

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010001	(X3) Date Survey Completed 04/03/2020
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)
A0000	<p>An unannounced federal Emergency Medical Treatment & Labor Act (EMTALA) complaint survey, AL 38747, was conducted at Southeast Alabama Medical Center from March 30, 2020 through April 3, 2020, specifically for the review of EMTALA requirements. The Chief Executive Officer, Chief Medical Officer, Director of the Emergency Department, Director of Quality Management, Assistant Chief Nursing Officer, and the Chief Nursing Officer were notified on October 28, 2020 at 12:15 P. M. that Immediate Jeopardy (IJ) existed. Based on review of the facility policy, transferring hospital (Hospital B) medical record (MR), air ambulance run report, facility Physician Transfer Line documentation, Physician Link audio files, facility Critical Care Unit (CCU) bed census, and interviews, it was determined Southeast Alabama Medical Center (SAMC, Hospital A) refused to accept from a transferring hospital an appropriate transfer, Patient Identifier (PI) # 1, who was on a ventilator. When Southeast Alabama Medical Center (SAMC) was contacted by the transferring hospital (Hospital B) which had no available Critical Care beds, and SAMC had the capability and capacity to treat the patient. PI # 1. Patient #1 presented to Hospital B's Emergency Department (ED) on 3/24/2020 via ambulance with a chief complaint of shortness of breath. The ED physician at Hospital B intubated and placed PI # 1 on mechanical ventilation at 4:13 AM. The ED physician at Hospital B requested a transfer to SAMC on 3/24/2020 at 12:51 PM. During the request for transfer call the ED physician told the on-call physician at SAMC the patient had been diagnosed with Pneumonia, had a pending test for coronavirus, was on mechanical ventilation, and required a transfer due to Hospital B critical care diversion for approximately 11 days from high instance of coronavirus in the area and PI # 1 was on the last mechanical ventilator available at the facility. The SAMC on-call physician (Hospitalist) notified hospital B's ED physician that he/she would need to talk with the Medical Director and would return the call to hospital B. At 1:26 PM, SAMC's on-call physician returned call to Hospital B's ED physician and refused to accept the transfer to SAMC. On 3/24/2020 at 6:56 PM, PI # 1 was placed in an air ambulance to be transferred from Hospital B's ED to Hospital C (accepting hospital). At 7:00 PM, PI # 1 went into Cardiac Arrest and was</p>

transferred from air ambulance back to Hospital B at 7:15 PM. PI # 1 expired on 3/24/2020 at 7:55 PM. The hospital's failure to accept the transfer posed an immediate and serious threat to PI #1's health and safety and inappropriately delayed treatment for his/her emergency medical condition. The hospital was found to be not in compliance with the Federal Regulations at 42 CFR 489.20 and CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases.