

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41NM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2021
NAME OF PROVIDER OR SUPPLIER NMMC BALDWIN NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 739 4TH STREET SOUTH BALDWIN, MS 38824		
(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 CI MS# 18212 at the facility from 10/27/2021 to 10/28/2021. During the survey, the SA determined that the facility was found to be in compliance with the Mississippi Regulations for the Minimum Standards for the Institutions for the Aged or Infirm. CI MS 18212 neglect-assess and monitor, quality of care; resident left soiled or wet for long periods, Client services not performed and mental abuse were unsubstantiated and no deficiencies were cited. The facility was licensed for 107 beds and had a census of 102 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