

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>630011842</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/27/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEGASUS DIALYSIS, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 PEGASUS DRIVE SUITE 100 BAKERSFIELD, CA 93308</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) COMPLETE DATE	
L 000	<p>Initial Comments</p> <p>Surveyor: 16264 The following reflects the findings of the California Department of Public Health during an Initial Licensing Survey conducted on January 27, 2009.</p> <p>Representing the Department: Connie Chester, HFES and Ann Riegel, HFEN.</p> <p>All conditions of participation have been met. Recommend initial licensing.</p>	L 000			

Licensing and Certification Division

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE