

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 852595	(X3) Date Survey Completed 02/09/2023
Name of Provider or Supplier Fidelity Home Dialysis	Street Address, City, State 1230 Johnson Ferry Pl Suite H30, Marietta, 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	An initial certification survey was conducted at Fidelity Home Dialysis from February 8, 2023 through February 9, 2023. 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.