



FOR OFFICE USE ONLY

Check Amount
Check Number
License Expiration

State of Delaware
Office of Health Facilities Licensing and Certification
License Renewal Application for 3330 Dialysis Center (DC)

(Please type) License ID DC -

Provider Legal Name

Doing Business As (DBA)

Facility Address

City State DE Zip Code

Facility Phone Facility Fax

Administrator Email

Delaware Medical License Number Expiration Date

Medical Director Email

Delaware Medical License Number Expiration Date

Nurse Manager Email

Delaware Registered Nursing License Number Expiration Date

Infection Prevention Reg 6.2 Email

Dietitian Email

Delaware Medical License Number Expiration Date

Social Worker Email

Delaware Medical License Number Expiration Date

Emergency Contact Name

Emergency Contact Phone Email

(EMERGENCY CONTACT MUST BE AVAILABLE AT ALL TIMES IN CASE OF EMERGENCY, NATURAL DISASTER, ETC.)

Facility Type (Check all that apply)

- 1. Private Public
- 2. Non-Profit For-Profit

Is this Unit/Facility Hospital-Based? Yes No

SNF-Based Yes No

Name of Hospital/SNF

Facility Hours of Operation

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Staffing: (List Full-Time Equivalents in numbers)

Registered Nurse

Licensed Practical Nurse

Masters Social Worker

Registered Dietitian

Technical staff (Water, Machine)

Certified Patient Care Technician

Others

Emergency Power Source: Does this facility have an emergency power source? Yes No

If yes, can the emergency power source operate all dialysis machines for at least four (4) hours following power shutdown or outage? Yes No

If no, provide update on status of obtaining emergency power source.

Services Provided: (Check all that apply)

In-Center Hemodialysis

Home Hemodialysis Training & Support

In-Center Nocturnal Hemodialysis

Provided in Long Term Care Facility Yes No

In-Center Peritoneal Dialysis

Home Peritoneal Dialysis Training & Support
Provided in Long Term Care Facility Yes No

Number of Stations:

Number of In-Center Hemodialysis Stations approved

Does this include an isolation room? Yes No If yes, number

Number of Home Therapy Treatment Rooms approved

Does this include an isolation room? Yes No If yes, number

Licensure Survey

All Dialysis Centers providing services are required to meet the Delaware Department of Health and Social Services Dialysis Center Regulations (3330).

Has there been a change of ownership since the last survey? Yes No
If Yes, give date

Attach the most current copy of the following per 3330 Regulations Governing Dialysis Centers: The following regarding the organization and services of the State licensed documents should be labeled with the noted Exhibit identifier. For example, the "List of Services" should be labeled "Exhibit B."

Exhibit A – Delaware Div. of Revenue Business License (and city/town business license if applicable)

Exhibit B - List of Services

Exhibit C - Organizational Chart(s)

Exhibit D - Changes in organization (if applicable)

Exhibit E - List of governing body members

Exhibit F - List showing the names and addresses of the governing body, if different from the preceding group.

Exhibit G - Evidence such as governing body minutes that show review of bylaws, annual review of policies and procedures for operating and services provided, and appointments of any new administrators and/or medical and clinical staff. Reg. 4.2

Exhibit H - List showing the names, addresses and percent of interest of each officer, director and owners having an interest in the Facility (complete "Ownership Interest" included).

Exhibit I - Resumes of all staff mentioned above and medical license for each.

Exhibit J - List of ongoing staff development conducted in the previous year that reflects Reg per 4.2.7.

Exhibit K - Evidence of monthly testing of emergency power source for the past three (3) months.

**Please Email the following as three (3) separate attachments to
DHSS_DHCQ_OHFLCFAX@DELAWARE.GOV**

Exhibit L – Accreditation Certification, Official Accreditation report, and Plan of Corrections (if applicable).

Exhibit M – Your Emergency Preparedness Plan (including reviewed/revised date).

Exhibit N – Delaware State Fire Marshal Inspection Letter (inpatient facilities).

Ownership Interest

Name	Address	% Ownership Interest
Total = 100%		

Application is made to operate a Dialysis Center in accordance with 16 Del. C. Code §122(3)(2.6.aa) and the Department of Health and Social Services Dialysis Center Regulations (3330).

I attest that all employees/contractors have had

- A criminal background check and drug testing (16 Del.C. §1145 and §1146)
- Child and adult abuse check (11 Del.C. §8563 and §8564)
- Services letter(s) (19 Del.C. §708)

Name of the person completing the form

Title

Email

Phone

Signature

Date

The Department of Health and Social Services reserves the right to request/review any additional information that will be necessary to determine the suitability of the applicant for licensure.

I, _____, being duly authorized to assume responsibility for the conduct of the Dialysis Center herein described, do hereby apply for a license to operate the Dialysis Center and do agree to assume responsibility that the Dialysis Center will comply with laws of the State of Delaware and with the rules and regulations of the Delaware Division of Health Care Quality governing Dialysis Centers.

Check or money order should be made payable to **State of Delaware**

Fee calculation for Initial Application:

Check which services are provided:

In-Center Hemodialysis

In-Center Peritoneal Dialysis

Home Hemodialysis Training & Support

Home Peritoneal Dialysis Training & Support

Initial Application: Total initial Licensure fee = \$1000 for 1 service + \$500 for each additional service

Renewal Application: Total Renewal Licensure Fee = \$600 for 1 service + \$300 for each additional service

Checks should be made payable to: State of Delaware

Please type and return the application with the licensure fee to

**Office of Health Facilities Licensing and Certification
263 Chapman Road, Suite 200
Newark, DE 19702**

For Office Use Only

Application Reviewed & Approved By

Date

Director/Designee

Date

Type of License

Annual

Probationary

Provisional

Licensure Period

To

License Sent Date

Initials

Rev. 01-30-2023