

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MS55BCCP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/14/2020
NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CENTER OF PICAYUNE		STREET ADDRESS, CITY, STATE, ZIP CODE 2797 COOPER ROAD PICAYUNE, MS 39466		
(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 CI MS 00016631 The State Agency (SA) conducted a complaint investigation from 02/14/2020 through 02/14/2020 in the facility. During the survey the SA determined the facility was in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The result of the investigation was Unsubstantiated, and no deficiencies were cited. The census at the time of survey was 57 with a license for 60 beds	M 000		

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

TITLE

(X6) DATE