

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  852582	<b>(X3) Date Survey Completed</b>  06/24/2025
<b>Name of Provider or Supplier</b>  West Clayton Dialysis	<b>Street Address, City, State</b>  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.		

<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>V0000</b>	An unannounced onsite visit to investigate complaint #GA00255259 was conducted at West Clayton Dialysis from June 24, 2025 through June 24, 2025. One of one allegation (Nursing Services) was substantiated. A deficiency was cited.