

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012500	(X3) Date Survey Completed 09/16/2021
Name of Provider or Supplier Fmc Capitol City	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
V0000	Core Based on the recertification survey conducted 9/14/21 to 9/16/21 FMC Capitol City was not in compliance with the Conditions for Coverage (CfC) at 494.30 Infection Control and 494.90 Patient Plan of Care and related standard level deficiencies. Complaint number AL 00041511 was also investigated and the complaint was substantiated and standard level deficiencies were cited.