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
	39LC	A. BUILDING: _____ B. WING _____	C 04/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE CO NURSING CENTER	700 JEFFERSON STREET SOUTH MONTICELLO, MS 39654

(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 the Complaint Investigations (CI MS #16633, CI MS #16716) from 04/07/2021 to 04/08/2021. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, State Licensure requirements. CI MS #16633 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to No Pressure Sore Precaution. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, State Licensure requirements. CI MS #16716 The result of the investigation was unsubstantiated with no deficiencies cited for Misappropriation of Property and Quality of Care related to No Pressure Sore Precaution and Resident Medications Not Given According To the Physicians Order. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, State Licensure requirements.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE