

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 852579	(X3) Date Survey Completed 08/01/2024
Name of Provider or Supplier Home Dialysis Services Norcross, Llc	Street Address, City, State 3780 Holcomb Bridge Road, Suite E, Norcross, 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)
V0000	{CORE} An unannounced Recertification survey was conducted at Home Dialysis Services Norcross, LLC from July 30, 2024, through August 1, 2024. The survey revealed that the facility was in substantial compliance with 42 CFR Part 494 Conditions for Coverage for End Stage Renal Disease Facilities. However, the following standard level deficiency was cited which resulted from the facility's noncompliance related to the survey: