

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  012513	<b>(X3) Date Survey Completed</b>  07/14/2021
<b>Name of Provider or Supplier</b>  Bma Langdale	<b>Street Address, City, State</b>  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.		

<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, CDC (Centers for Disease Control) Injection Safety Information for Providers 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 V 113, V 115, V 119, V 122, V 130, V 143, V 147, and V 250.</p>