

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45CM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2024
NAME OF PROVIDER OR SUPPLIER MADISON CO NH		STREET ADDRESS, CITY, STATE, ZIP CODE 1421-A EAST PEACE STREET CANTON, MS 39046		
(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 survey at the facility with an entrance and exit on 8/13/24 for MS 25950 for neglect in giving medications and not following the physicians order. Although there were no deficiencies cited related to the complaint investigation, the facility remains out of compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm due to deficiencies cited on the 07/10/24 survey. The facility held a census of 91 and had a capacity of 96.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

08/14/24