

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  010001	<b>(X3) Date Survey Completed</b>  04/03/2020
<b>Name of Provider or Supplier</b>  Southeast Health Medical Center	<b>Street Address, City, State</b>  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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>A2400</b>	<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 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 an referring hospital (Hospital B) an appropriate transfer, of Patient Identifier (PI) # 1, who was on a ventilator, and required the SAMC &amp;#x27;s specialized capabilities,. SAMC had the capability and capacity to treat patient #1, when contacted by the transferring hospital (Hospital B) which had no available Critical Care beds. Findings include: Refer to Tag- A2411 for findings.</p>