

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 852608	(X3) Date Survey Completed 04/17/2024
Name of Provider or Supplier Peachtree Dialysis Center, Llc	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
V0000	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 substantial compliance with 42 CFR Part 494 Conditions for Coverage for End Stage Renal Disease Facilities. However, the following standard level deficiencies were cited which resulted from the facility's noncompliance related to the survey: