

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  852592	<b>(X3) Date Survey Completed</b>  07/16/2025
<b>Name of Provider or Supplier</b>  Kidneyspa East Atlanta Dialysis, Llc	<b>Street Address, City, State</b>  2375 Metropolitan Pkwy Sw, Atlanta, 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 survey to investigate Complaint # GA00255800 and # GA00255540, was conducted on July 16, 2025 and ended on July 16, 2025. Two of two allegations were substantiated. The following standard level deficiencies were cited: