

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012507	<b>(X3) Date Survey Completed</b>  08/15/2025
<b>Name of Provider or Supplier</b>  Fresenius Kidney Care Mobile	<b>Street Address, City, State</b>  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.		

<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>	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 Recertification (CORE) survey (ASPEN #4T3W11) conducted at the above-named End Stage Renal Disease (ESRD) facility from 08/13/25-08/15/25 resulted in a finding of substantial compliance respective to applicable Conditions for Coverage (CfC) under 42 CFR 494, Subpart A through D with the following standard-level deficiencies listed below. 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.