

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)
K0000	<p>This STANDARD is not met as evidenced by: . K3 Building: 0202 K6 Plan Approval: 1965/1974/1978 K7 Survey Under: 2012 Existing K8 BUSINESS Generator: One Diesel, Kohler 400 kW (installed 2000) FACP: Faraday MPC-2000 (installed 2000) Locking Devices: None Smoke Detection: Partial (in Wound Care) Type of Structure: 1965/1974/1978 single story with a partial basement protected ordinary, Type III(211). The facility has a partial automatic sprinkler system. During a routine validation survey conducted on this date, the facility was found not in compliance with 42 CFR 482.41 as evidenced by the following deficiencies of NFPA 101 Life Safety Code (LSC) and codes referenced by the LSC, as observed by the LSC Surveyors while accompanied by the facility maintenance personnel. .</p>