

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36OX	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/10/2021
NAME OF PROVIDER OR SUPPLIER MS STATE VETERANS HOME-OXFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 120 VETERANS DRIVE OXFORD, MS 38655		
(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) completed an annual recertification survey, along with a complaint investigation (CI MS#16611) on April 22, 2021. The SA did not issue any citations as a result of the annual survey, but due to deficiencies cited on the complaint investigation, the facility was not in compliance. Based on an acceptable Plan of Correction (POC) submitted on 5/23/21, and a desk review on June 10, 2021, the facility is in substantial compliance effective May 22, 2021, with the participation requirements of Mississippi Regulations for Minimum Standards for the Institutions for the Aged or Infirmed.	{M 000}		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE