

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012505	(X3) Date Survey Completed 07/21/2022
Name of Provider or Supplier Physicians Choice Dialysis-Montgomery	Street Address, City, State 1001 Forest Avenue, 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)
V0110	<p>CFC-INFECTIION CONTROL CFR(s): 494.30</p> <p>This CONDITION is not met as evidenced by: Based on observations, facility policies and procedures, Centers for Disease Control Hand Hygiene in Healthcare Settings Guidance and interviews with staff, it was determined the facility failed to ensure the staff followed infection control requirements per regulations and facility policies and procedures. Refer to V113, V116, V120, V122, V130, V131, V143 and V147 for findings.</p>