

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17DH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/31/2021
NAME OF PROVIDER OR SUPPLIER DESOTO HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7805 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671		
(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 CI MS #17681 The State Agency (SA) conducted complaint investigation (CI), CI MS #17681 from 03/30/2021 through 03/31/2021. During the survey, the SA determined the facility was in compliance with the requirements for participation in the Minimum Standards for the Aged or Infirm. The SA was did not substantiate CI MS #17681 for abuse nor for failure to notify the family. No deficiencies were cited. The census at the time of the survey was 84.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE