MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15PC	A. BUILDING: _____ B. WING _____	C 03/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	133 PINE STREET HAZLEHURST, MS 39083

(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 investigation (CI MS #16702, CI MS #16902) from 3/17/21-3/18/21. The SA determined the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. . The facility held a license for 60 beds, with a census of 34. CI MS #16702 The result of the investigation was unsubstantiated with no deficiencies cited for Resident Neglect and Resident Abuse related to Employee to Resident. The SA determined the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. . CI MS #16902 The result of the investigation was unsubstantiated with no deficiencies cited for Infection Control. The SA determined the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. .	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE