

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH08VC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET VAIDEN, MS 39176		
(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 #23120 and CI MS #23324) at the facility on 11/6/23 through 11/7/23. 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 allegations of abuse, neglect, quality of care/treatment/not groomed adequacy, quality of care/residents not turned timely, neglect/pressure sores, neglect/other with no deficiencies cited. The facility held a license for 60 beds, with a census of 59.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

11/14/23