

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012505	(X3) Date Survey Completed 07/21/2022
Name of Provider or Supplier Physicians Choice Dialysis-Montgomery	Street Address, City, State 1001 Forest Avenue, Montgomery, 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	CORE A recertification survey was completed on 7/21/22 at Physicians Choice Dialysis-Montgomery. A Condition level deficiency was cited for Infection Control-494.30 and related standards. During the recertification survey, complaint AL00041892 was investigated. The complaint was substantiated and no deficiencies were cited.