

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012507	(X3) Date Survey Completed 08/15/2025
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.		

(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 by Healthcare Management Solutions, LLC on behalf of the Alabama Department of Public Health, Bureau of Health Provider Standards. An unannounced on-site Emergency Preparedness survey (ASPEN #4T3W11) conducted at the above-named End Stage Renal Disease (ESRD) facility from 08/13/25 to 08/15/25 resulted in a finding of no deficiency respective to the Emergency Preparedness Program Condition for Coverage under 42 CFR494.62. Total Facility Census: 105 In-Center Hemodialysis:105 Home Hemodialysis (HHD): 0 Peritoneal Dialysis (PD): 0 Nocturnal: 0 Pediatrics: 0 Sample Size:10 Network 8 was contacted after entrance.