

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50CH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CHOCTAW RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 135 RESIDENTIAL CENTER RD CHOCTAW, 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 The State Agency (SA) conducted an on site complaint investigation (CI) MS00018561, on 04/21/2022 for related to neglect, remaining wet and soiled, missing money, and inappropriate feeding assistance and Infection Control related to staff vaccinations. The SA did not substantiate the report of neglect, remaining wet and soiled, missing money, and inappropriate feeding assistance and Infection Control related to staff vaccinations and did not cite any deficiencies. The SA concluded that the facility was in substantial compliance with the Aged and Infirmed. The census was 91 and the facility was licensed for 120 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

05/03/22