

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26CL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/08/2021
NAME OF PROVIDER OR SUPPLIER HOLMES COUNTY LONG TERM CARE CENTER - DUR			STREET ADDRESS, CITY, STATE, ZIP CODE 15481 BOWLING GREEN ROAD DURANT, MS 39063		
(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 CI MS #17204 & CI MS #17258 The State Survey Agency (SA) conducted a complaint investigation, CI MS #17204 and CI MS #17258, from 4/7/21 through 4/8/21. The result of the investigation was unsubstantiated with no deficiencies cited for quality of care, neglect and unnecessary drugs. The SA determined the facility was in compliance with the Minimum Standards for the Aged or Infirm requirements for participation. At the time of the survey the census was 76 and the facility is licensed for 80 beds.	M 000			

Mississippi State Department of Health

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

TITLE

(X6) DATE