

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 012509	(X3) Date Survey Completed 04/05/2023
Name of Provider or Supplier North Alabama Nephrology Center	Street Address, City, State 1311 North Memorial Parkway #200, Huntsville, 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)
K0000	<p>. K3 Building: 0101 K6 Plan Approval: 04/04/2000 K7 Survey Under: 2012 Existing K8 ESRD Generator: One Diesel, Detroit Deisel (Model 4M4021) 325 kW (installed 2000) FACP: Mircom FX 2000 (installed 2014) Locking Devices: None Smoke Detection: Corridor How many clients daily: 40 Type of Structure: The facility is located on the second floor of a two story building; unprotected noncombustible, Type II(000). On the first floor is a different dialysis center. The facility has a complete automatic sprinkler system. During a routine recertification survey conducted on this date, the facility was found to be not in compliance with the requirements of 42 CFR, Subpart 494.60 as evidenced by the following deficiencies of the 2012 NFPA 101 Life Safety Code (LSC), the 2012 NFPA 99 Health Care Facilities Code and the standards referenced by these codes, as observed by the LS Surveyors while accompanied by the facility maintenance personnel. .</p>