

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52NO	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2021
NAME OF PROVIDER OR SUPPLIER NOXUBEE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 78 HOSPITAL RD MACON, MS 39341		
(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 They State Agency (SA) conducted a post certification revisit for MS #16646 at the facility on 7/19/21. The SA determined that the facility was in compliance with the requirements for Minimum Standards for Institutions for the Aged and Infirm related to dietary services. The facility was license for 60 beds and had a census of 53 at the time of the survey.	{M 000}		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

08/17/21