

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 852586	(X3) Date Survey Completed 07/09/2025
Name of Provider or Supplier Dialysis Care Center Gwinnett, Llc	Street Address, City, State 558 Old Norcross Road, Suite 104, Lawrenceville, 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 Dialysis Care Center Gwinnett, LLC from July 7, 2025 through July 9, 2025. 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.