

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012513	(X3) Date Survey Completed 07/14/2021
Name of Provider or Supplier Bma Langdale	Street Address, City, State 8 Medical Park North, Valley, 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	Based on the recertification survey conducted 7/12/21 to 7/14/21 BMA Langdale 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. 'CORE'