

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PH12	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/08/2021
NAME OF PROVIDER OR SUPPLIER HILLTOP MANOR HEALTH AND REHABILITATION CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 101 KIRKLAND STREET UNION, MS 39365		
(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 The State Agency (SA) conducted a complaint survey investigating MS CI # 17061, MS CI # 17380, and MS CI # 17702 from 7/7/2021 through 7/8/2021. During the survey, the SA determined that the facility was in compliance with the requirements of participation in Medicare and Medicaid. The facility had a census of 53 at the time of the complaint survey, with a license for 60 bed capacity.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE