

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010007	(X3) Date Survey Completed 12/12/2024
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)
K0000	<p>This STANDARD is not met as evidenced by:</p> <p>. K3 Building: 0203 K6 Plan Approval: 1946 (renovated in 1988) K7 Survey Under: 2012 Existing K8 HOSP Generator: One Diesel, Marathon, 180 kW (installed 02 /2021) FACP: Simplex 4005 (installed 1998) Locking Devices: Full time magnetic on 2nd floor Geri-Psych Unit Smoke Detection: Corridor Beds: 99 Census: 19 Type of Structure: 1946 (renovated in 1988) single story unprotected noncombustible, Type II (000) with a partial basement. The building has a partial automatic sprinkler system. During a routine recertification survey conducted on this date, the requirements of 42 CFR, Subpart 482.41 were not met as evidenced by the following deficiencies of the 2012 NFPA 101 Life Safety Code (LSC), the 2012 NFPA 99 Health Care Facilities Code and the standards referenced by these codes, as observed by the LS Surveyor while accompanied by the facility maintenance personnel. .</p>