

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012501	<b>(X3) Date Survey Completed</b>  06/30/2021
<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>E0000</b>	Based on the recertification survey conducted on 6/28/21 to 6/30/21, Gadsden Dialysis was found to be in substantial compliance with the Conditions of Participation for Emergency Preparedness.