

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55PR	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/19/2021
NAME OF PROVIDER OR SUPPLIER PEARL RIVER CO NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 305 WEST MOODY STREET POPLARVILLE, MS 39470		
(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 COVID-19 Focused Infection Control survey along with a complaint investigation (CI MS #17483) at the facility on 1/19/21. The SA determined that the facility was in compliance with the Minimum Standards for State Licensure Requirements for nursing homes. The census was 76 and the facility has a license for 120 beds. CI MS #17483 The result of the investigation was unsubstantiated for Infection Control with no deficiencies cited. The SA determined that the facility was in compliance with the Minimum Standards for State Licensure Requirements for nursing homes.	M 000		

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

TITLE

(X6) DATE