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 **02/02/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGWOOD COMMUNITY LIVING CENTER	**200 LONG STREET , BOONEVILLE, Mississippi, 38829**

(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 an onsite revisit on 02/02/26 related to the annual survey that was completed on 12/11/25. The SA found that the corrective measures put in place by the facility corrected the deficiencies cited on the annual survey as of 01/06/26. However, the facility remained out of compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, due to deficiencies cited on the 12/23/25 survey. The SA recommends the facility be placed back in substantial compliance effective 1/27/26. The census at the time of the survey was 50 and the facility held a license for 64 beds.	M0000		

Office of Primary Care and Health Systems Management

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