

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 09/24/2025	
NAME OF PROVIDER OR SUPPLIER YALOBUSHA COUNTY NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 630 SOUTH MAIN STREET , WATER VALLEY, Mississippi, 38965			
(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 a complaint investigation (CI) MS #2567400 at the facility on 09/24/25. During the survey, the SA determined that the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and there were no deficiencies cited. The census at the time of the survey was 102 with a bed capacity of 122 beds.		M0000				

Office of Primary Care and Health Systems Management

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