

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 75HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3103 WISCONSIN AVENUE VICKSBURG, MS 39180		
(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 Initial Comments: CI MS #25959 On September 25, 2024 the State Agency (SA) conducted an onsite complaint investigation, CI MS #25959, which alleged that the facility had neglected to use proper infection control procedures while a resident with an infection was in isolation. The complaint alleged that the neglect of the staff to follow proper infection control procedures had hastened the death of the resident. The SA determined that the facility was in compliance with the Rules and Regulations for "The Aged and Infirm" and no deficiencies were cited. The census on 09/25/24 was 57 and the facility was licensed for 60 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/21/24