

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

PRINTED: 01/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255257		(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) COMPLETION DATE
{F 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 requirements for participation in Medicare and Medicaid related to F 657 related to care plan revision and updates, F 689 related to supervision and accidents, F 623 related to transfer/discharge notification, F 640 related to Minimum Data Set discharge assessment, F 812 related to dietary and F 868 relate to Quality Assurance Program. 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.			{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

12/27/2021

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.