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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 010006 | (X3) Date Survey Completed 07/15/2010 |
| Name of Provider or Supplier North Alabama Medical Center | Street Address, City, State 1701 Veterans Drive, Florence, 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) |
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| K0144 | <p>LIFE SAFETY CODE STANDARD CFR(s): NFPA 101</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: The facility failed to maintain the generator per code. Findings include: During the survey, the facility failed to provide documentation of weekly visual inspections on all three of the generators. 1999 NFPA 110, 6-4.1 Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.</p> |