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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 012507 | (X3) Date Survey Completed 03/14/2019 |
| Name of Provider or Supplier Fresenius Kidney Care Mobile | Street Address, City, State 2620 Old Shell Road, Mobile, AL | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (X4) ID Prefix Tag | Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information) |
| E0000 | A recertification survey was conducted on 3/12/19 - 3/14/19. The facility was found to be in substantial compliance with the Conditions of Participation for Emergency Preparedness. |