

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 58GR	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/08/2022
NAME OF PROVIDER OR SUPPLIER PONTOTOC HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 278 WEST EIGHTH STREET PONTOTOC, MS 38863		
(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 a post-certification revisit for an Annual Re-Certification Survey and complaint survey CI MS00018391 on 03/07/2022 through 03/08/2022. The SA determined that the facility was in compliance with The Minimum Standards for Institutions for the Aged and Infirmed for M815 related to safe food handling measures and the facility was placed back into compliance. The facility was licensed for 60 beds and had a census of 42 at the time of the survey.	{M 000}		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

03/16/22