

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010001	(X3) Date Survey Completed 10/02/2019
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)
A2400	<p>COMPLIANCE WITH 489.24 CFR(s): 489.20(1)</p> <p>[The provider agrees,] in the case of a hospital as defined in 489.24(b), to comply with 489.24.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's Emergency Medical Treatment and Labor Act (EMTALA) related policy, Medical Staff Bylaws and Rules and Regulations, Hospital # 2 Emergency Department (ED) medical record (MR), and interviews with staff it was determined Southeast Alabama Medical Center (Hospital # 1) was not in compliance with 42 CFR 489.24, Special responsibilities of Medicare hospitals in emergency cases. The facility failed to provide a Medical Screening Examination (MSE) and appropriate transfer for a patient requiring emergency services located on the hospital campus. This deficient practice affected Patient Identifier (PI) # 21, 1 of 1 hospital based wound care center records reviewed, and had the potential to negatively affect all patients served by the facility. Findings include: Refer to Tag 2406 and 2409</p>