

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50NC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/11/2019
NAME OF PROVIDER OR SUPPLIER NESHOBA COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 HOLLAND AVENUE PHILADELPHIA, MS 39350		
(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 On 12/11/19 the State Agency (SA) conducted two (2) onsite complaint investigations, CI MS #16369 and CI MS #16376, at the facility. The two (2) complaints, CI MS #16369 and CI MS #16376, were both unsubstantiated and no deficiencies were cited. The SA determined that the facility was in compliance with the requirements of participation for Medicare and Medicaid. The census of 12/11/19 was 155 and the facility was licensed for 160 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE