

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  852584	<b>(X3) Date Survey Completed</b>  12/18/2020
<b>Name of Provider or Supplier</b>  Mountainside Dialysis	<b>Street Address, City, State</b>  700 N Main Street, Jasper, 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>E0000</b>	An initial certification survey in conjunction with Covid 19 Focused Infection Control survey were conducted at Mountainside Dialysis on December 18, 2020. The surveys 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.