

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012502	(X3) Date Survey Completed 09/12/2023
Name of Provider or Supplier Tuscaloosa University Dialysis	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
V0000	An onsite complaint survey was conducted 9/11/23 to 9/12/23 at Tuscaloosa University Dialysis to investigate complaint number AL00045436. The complaint was unsubstantiated with standard level deficiencies cited.