				ISEASE Y SURV							TEM	I		FOR	THE	PER	IOD						
										Fac	ility F	Physica	I Ad	dress	Suite/R	oom S	Street		City	,	Sta	e/Zip Cod	le
										1								Tele	ephone:				-
										Fac	ility C	Owners	hip [.]	Type:	Profit		Non-	Prof	fit				
										Fac	ility L	.ocal/Na	atio	nal Affil	iation/C	hain l	nforma	ation					
											4	المدادية			- 66 al				(i.e	e. Satelli	te Heal	thcare, etc	;)
											Types of dialysis services offered: ☐ Incenter Hemodialysis ☐ Peritoneal Dialysis ☐ Home Hemodialysis Training												
											Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?												
														☐ Ye	s		1	No					
					DIA	LYSIS	S PA	TIE	NT	S A	ND	TRE	ĒΑ	TME	NTS								
DIALY	SIS PAT	TENTS																					
					Additions During S			g Surve	Survey Period							Losses Duri			Survey Pe	eriod	d		
					Started 5			Transferred from		Returned				eaths	Recove				ransferred to other	Di		Other (LTFU)	
Patients Receiving Care Beginning of Survey Period				for first time ever			other dialysis tra unit			after ansplant					on tra	transplant		dialysis unit		continued dialysis			
Incenter	Home	Total Fields	01	In-		\dashv					П		\vdash			\Box		+		+	\top		┪
		thru 0		center Home														\dagger					-
01	02	03			04A 04B)5A)5B	06. 06l		07/ 07l				08A 08B	09 <i>A</i>		10A 10B		11A 11B		2A 2B	13A 13B	_
																			5			.02	
		Τ		Patier	ts Recei	ving Car	_	otal	ırvey I	Period	<u> </u>					Тс	otal		Г		1		
Incenter Self-Dialysis Training						Ince	enter lysis		Home Dialysis							me lysis			Total atients				
Hemo- Dialysis Other Dialysis CAPD CO						Fields 14 thru 19		o- sis CA		APD C		PD	Other		Fields 21 thru 24			elds 20 nd 25					
							T	\top				T		T		T					1		
14	15	16	1	7	18	19	2	20	21		22	2	23	3	24	2	25			26	_		
Γ		nt Eligibility		\neg		odialysis]				Vo	cational	Rehal	oilitatio	n					
End of Survey Period Currently				More Than 4 Times Per Wee Setting Day Nocturr					Patients							tients Patient							
	enrolled in	Medicare application			Incen	- +				1		aged throu	18	aged	65 se	ceiving rvices m Voc	full-ti	loye me c	ul	ool			
-	Medicare	pending		_	Home	,				1		64		and ol		ehab	part-						
L							30A 30B		B1A B1B	_													
	27	28	29				30D	·	OID			32		33		34	3	5	36	6			
TREAT	MENT A	AND ST	AFFING	à																			
													_	Num	Staffin ber of Sta		Nun	nher	of Open	Pos			
Incenter Dialysis Treatments (Include Training Treatments)										Posi			上	Full Tim	_	Time	Full			Time			
Hemodialysis					Oth	,					Ns PN/LV	/Ns	F		+								
nemodialysis							\Box			c. Po	PNs		F		\pm								
											ietitiai ocial \	ns Workers	E										
			37		3	8								39		40		¥1		12			
COMPLET	ED BY (N	ame)							DAT	ΓE			TIT	LE					TE	ELEPH	ONE N	10.	

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42 CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM ESRD FACILITY SURVEY (TRANSPLANT CENTERS ONLY)

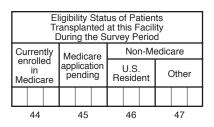
FOR THE PERIOD

KIDNEY TRANSPLANTS PERFORMED

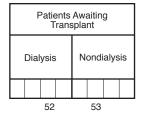
PATIENTS TRANSPLANTED AND DONOR TYPE

TO BE COMPLETED BY KIDNEY TRANSPLANT CENTERS ONLY





Transplant Procedures Performed at This Facility													
Living Related Donor			Living Unrelated Donor			Dec	ceas		Total Fields 48 thru 50				
48				49			50		51				



REMARKS/COMMENTS

COMPLETED BY (Name)

DATE

TITLE

TELEPHONE NO.

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