

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER CARE CENTER OF LAUREL		STREET ADDRESS, CITY, STATE, ZIP CODE 935 WEST DR LAUREL, MS 39440		
(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 four (4) Complaint Investigations (CI MS #26058, CI MS #26272, CI MS #26499, and CI MS #26500), at the facility from 10/15/24 through 10/16/24. CI MS #26058 was investigated for resident left wet and neglect. CI MS #26272 was investigated for neglect, resident left wet for periods, resident oversedated, and falsification of records. CI MS #26499 was investigated for death. CI MS #26500 was investigated for death and misappropriation of property. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/29/24