing the Department of Public Health: Lourdas Singh, RN, HFEN</p> <p>Census: In-Center Hemo-Dialysis 117 Home Hemodialysis 1</p> <p>Sample Size: 3 Patients (2 In-Center HD and 1 Home HD)</p> <p>No deficiencies were written as a result of the Revisit Survey. All conditions met. Recommend continued Re-certification based on acceptable plan of correction. The request for the addition of Home Hemodialysis Services approved.</p>	{V 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Mary Foady Alsharbaty	(X6) DATE 3/19/10
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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.