

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

PRINTED: 04/08/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>152647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FORT WAYNE SOUTH DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 E PETTIT AVE</b> <b>FORT WAYNE, IN 46806</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	
{E 000}	Initial Comments	{E 000}			
{V 000}	<p>INITIAL COMMENTS</p> <p>This survey was for a federal post condition revisit for an ESRD facility for a Recertification completed on 1/28/2022.</p> <p>Survey Date: 3/23/2022</p> <p>Facility ID: 012615</p> <p>Census: 115</p> <p>During this post condition re-visit survey, two (2) conditions of participation and 15 federal citation deficiencies were found corrected.</p> <p>At this survey, Fort Wayne South Dialysis was found to be in compliance with 42 CFR 494.</p> <p>QR Completed 4/8/2022 A4</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.