

Facility Service Interruption Form

Today's Date: _____

Instructions:

- Dialysis facilities may use this form to notify the Network of any interruptions in service.
- DO NOT include PHI in emails sent to the Network as it will be considered a security incident and will be reported to CMS.**
- Email or fax the form to your Network:

Network 7	Network 13	Network 15	Network 17	Network 18
tgigon@hsag.com 813.354.1514	lfernandez@hsag.com 405.942.6884	jcarr@hsag.com 303.860.8392	rngumezi@hsag.com 415.897.2422	apugh@hsag.com 818.696.7041

Facility Name: _____ Facility CCN*: _____

Facility Staff Name: _____ Position: _____

Facility Phone: _____ Email: _____

Work Cell: _____

Date/Time Interruption began: _____ Estimated date/time when services will be restored: _____

Current status of your facility

- | | |
|---|--|
| Normal operations/situation resolved – No assistance needed | No services available – Network assistance requested |
| Modified/limited services – Network assistance requested | No services available – No assistance needed |
| Modified/limited services – No assistance needed | |

Please describe the nature of the interruption in service and what type of assistance is needed.

Check all that apply:

- Notified your local state survey agency/Department of Public Health
- Notified medical director
- Notice placed on the front door of the facility
- Outgoing voice mail message changed to include emergency phone number (corporate toll-free number or staff cell)
- Patients were reminded about:
 - Three-day diet
 - ER for emergencies only
 - Notify the facility if they leave the area
 - Limiting salt, potassium, fluids

Were patients rescheduled? Yes No If yes, how many patients were rescheduled?

Were patients contacted about the interruption? Yes No

Number of unaccounted-for patients:

Plan to locate them:

Have patients been relocated to another facility? Yes No

If yes, please list the facilities with the number of patients relocated to each location:

*CCN = Centers for Medicare & Medicaid Services Certification Number (a.k.a the clinic's "Medicare number")