

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36OX	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/24/2021
NAME OF PROVIDER OR SUPPLIER MS STATE VETERANS HOME-OXFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 120 VETERANS DRIVE OXFORD, MS 38655		
(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 (CI) was conducted by the State Agency (SA) for CI #18001 and CI#18002 on 8/24/2021. The facility was found to be in compliance with Center for Medicare and Medicaid (CMS) regulations. CI#18001 was unsubstantiated for Abuse, Neglect and Accidents. CI#18002 was unsubstantiated for Abuse, Neglect and Accidents. The facility is licensed for 150 beds with a census of 100 at the time of the survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE