

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29DA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/11/2021
NAME OF PROVIDER OR SUPPLIER DANIEL HEALTH CARE INC DBA THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 1905 SOUTH ADAMS STREET FULTON, MS 38843		
(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 conducted complaint investigation (CI) MS #17460 on 2/11/21. The facility was found to be in compliance with the Minimum Standards for the Aged and Infirm. CI MS #17460 was not substantiated for Resident Abuse/Neglect and Quality of Care for wounds and falls. No deficiencies were cited related to CI MS #17460. The census at the time of the survey was 119.	M 000			

Mississippi State Department of Health

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

TITLE

(X6) DATE