

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

PRINTED: 02/12/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152671	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2025
NAME OF PROVIDER OR SUPPLIER HAMMOND DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7 SIBLEY STREET HAMMOND, IN 46320		
(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>INITIAL COMMENTS</p> <p>This visit was for a Federal complaint survey of an ESRD provider.</p> <p>Survey Date: 01/30/2025</p> <p>Complaint IN00452153 and IN00452005 were investigated, no deficiencies were cited.</p> <p>Census by Modality:</p> <p>In Center Hemodialysis Patients: 51</p> <p>Home Hemodialysis Patients: 0</p> <p>Home Peritoneal Patients: 0</p> <p>Total Census: 51</p> <p>Isolation Room: 1</p> <p>Hammond Dialysis Center was found in compliance at 42 CFR 494 et al as related to this complaint survey.</p> <p>QR: A 1 02/04/2025</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.