

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012515	(X3) Date Survey Completed 04/20/2023
Name of Provider or Supplier Fresenius Medical Care Opelika	Street Address, City, State 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.		

(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 4/18/23 to 4/20/23, Fresenius Medical Care Opelika was not in compliance with the Conditions for Coverage (Cfc) at 494.30- Infection Control and Cfc at 494.90-Patient Plan of Care and related standards.