

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012515	<b>(X3) Date Survey Completed</b>  04/20/2023
<b>Name of Provider or Supplier</b>  Fresenius Medical Care Opelika	<b>Street Address, City, State</b>  2609 Village Professional Drive, Suite 2, Opelika, 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>	A recertification survey was conducted on 4/18/23 to 4/20/23 at Fresenius Medical Care Opelika. Standard level deficiencies were cited for Emergency Preparedness which require an acceptable plan of correction.