

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>552618</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAN MARCOS DIALYSIS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2135 MONTIEL ROAD BLDG B SAN MARCOS, CA 92069</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: 14724 The following represents the findings of the Department of Public Health during an initial certification visit. The facility census at the time of the visit was 4 in-center hemodialysis patients and 1 home peritoneal dialysis patient. The patient sample consisted of 2 hemodialysis patients and 1 peritoneal dialysis patient.</p> <p>Representing the Department of Public Health was Teri Spencer, HFEN.</p> <p>There were no regulatory deficiencies identified. The facility was determined to be in compliance with all applicable certification requirements for 20 in-center hemodialysis stations, dialyzer reprocessing/reuse, and a peritoneal dialysis home training and support program.</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.