

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61MA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/07/2021
NAME OF PROVIDER OR SUPPLIER JNH-MADISON INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 HIGHWAY 468 WEST WHITFIELD, MS 39193		
(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 follow up/revisit survey for the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 10/7/21 for a complaint survey that was conducted 7/20/21 through 7/24/21 and 8/3/21 through 8/5/21. The SA determined the facility was found to be in compliance with Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm effective 9/30/21. The facility held a license for 79 beds, with a census of 59.	{M 000}		

Mississippi State Department of Health

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

TITLE

(X6) DATE