

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012506	<b>(X3) Date Survey Completed</b>  04/13/2023
<b>Name of Provider or Supplier</b>  Dothan Dialysis	<b>Street Address, City, State</b>  216 Graceland Drive, Dothan, 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 review of facility policies and procedures, Centers for Disease Control (CDC) Hand Hygiene in Healthcare Settings for use of hand sanitizer, CDC frequently asked questions (FAQs), observations and interviews with the staff it was determined the facility failed to ensure the staff followed infection control requirements per regulations and facility policies and procedures. Refer to: V 111, V 113, V 115, V 116, V 122, V 143 and V 147.</p>