

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012515	(X3) Date Survey Completed 08/06/2025
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	An abbreviated onsite survey was conducted on 8/5/25 to 8/6/25 at Fresenius Medical Care Opelika to investigate complaint AL00051741. The facility consists of thirty incenter hemodialysis stations, which includes one isolation station. There is one home hemodialysis training and support station, and one home peritoneal dialysis training and support room. A Condition level deficiency was cited at Condition for Coverage (Cfc) 494.30, Infection Control, and related standards.