

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255329		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2021	
NAME OF PROVIDER OR SUPPLIER MADISON CO NH				STREET ADDRESS, CITY, STATE, ZIP CODE 1421-A EAST PEACE STREET CANTON, MS 39046			
(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted five (5) Complaint Investigations (CIs), CI #16652, CI #16924, CI #17206, CI #17523, and CI #17854 from 07/26/2021 to 07/29/2021. The SA did not substantiate MS # 16652 no pressure sore precautions taken by facility, facility staffing, CI MS #16924 Resident/patient/client abuse, CI MS # 17206 Resident left wet for extended period of time due to short staff, facility staffing, CI MS # 17523 Injury of unknown origin and CI MS # 17854 Resident denied visitation, and no deficiencies were cited. The facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements for participation in Medicare and Medicaid. The facility was licensed for 95 beds with a census of 91.			F 000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.