

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17DH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/30/2021
NAME OF PROVIDER OR SUPPLIER DESOTO HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7805 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671		
(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 On 07/29/21 through 07/30/21 the State Agency (SA) conducted an onsite complaint investigation, CI MS #17937, concerning alleged physical abuse. The SA determined that the allegation of abuse was unsubstantiated and no deficiencies were cited. The SA determined that the facility was in substantial compliance with the standards for participation in Medicare and Medicaid. The facility census was 83 with a license for 120 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE