

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26LM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/18/2025
NAME OF PROVIDER OR SUPPLIER LEXINGTON MANOR SENIOR CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 56 ROCKPORT ROAD LEXINGTON, MS 39095		
(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 06/18/25 the State Agency (SA) conducted an onsite complaint investigation for MS #28337. The SA determined that the facility was in compliance with the Rules and Regulations for the Aged and Infirm and no deficiencies were cited. The facility had a census of 58 and was licensed for 60 beds at the time of survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

06/24/25