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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 012508 | (X3) Date Survey Completed 12/12/2019 |
| Name of Provider or Supplier Birmingham East Dialysis | Street Address, City, State 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. | | |

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| (X4) ID Prefix Tag | Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information) |
| V0000 | CORE Based on the recertification survey conducted 12/10/19 to 12/12/19 standard level deficiencies were cited. |