Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE BYRAM, MS, BYRAM, Mississippi, 39272**

(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) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CIs), MS #487081, MS #487099, MS #487098, and MS #2564771, at the facility from 8/25/25 through 8/27/25. MS #487081 was investigated for the facility's proposed transition of a resident from the Dementia Care Unit to the long-term care unit without clear explanation or consideration of the resident's rights and level of care needs. MS #487099 was investigated for the facility's failure to provide appropriate incontinence care when residents were reported to be placed on sheets and towels instead of bed pads. MS #487098 was investigated for the facility's failure to provide adequate care when a resident was reported to have developed bed sores, fell from a lift resulting in a dislocated shoulder, and required surgery. MS #2564771 was investigated for the facility's failure to ensure proper care and follow-up when a resident was reportedly dropped from a lift causing a dislocated shoulder, left in severe pain, and re-injured during care, as well as allegations of delayed medical attention, inappropriate antibiotic use, and ignored complaints. 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.	M0000		

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