

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012500	<b>(X3) Date Survey Completed</b>  09/16/2021
<b>Name of Provider or Supplier</b>  Fmc Capitol City	<b>Street Address, City, State</b>  255 South Jackson Street, Montgomery, AL	
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>	A recertification survey was completed on 9/14/21 to 9/16/21. FMC Capitol City was in substantial compliance for all emergency preparedness requirements.