

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)
V0540	<p>CFC-PATIENT PLAN OF CARE CFR(s): 494.90</p> <p>This CONDITION is not met as evidenced by: Based on observation, review of medical records (MR), facility policies and interviews, it was determined the facility failed to ensure staff provided care according to facility policies and procedures and physician orders and the patient's Plan of Care (POC) during care delivery. This had the potential to negatively affect all patients dialyzed at this facility. Refer to V 543, V 544, V 545, V 550, and V 551 for findings.</p>