Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 852612	**(X3) Date Survey Completed** 06/18/2025
Name of Provider or Supplier Dialysis Care Center Troup County, Llc	**Street Address, City, State** 25 Patillo Rd, Lagrange, 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 Dialysis Care Center Troup County, LLC from June 18, 2025 through June 18, 2025. 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, a standard level deficiency was cited which resulted from the facility's noncompliance related to the survey: