

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17DH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER DESOTO HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7805 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI MS #22956, CI MS #23007 and CI MS #23169) at the facility on 10/24/23. During the survey, the SA determined the facility was in compliance with the Minimum Standards of Operations for the Institutions of Aged or Infirm. The SA investigated neglect, quality of care/treatment/not groomed adequately, other, medication pass observations, quality of care/treatment/residents left wet and/or soiled, Responsible Party notification, skin assessments, quality of care/following medical doctor orders, quality of care/treatment/call lights not answered and quality of care/treatment/resident safety/falls with no deficiencies cited. The facility held a license for 120 beds, with a census of 99.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/30/23