

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25WP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT HILLS COM LIV CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 RAYMOND RD JACKSON, MS 39204		
(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 On 3/24/25 through 3/25/25 the State Agency (SA) conducted two (2) Complaint Investigations (CI MS #27981 and CI MS #27935) at the facility. CI MS #27981 was investigated related to staffing and dietary services. CI MS #27935 was investigated regarding resident left wet for extended periods, inappropriate incontinence care and lack of supplies. 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. The facility held a license for 100 beds, with a census of 83.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

03/31/25