

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010001	(X3) Date Survey Completed 10/05/2017
Name of Provider or Supplier Southeast Health Medical Center	Street Address, City, State 1108 Ross Clark Circle, Dothan, 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)
K0281	<p> Illumination of Means of Egress CFR(s): NFPA 101 </p> <p> Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 </p> <p> This STANDARD is not met as evidenced by: . MAC Based on observation and interview, the building failed to ensure the illumination of means of egress per the requirements of: 2012 NFPA 101, 19.2.8 and 7.8 Findings include: On 10/03/2017, during a tour of the building from 8:00 am to 4:15 pm, the building failed to provide illumination of means of egress for stairwell 16. A member of the maintenance staff was present when this deficiency was identified. . </p>