

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 06BC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/30/2021
NAME OF PROVIDER OR SUPPLIER BOLIVAR MEDICAL CENTER LTC		STREET ADDRESS, CITY, STATE, ZIP CODE 901 E SUNFLOWER RD CLEVELAND, MS 38732		
(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 for CI MS #17326 and CI MS#18081 at Bolivar Medical Center Long Term Care from 9/29/2021 to 9/30/2021. During the survey, the SA determined that the facility was found in compliance with the Mississippi Regulations for the Minimum Standards for the Institutions for the Aged or Infirm. The facility was licensed for 35 beds and had a census of 30 at the time of the survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/18/21