Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 852539	**(X3) Date Survey Completed** 07/13/2022
Name of Provider or Supplier Eatonton Kidney Center	**Street Address, City, State** 103 N Washington Avenue, Eatonton, GA	

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)
E0000	A Recertification Survey was conducted at Eatonton Kidney Center from July 11, 2022 through July 13, 2022. The survey revealed that the facility was in compliance with 42 CFR Part 494.62, Conditions for Coverage for Emergency Preparedness Plan for End Stage Renal Disease facilities. No deficiencies were cited.