

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

PRINTED: 02/11/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 552665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2010
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NAME OF PROVIDER OR SUPPLIER REDWOOD CITY DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 MARSHALL STREET REDWOOD CITY, CA 94063
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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>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an Initial Certification survey for End Stage Renal Disease Center (ESRD) conducted from 10/4/10 to 10/5/10.</p> <p>Representing the California Department of Public Health: Artemis Tumaneng, Health Facilities Evaluator Nurse Andrea Kubovcik, Health Facilities Evaluator Nurse</p> <p>No deficiencies were identified.</p> <p>Recommend certification for in-center day hemodialysis with 24 stations and training for peritoneal and hemodialysis.</p>	V 000		
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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.