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 |
|---|---|---|---|
| | 21GC | A. BUILDING: _____ B. WING _____ | 02/07/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GREENE COUNTY HEALTH AND REHABILITAT | 1017 JACKSON STREET LEAKESVILLE, MS 39451 |

| (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<br><br>The State Agency (SA) conducted a recertification survey from 02/05/2020 to 02/07/2020.<br>During the survey the SA determined the facility was in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited no State Regulatory statutes.<br><br>The census at the time of the survey entrancewas 57, and the facility was licensed for 60 beds | M 000 | The State Agency (SA) conducted a recertification survey from 02/05/2020 to 02/07/2020.<br>During the survey the SA determined the facility was in compliance with the Minimum<br>Standards for The Institutions For The Aged AndInfirm. The SA did not cite any state statutes.<br>The census at the time of the survey entrance was 57, and the facility was licensed for 60 beds | |

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/27/20