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March 17, 2014

Regional FOIA Coordinator
CMS, Atlanta Regional Office
Atlanta Federal Center, 4th Floor
61 Forsyth St., SW Suite 4T20
Atlanta, GA 30303-8909

Re: Provider Name: Mobile Infirmiry
Provider Address: 5 Mobile Infirmiry Circle
Mobile, AL 36652
Provider ID: 010113
Complaint No.: AL 00029174
Date Completed: 06/26/2013

Dear Sir or Madam:

This is a formal request pursuant to the Freedom of Information Act for copies of all documents regarding the Department of Health and Human Services and Centers for Medicare and Medicaid Services' investigation/survey completed on 06/26/2013 as referenced above. For your convenience, I have enclosed the first page of the 61-page report to assist you in identifying the particular investigation performed by the Department of Health and Human Services / Centers for Medicare and Medicaid Services.

This FOIA request includes all documents, including all field notes, statements, photographs, videos, and any and all other documents that relate in any manner to this particular investigation / survey.

Finally, I would appreciate you advising as to the expected date that I may receive copies of these documents for my file. I look forward to hearing from you.

Sincerely,



ROBERT J. HEDGE
For the Firm

RJH/lhq

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/26/2013
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NAME OF PROVIDER OR SUPPLIER MOBILE INFIRMARY	STREET ADDRESS, CITY, STATE, ZIP CODE 5 MOBILE INFIRMARY CIRCLE MOBILE, AL 36652
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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A 000	<p>INITIAL COMMENTS</p> <p>An EMTALA (Emergency Medical Treatment and Labor Act) complaint survey was conducted on 6/24/2013 through 6/26/2013 for the investigation of Complaint Number AL00029174. The hospital's Chief Nursing Officer was notified on November 1, 2013 at 1222 p.m., that Immediate Jeopardy (IJ) existed related to two incidents that occurred at Mobile Infirmary. The determination of the IJ was based on review of records, review of security video and interviews that revealed Patient Identifier (PI)# 2 presented to the Emergency Department on 3/5/2013 displaying inappropriate behavior and Mobile Infirmary staff failed to manage the behavior and provide a medical screening examination to determine whether or not Patient # 2 had an emergency medical condition. The failure of Mobile Infirmary to provide a medical screening examination resulted in PI#2 patient identifier did not receive an appropriate medical screening examination nor stabilizing treatment as required, prior to discharge. According to a security video tape, a security officer picked up the patient and put him/her in a wheelchair. The security officer transported Patient # 2 off of hospital property and dumped him/her out of the wheelchair. Hours later, the patient was picked up via Emergency Medical Services, transported to another acute care hospital and was admitted to the intensive care unit. Patient # 2 died on 3/18/2013.</p> <p>Additionally, Mobile Infirmary failed to provide a medical screening examination and stabilizing treatment for Patient # 1's return visit to the Emergency Department on 5/27/2013. Patient # 1's representative, acting in Patient # 1's behalf,</p>	A 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.