

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  852595	<b>(X3) Date Survey Completed</b>  02/09/2023
<b>Name of Provider or Supplier</b>  Fidelity Home Dialysis	<b>Street Address, City, State</b>  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.		

<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 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 substantial compliance with 42 CFR Part 494 Condition for Coverage for End Stage Renal Disease Facilities. However, standard level deficiencies were cited which resulted from the facility's noncompliance related to the survey. The facility census was two staff-assisted home hemodialysis patients.