

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  010006	<b>(X3) Date Survey Completed</b>  02/07/2025
<b>Name of Provider or Supplier</b>  North Alabama Medical Center	<b>Street Address, City, State</b>  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.		

<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 Staff Bylaws and Rules and Regulations, hospital policy, and interview, it was determined North Alabama Medical Center failed to identify and approve individual(s) qualified to perform the medical screening examination (MSE) in the hospital medical staff bylaws or rules and regulations. This had the potential to affect all patients presenting to the emergency department (ED). Refer to A2406 for findings.</p>