

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  010001	<b>(X3) Date Survey Completed</b>  10/05/2017
<b>Name of Provider or Supplier</b>  Southeast Health Medical Center	<b>Street Address, City, State</b>  1108 Ross Clark Circle, Dothan, 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>K0521</b>	<p>HVAC CFR(s): NFPA 101</p> <p>HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p> <p>This STANDARD is not met as evidenced by:                      . Based on observation and interview, the building failed to maintain the smoke dampers per the requirements of: 2012 NFPA 101, 19.5.2.1 2012 NFPA 101, 9.2.1 2012 NFPA 90A, 5.4.5.4 and 5.4.5.4.2 Findings include: On 10/05/2017, during a tour of the building from 8:00 am to 12:15 pm, the following smoke dampers failed to close upon activation of the fire alarm system's general alarm: 1. On the 6th Floor at room 685 2. On the 4th Floor at room 485 A member of the maintenance staff was present when this deficiency was identified. .</p>