

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)
K0511	<p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 20.5.1, 21.5.1, 21.5.1.2, 9.1.1, 9.1.2</p> <p>This STANDARD is not met as evidenced by: . Based on observation, the facility failed to maintain the electrical wiring and equipment per the requirements of: 2012 NFPA 101, 21.5.1.1, and 9.1.2 2011 NFPA 70, 406.6, 404.9(A), and 314.28(C) This deficiency affects the whole facility. Findings include: On 04/04/2023, during a tour of the facility from 1:00 pm to 4:00 pm, the surveyor observed missing cover plates at the following locations: 1. An electrical outlet located behind the microwave on the back wall of the Breakroom 2. The light switch in the Roof Access Room 3. Two junction boxes, above the electrical panels in the hallway to the Water Treatment Room A member of the maintenance staff was present when this deficiency was identified. .</p>