

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 06OG	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/30/2024
NAME OF PROVIDER OR SUPPLIER OAK GROVE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 209 OAK CIRCLE DUNCAN, MS 38740		
(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 five (5) complaint investigations (CI MS# 24459 , CI MS# 25100, CI MS# 25182, CI MS # 25183, and CI MS # 25189) at the facility from 5/28/24 through 5/29/24. During the survey, the SA determined that the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. There were no deficiencies cited for CI MS# 24459 related to accidents, CI MS# 25100, CI MS# 25182, CI MS # 25183, and CI MS # 25189 related to abuse. The census the time of the survey was 56 with a bed capacity of 60 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

06/24/24