

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012306	<b>(X3) Date Survey Completed</b>  02/27/2025
<b>Name of Provider or Supplier</b>  Childrens Hospital Of Alabama Esrd	<b>Street Address, City, State</b>  1600 7th Avenue South, Birmingham, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>V0000</b>	"CORE" An on-site recertification survey was conducted 2/25/25 to 2/27/25 at Children's Hospital of Alabama ESRD (End Stage Renal Disease), a six (6) station hemodialysis facility with one (1) peritoneal dialysis training and support room, and one (1) home hemodialysis training and support room. Standard level deficiencies were cited which will require a plan of correction.