MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	PH12	A. BUILDING: _____ B. WING _____	C 10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP MANOR HEALTH AND REHABILITATION CEI	101 KIRKLAND STREET UNION, MS 39365

(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 #25816; CI MS #25819; CI MS #26045; and CI MS #26053 On October 28, 2024 the State Agengy conducted four (4) onsite complaint investigations: CI MS #25816 and CI MS #25819 that both alleged that the facility had neglected to properly care for a Resident and that the facility had refused to allow a Resident to speak to family via telephone; and CI MS #26045 and CI MS #26053 that alleged that a Resident had lost 10% of his body weight in two (2) weeks as a result of the facility's neglect. The SA determined that the facility was in compliance with the Rules and Regulations for The Aged and Infirmed and no deficiencies were cited. The facility was licensed for 60 beds and the census was 57 on 10/28/24.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/06/24