

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 12/30/2025	
NAME OF PROVIDER OR SUPPLIER MEADVILLE CONVALESCENT HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 300 HWY 556/ROUTE 2 BOX 66 , MEADVILLE, Mississippi, 39653			
(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 follow-up revisit at the facility on 12/30/25 related to a complaint survey that was conducted from 11/10/25 through 11/12/25. The SA found the facility to be in compliance with the with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements of and recommends the facility be placed back in compliance effective 12/22/25. The facility held a license for 60 beds and the census at the time of the survey was 40.			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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