End Stage Renal Disease Facility License Renewal Addendum

Please answer the following:

1. Services:

Select one	*Select all that apply*	*Select one*
☐ Adult Only	☐ In-center Hemodialysis	☐ Isolation Room or Isolation Area
☐ Pediatric Only	☐ Home Hemodialysis	☐ CMS Waiver for the Isolation Room
☐ Pediatric and Adult	☐ Home Peritoneal	☐ Transfer Agreement

2. Administrator:

_____

Name Email Phone Number

3. Personnel:

Provide names, license numbers and expiration dates for each of the following individuals:

a. Medical Director: _____
Name License # Expiration Date

b. Supervising Nurse: _____
Name License # Expiration Date

c. Name of Social Worker: _____
Name License # Expiration Date

d. Name of Dietitian: _____
Name License # Expiration Date

4. Fire Safety Survey Report – Submit the **LAST TWO YEARS** of fire safety survey reports; one report approved within the last 12 months and a second report approved within the last 13 to 24 months - §117.13(b)(1)(B).

5. Is the facility Medicare certified? ☐ Yes ☐ No

If Yes, you will either need to complete the enclosed Life Safety Code Attestation or agree to have a Life Safety Code survey at a later date.

Choose one:

☐ Life Safety Code Attestation Form

☐ Life Safety Code Survey