

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 852604	(X3) Date Survey Completed 02/17/2025
Name of Provider or Supplier Bellemeade Dialysis	Street Address, City, State 3240 S Cobb Drive Se Suite 800, Smyrna, 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)
V0000	An unannounced onsite visit to investigate complaints #GA00253546 and #GA00253566, was conducted at Bellemeade Dialysis from February 17, 2025 through February 17, 2025. One of three allegations (Nursing Services) was substantiated. The following deficiencies were cited: