

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010007	(X3) Date Survey Completed 01/16/2020
Name of Provider or Supplier Mizell Memorial Hospital	Street Address, City, State 702 N Main St, Opp, 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 on-site survey was conducted 1/14/2020 - 1/16/2020 at Mizell Memorial Hospital, to investigate complaint number AL00037787. The compliant was substantiated with standard deficiencies cited.