

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012508	<b>(X3) Date Survey Completed</b>  12/12/2019
<b>Name of Provider or Supplier</b>  Birmingham East Dialysis	<b>Street Address, City, State</b>  1105 East Park Drive, Birmingham, 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>E0000</b>	Based on the recertification survey conducted on 12/10/19 to 12/12/19, the facility was found to be in substantial compliance with the Conditions of Participation for Emergency Preparedness.