

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 01/22/2026	
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 three (3) Complaint Investigations (CI MS #2717839, CI MS #2712976, and CI MS #2712983) at the facility on 1/22/26. CI MS# 2717839 was investigated related to nursing services and quality of care. CI MS# 2712976 and CI MS# 2712983 were investigated related to resident rights and discharge rights. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and there were no deficiencies cited related to the CIs.			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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