

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45WB	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/04/2019
NAME OF PROVIDER OR SUPPLIER THE NICHOLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1308 HIGHWAY 51 NORTH MADISON, MS 39110		
(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 licensure survey along with a complaint survey, CI MS #00016357, from 12/2/19 to 12/4/19. The SA substantiated the complaint, but no deficiencies were cited related to the complaint. During the survey, the SA also determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited the State Statute M815.	M 000		

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

Electronically Signed

TITLE

(X6) DATE

12/23/19