



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

June 30, 2022

Administrator
Sun Ray Dialysis Unit
1744 Old Hudson Road
Saint Paul, MN 55106

RE: Event ID: HFEY11

Dear Administrator:

A survey was completed on June 27, 2022 for the purpose of assessing compliance with Federal certification regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, was pleased to find that your facility was in full compliance with Federal certification regulations.

Electronically attached is your copy of the Federal Form CMS-2567 indicating your compliance with the Federal regulations.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 06/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 242574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2022
NAME OF PROVIDER OR SUPPLIER SUN RAY DIALYSIS UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 1744 OLD HUDSON ROAD SAINT PAUL, MN 55106		
(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>On June 27th, 2022, the Minnesota Department of Health surveyors conducted a complaint survey at Sun Ray Dialysis to verify compliance with 42 CFR part 405, Subpart U " Conditions for Coverage for End-Stage Renal Disease (ESRD) Facilities. " The findings of the survey are delineated in this document.</p> <p>H25742628C (MN00084408) Substantiated - No Citations Issued</p> <p>Hours of Operation: Mon-Wed-Fri 5:00 AM - 6:00 PM (3 patient shifts) Tue-Thurs-Sat 5:00 AM - 5:00 PM (3 patient shifts)</p> <p>Services: In-center HD: 12 chairs, with no isolation room</p> <p>Current Census: In-center HD - 53</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.