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
	25WP	A. BUILDING: _____ B. WING _____	C 05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS COM LIV CENTER	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 The State Agency (SA) conducted eight (8) Complaint Investigations (CI MS #28861, CI MS #28862, CI MS #28863, CI MS#28865, CI MS #28786, CI MS #28787, CI MS #28791 and CI MS #28742), at the facility from 5/12/25 through 5/14/25. CI MS #28861 was investigated for supplies and infection control, CI MS #28862 for staffing and neglect, CI MS #28863 for neglect and staffing, CI MS #28865 for staffing, neglect, resident left soiled, and resident not treated with dignity and respect, CI MS #28786 for staffing and neglect, CI MS #28787 for resident safety related to falls, CI MS #28791 for resident left wet for extended periods and staffing, and CI MS #28742 for misappropriation of residents' personal property. 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.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/30/25