

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 C 08/20/2021
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 a complaint survey, MS00017622, MS00017637, MS00017988 from 8/18/2021 to 8/20/2021. The SA did not substantiate the complaint for resident abuse, resident neglect, accidents/falls, or infection control. During the survey the SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm with no deficiencies cited. The facility held a license for 140 beds and had a census of 107.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE