

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 852582	(X3) Date Survey Completed 04/26/2023
Name of Provider or Supplier West Clayton Dialysis	Street Address, City, State 100 Promenade Pkwy Suite C, Fayetteville, 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	An onsite survey to investigate complaint GA00233200 was initiated at West Clayton Dialysis on April 26, 2023 and concluded on April 26, 2023. One of two allegations was substantiated and the following standard level deficiencies were cited: