

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

PRINTED: 10/29/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>552607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/23/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHGATE DIALYSIS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 LAS GALLINAS AVENUE SAN RAFAEL, CA 94903</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	
V 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 14067 The following reflects the findings of the California Department of Public Health during an INITIAL CERTIFICATION survey for an End Stage Renal Disease (ESRD) Clinic providing in-center Hemodialysis, and Home Training and Support for Home Hemodialysis and Home Peritoneal Dialysis.</p> <p>Representing the California Department of Public Health: Beverly VandeWeg, Health Facilities Evaluator Nurse.</p> <p>No regulatory deficiencies identified during the INITIAL CERTIFICATION survey.</p> <p>Recommend certification for 13 Hemodialysis stations (12 in-center hemodialysis stations and 1 home training station) and Home Training and Support Program for Home Hemodialysis and Peritoneal dialysis effective January 23, 2009.</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.