

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010006	(X3) Date Survey Completed 04/28/2015
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)
A0000	An abbreviated survey was conducted on 4/28/15 for the investigation of Complaint Number AL00033016. The complaint was substantiated. A standard level citation, related to the Condition of Participation: Physical Environment, A- 701 was written.