

<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>V0540</b>	<p>CFC-PATIENT PLAN OF CARE CFR(s): 494.90</p> <p>This CONDITION is not met as evidenced by: Based on review of medical records (MR), facility policies and algorithm, and interviews, it was determined the facility failed to ensure staff provided care according to facility policies and procedures, physician orders and the patient's Plan of Care (POC) during care delivery. This had the potential to negatively affect all patients who dialyzed at this facility. Refer to: V 543, V 544, 545, and V 559.</p>