

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PH12	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/20/2024
NAME OF PROVIDER OR SUPPLIER HILLTOP MANOR HEALTH AND REHABILITATION CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 101 KIRKLAND STREET UNION, MS 39365		
(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 CI MS #25083 and CI MS #25419 On 06/20/24 the State Agency (SA) conducted two (2) onsite complaint investigations, CI MS #25083 that alleged that the facility would not allow the grandson to talk to resident on the telephone and placed the grandson on hold for long periods of time; and CI MS #25419, which alleged that a resident was illegally discharged from the facility without the knowledge of the resident or his family. The SA determined that the facility was in compliance with the Rules and Regulation for "The Aged and Infirm" and no deficiencies were cited The resident census was 56 and the facility was licensed for 60 beds on 06/20/24.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

07/02/24