

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 852608	<b>(X3) Date Survey Completed</b> 04/17/2024
<b>Name of Provider or Supplier</b> Peachtree Dialysis Center, Llc	<b>Street Address, City, State</b> 3850 Holcomb Bridge Road Ste 435, Peachtree Corners, 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>E0000</b>	An Initial Certification Survey was conducted at Peachtree Dialysis Center, LLC on April 17, 2024 through April 17, 2024. 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.