

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22GH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/24/2023
NAME OF PROVIDER OR SUPPLIER GRENADA LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1950 GRANDVIEW DRIVE GRENADA, MS 38901		
(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 #23032 at the facility on 10/24/23. The SA investigated Quality of Care/Treatment/Responsible Party not notified of changes in resident condition, Neglect/Pressure Ulcers, Quality of Care/Treatment/services not provided per Plan of Care and MD orders with no deficiencies cited; however, the facility remains out of compliance with the Minimum Standards of Operations for the Institutions of Aged or Infirm due to deficiencies cited on the 10/05/23 annual licensure survey. The facility held a license for 90 beds, with a census of 75.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/30/23