

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012515	<b>(X3) Date Survey Completed</b>  08/06/2025
<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>V0402</b>	<p><b>PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY</b> CFR(s): 494.60(a)</p> <p>The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.</p> <p>This STANDARD is not met as evidenced by: Based on observations, facility Quality Improvement documentation, and interviews, it was determined the facility failed to maintain the integrity of the dialysis station countertops, and ensure all light sources were covered. This affected the one hundred two incenter hemodialysis patients who dialyze at the facility and staff. Findings include: Observations were conducted on the incenter (IC) treatment floor on 8/6/25 from 4:35 PM to 5:20 PM and revealed multiple countertops surrounding the dialysis stations were not intact, and free from damage. The lack of an intact surface integrity prevents effective cleaning of the dialysis station and increases the potential for microbial growth on the counter surface. An observation was conducted at the IC treatment floor medication preparation sink on 8/5/25 at 4:45 PM. The light fixture cover over the hand washing sink was lying on the counter, and not secured on the fixture, which was a safety concern. Employee Identifier (EI) # 1, Clinical Manager, present during the observations, was interviewed on 8/5/25 at 5:20 PM. EI # 1 confirmed the countertops were in disrepair, and in need of repair/replacement, and the cover was not secured to the light fixture. A review of the June 2025 Quality Improvement documentation revealed the "Physical Environment Building Inspection, Interior Physical Environmental Inspection audit score was 72.73". There was no documentation the facility identified the dialysis station counters and light fixtures in need of repairs and no documentation a plan had been put in place to make needed</p>

facility repairs. An interview was conducted on 8/6/25 at 11:15 AM with EI # 1 who confirmed the facility had failed to ensure the dialysis station counter surfaces integrity was maintained for patient and staff safety, and light fixtures had covers.