

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010005	(X3) Date Survey Completed 03/23/2017
Name of Provider or Supplier Marshall Medical Centers South Campus	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
A0000	An abbreviated survey was conducted on 3/23/17 for the investigation of Complaint Number AL00035036. The complaint was substantiated and a standard deficiency was written at 482.13(c)(2): Patient Rights: Care in Safe Setting. Refer to A- 144