

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012502	<b>(X3) Date Survey Completed</b>  01/08/2020
<b>Name of Provider or Supplier</b>  Tuscaloosa University Dialysis	<b>Street Address, City, State</b>  220 15th Street, Tuscaloosa, 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 recertification survey was conducted on 1/6/2020 to 1/8/2020 with standard level deficiencies cited.