

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 76GC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/03/2020
NAME OF PROVIDER OR SUPPLIER LEGACY MANOR NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704		
(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 A COVID-19 Focused Infection Control Survey, along with a complaint investigation, was conducted by the State Agency (SA) on 11/3/2020. The facility was found to be in compliance with the Minimum Standards for the Aged or Infirm. No deficiencies were cited. At the time of the survey, the facility had a census of 47 and held a license for 60 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE