

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44WP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/30/2021
NAME OF PROVIDER OR SUPPLIER THE WINDSOR PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 81 WINDSOR BOULEVARD COLUMBUS, MS 39702		
(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 post-certification revisit for an Annual Re-Certification Survey at the facility on 11/29/2021 through 11/30/2021. The SA determined that the facility was, in compliance with The Minimum Standards for Institutions for the Aged and Infirm related to M 640 for accidents, and M 815 safe food handling. The facility was placed back into compliance and no deficiencies were cited. The facility was licensed for 140 beds and had a census of 116, 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

Electronically Signed

12/27/21