

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  010006	<b>(X3) Date Survey Completed</b>  04/11/2019
<b>Name of Provider or Supplier</b>  North Alabama Medical Center	<b>Street Address, City, State</b>  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.		

<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>A0000</b>	A validation survey at the request of Centers for Medicare and Medicaid Services was conducted on 4/11/19. Condition level deficiencies were cited for Physical Environment, 482.41 and standard level deficiencies were cited for the Health Survey. .