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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 010006 | (X3) Date Survey Completed 04/11/2019 |
| 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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| A0700 | <p>PHYSICAL ENVIRONMENT CFR(s): 482.41</p> <p>The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.</p> <p>This CONDITION is not met as evidenced by: Based on observations during facility tour with hospital staff by the Fire Safety Compliance Officer and staff interviews, it was determined that the facility was not constructed, arranged and maintained to ensure patient safety. This had the potential to negatively affect all patients served by the facility. Findings include: Refer to Life Safety Code violations</p> |