MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49WM	A. BUILDING: _____ B. WING _____	R 11/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINONA MANOR HEALTH CARE AND REHABILITATI(	627 MIDDLETON ROAD WINONA, MS 38967

(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 State Agency (SA) conducted a COVID-19 Infection Control (FIC), along with complaint(s), MS #17222, MS #17064, and MS #17104 from 10/18/2020 to 10/20/2020. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in the Minimum Standards for the Aged or Infirm. SA substantiated CI MS #17222 and cited M-735 related to medical records management. The SA did not substantiate MS #17064 related to staffing and MS#17104 related to quality of care, with no deficiencies cited. No deficiencies were cited related to the COVID-19 Focused Infection (FIC) survey. At the time of the survey, the facility had a census of 78, with a license for 116 beds.	{M 000}		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE