

<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>A0700</b>	<p><b>PHYSICAL ENVIRONMENT</b> CFR(s): 482.41</p> <p>The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.</p> <p>This CONDITION is not met as evidenced by: Based on observations and interviews with staff during a tour of the hospital by Life Safety Code and Health surveyors, it was determined the hospital was not constructed, arranged, and maintained to ensure patient safety. This had the potential to negatively affect all patients served by this hospital. Findings include: Refer to tags: K-0133, K-0324, K-0362, K-0372, K-0521, K-0761, K-0918, K-0920, and health survey citation A-701, and A-724.</p>