

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 852587	(X3) Date Survey Completed 02/07/2025
Name of Provider or Supplier Fresenius Kidney Care Richmond County	Street Address, City, State 2556 Tobacco Road Suite A, Hephzibah, 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)
V0750	<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 the manufacturer's Directions for Use (DFU) and a review of facility records including facility Policy and Procedures (P & 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 37 in-center hemodialysis patients who dialyzed at this facility. Findings include: Cross References: V 250 - Failure of the facility to ensure that two of two Patient Care Technicians (PCT AA and PCT BB) observed, verified the machine's dialysate pH, according to the manufacturer's Directions For Use (DFU) and facility P&P. V757 - Failure of the Governing Body to ensure that the facility had adequate number of qualified staff to meet the needs of all patients and provide safe patient care; and to be in compliance with the minimum State required staffing ratios of one licensed and qualified nurse for every 12 patients who were receiving dialysis care and one qualified patient care giver for every four patients.</p>