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
	25MA	A. BUILDING: _____ B. WING _____	C 08/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANHATTAN NURSING AND REHABILITATION CENTI	4540 MANHATTAN RD JACKSON, MS 39206

(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 a Focused Infection Control (FIC) Survey and Complaint Investigation (CI) MS#17289, CI MS#17909, CI MS#17923, CI MS#17968, and MS#17979 was conducted by the State Agency (SA) 8/9/2021 through 8/13/21.. The facility was found to not be in compliance with the Mississippi Regulations for the Minimum Standards for the Institutions for the Aged or Infirm. The SA substantiated the complaint for CI MS#17968 Quality of Care/treatment and cited F600, F656, and F677. The facility has a license for 180 with a census of 147. The SA did not substantiate CI MS#17909 Resident/Patient Neglect, Quality of Care, CI and MS#17923 Quality of Care/Treatment, CI MS#17289 Admissions/Transfer and Discharge, and CI MS17979 Quality of Care/Treatment with no citations noted to complaint.The facility has a license for 180 with a census of 147.	M 000		

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