

<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>V0110</b>	<p>CFC-INFECTION CONTROL CFR(s): 494.30</p> <p>This CONDITION is not met as evidenced by: Based on observations, facility policies and procedures and interviews, it was determined the facility failed to ensure the staff followed infection control requirements per regulations and facility policies and procedures. Refer to V101, V 111, V 113, V 122, V 126, V 130, and V 143</p>