

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255281		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/17/2019	
NAME OF PROVIDER OR SUPPLIER LANDMARK OF DESOTO				STREET ADDRESS, CITY, STATE, ZIP CODE 3068 NAIL ROAD WEST HORN LAKE, MS 38637			
(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) COMPLETION DATE
F 000	INITIAL COMMENTS CI MS #15946, CI MS #16062 & CI MS #16149 The State Survey Agency (SA) conducted an annual recertification survey along with complaints MS #16062, MS #16149, and Facility Reported Incident MS #15946, from 9/15/19 to 9/17/19. The SA did not substantiate MS #16062 for Quality of Care/Injury of Unknown Origin. The SA did not substantiate MS #16149 for Quality of Care/Treatment. The SA did not substantiate Facility Reported Incident MS#15946 for Abuse. No deficiencies were cited related to the complaint survey; however, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited the regulatory deficiencies F656, F684, and F842. At the time of the survey, the census was 57, and the facility held a license for 60 beds.			F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/10/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.