

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26CL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/11/2019
NAME OF PROVIDER OR SUPPLIER HOLMES COUNTY LONG TERM CARE CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 15481 BOWLING GREEN ROAD DURANT, MS 39063		
(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 During the recertification survey of 4/8/19-4/11/19, conducted by Ascellon, acting on behalf of the MS State Department of Health, the survey determine that the facility was not in compliance with federal requirements at F604, F684 and F812. It was also determined, that the facility is not in compliance with the Minimum Standards of Operation for the Institutions for the Aged or Infirm, state licensure requirements at M500, M610 and M865. The census at the time of survey was 72 and the facility held a license for 80 beds.	M 000			

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

05/09/19