

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010006	(X3) Date Survey Completed 02/07/2025
Name of Provider or Supplier North Alabama Medical Center	Street Address, City, State 1701 Veterans Drive, Florence, 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	An unannounced federal Emergency Medical Treatment and Labor Act (EMTALA) complaint survey, AL00050005, was conducted at North Alabama Medical Center on 2/4/25 to 2/7/25, specifically for the review of EMTALA requirements. The hospital was found to be not in compliance with the Federal Regulations at 42 CFR 489.20 and 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases. The following is a description of the non-compliance. Please refer to findings at A 2400 and A 2406 .