MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49WM	A. BUILDING: _____ B. WING _____	C 05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINONA MANOR HEALTH CARE AND REHABILITATIC	627 MIDDLETON ROAD WINONA, MS 38967

(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 CI MS #17257, CI MS #17655 & CI MS #17679 The State Agency (SA) conducted complaint investigation (CI), CI MS #17679, CI MS #17257, and CI MS #17655 from 5/17/21 through 5/18/21. The facility was found to be in compliance with the requirements for participation in the Minimum Standards for the Aged or Infirm. The SA did not substantiate CI MS #17679 for resident on resident abuse, missing personal items, activities of daily living (ADL) care, and staffing, CI MS #17257 for pressure ulcers and CI MS #17655 for staffing, resident neglect, ADL care, dignity and physician care. No citations related to these complaints. The census at the time of the survey was 77.	M 000		

Mississippi State Department of Health

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