

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  852586	<b>(X3) Date Survey Completed</b>  07/09/2025
<b>Name of Provider or Supplier</b>  Dialysis Care Center Gwinnett, Llc	<b>Street Address, City, State</b>  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.		

<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>V0750</b>	<p>CFC-GOVERNANCE CFR(s): 494.180</p> <p>This CONDITION is not met as evidenced by: Based on observations, staff interviews, a review of facility records, manufacturer's Directions for Use (DFU) and facility Policy and Procedures (P &amp; P), it was determined that the Governing Body failed to demonstrate responsibility and accountability for the operations of the facility. This failure had the potential to negatively affect the health and safety of 71 patients who dialyzed at this facility. Findings include: Cross Reference: V 250 - Failure of the facility to ensure that two of three Patient Care Technicians (PCT AA and PCT BB) observed, correctly verified the machine's final dialysate conductivity (ability of the dialysate to conduct electricity) and pH (acidity), according to the manufacturer's DFU and facility P &amp; P.</p>