

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  010005	<b>(X3) Date Survey Completed</b>  09/29/2022
<b>Name of Provider or Supplier</b>  Marshall Medical Centers South Campus	<b>Street Address, City, State</b>  2505 U S Highway 431 North, Boaz, 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 Medical Records (MR), facility policy and definitions, Medical Staff Rules and Regulations, and interviews with staff, it was determined the facility failed to: 1. Provide a Medical Screening Exam (MSE) for a patient presenting to the Emergency Department (ED). 2. Provide stabilizing treatment for all patients presenting to the ED. These deficient findings did affect one of two MR's reviewed with a disposition of left without being seen (LWBS), including Patient Identifier (PI) # 1, and had the potential to affect all patients served by the facility ED. Findings Include: Refer to findings in tag A 2406.</p>