

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04KO	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2021
NAME OF PROVIDER OR SUPPLIER MS STATE VETERANS HOME-KOSCIUS		STREET ADDRESS, CITY, STATE, ZIP CODE 310 AUTUMN RIDGE DRIVE KOSCIUSKO, MS 39090		
(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 A Complaint Investigation was conducted on 8/25/21-8/26/21 for CI #17997 for verbal abuse, CI#17993 for infection control and CI#17904 for medication administration and dietary services. These allegations were unsubstantiated with no deficiencies cited. The facility has a license of 150 with a census of 116 at time of survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE