

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  010007	<b>(X3) Date Survey Completed</b>  12/12/2024
<b>Name of Provider or Supplier</b>  Mizell Memorial Hospital	<b>Street Address, City, State</b>  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.		

<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>A0117</b>	<p><b>PATIENT RIGHTS: NOTICE OF RIGHTS</b> CFR(s): 482.13(a)(1)</p> <p>A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.</p> <p>This STANDARD is not met as evidenced by: Based on medical record (MR) review and staff interview, it was determined the facility failed to ensure twenty-six of thirty patients were informed of the patient's rights prior to receiving care at the facility. This had the potential to negatively affect all patient's served by this facility. Review of the MR's of Patient Identifier (PI) # 1, PI # 2, PI # 3, PI # 4, PI # 5, PI # 6, PI # 7, PI # 8, PI #9, PI # 14, PI # 15, PI # 16, PI # 17, PI # 18, PI #19, PI # 20, PI # 21, PI # 22, PI # 23, PI # 24, PI # 25, PI # 26, PI # 27, PI # 28, PI # 29, and PI # 30 revealed there were no verbal or signed patient rights completed. An interview was conducted on 12/12/24 at 11:17 AM with Employee Identifier (EI) # 4, Interim Chief Executive Officer who confirmed there were no verbal or signed patient rights completed.</p>