

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/07/2021
NAME OF PROVIDER OR SUPPLIER CARE CENTER OF LAUREL		STREET ADDRESS, CITY, STATE, ZIP CODE 935 WEST DR LAUREL, MS 39440		
(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 investigation (CI MS #16759, CI MS 16851, CI MS #1723) at the facility on 1/7/2021. The SA determined that the facility was in compliance with the Minimum Standards for State Licensure Requirements for nursing homes. CI MS #16759 The result of the investigation was unsubstantiated with no deficiencies cited for Verbal Abuse. The SA determined the facility was in compliance with the Minimum Standards for State Licensure Requirements for nursing homes. CI MS #16851 The result of the investigation was unsubstantiated with no deficiencies cited for Dietary Services related to Food is Cold, and Resident Food Precautions Not Honored, Missappropriation of Property related to Resident Personal Items, Quality of Care related to Resident Not Groomed Adequately, Physical Environment related to Safe Environment Not Provided, Infection Control, and Unqualified Personnel related to Staff Improperly Qualified. The SA determined the facility was in compliance with the Minimum Standards for State Licensure Requirements for nursing homes. CI MS #17239 The result of the investigation was unsubstantiated with no deficiencies cited for Dietary Services related to Food Not Palatable and Insufficient Food, Quality of Care related to Facility Staffing, No Weight Loss Assessment, Resident Not Groomed Adequately, and Physical Environment related to Facility Not Clean. The SA determined the facility was in compliance with the Minimum Standards for State Licensure	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

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M 000	Continued From page 1 Requirements for nursing homes.	M 000			