

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012501	<b>(X3) Date Survey Completed</b>  03/14/2019
<b>Name of Provider or Supplier</b>  Gadsden Dialysis	<b>Street Address, City, State</b>  409 South First Street, Gadsden, 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" A re-certification survey was conducted on 3/14/19 at Gdsden Dialysis. Standard Level deficiencies were cited.