

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82MC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER MARTHA COKER GREEN HOUSE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 GRAND AVE YAZOO CITY, MS 39194		
(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 an annual recertification along with a complaint survey, MS #16545 from 1/28/20 to 1/30/20. During the survey, the SA determined that the facility was not in compliance with the requirements of participation for Medicare and Medicaid. The SA substantiated MS #16545 for Quality of Care with no citations related to the complaint. The SA cited M780 and M945. At the time of the survey, the facility held a license for 60 beds and the census was 60 residents.	M 000		

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

TITLE

(X6) DATE

Electronically Signed

03/03/20