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
	75SL	A. BUILDING: _____ B. WING _____	C 05/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY LAWN HEALTH AND REHABILITATION	60 SHADY LAWN PLACE VICKSBURG, MS 39180

(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 onsite complaint inviestigation, CI MS #18042, on 05/26/2022. The CI MS #18042 alleged neglect and abuse of a resident by combing resident's hair roughly, dressing a female resident in men's clothes, and not feeding resident enough food. The SA unsubstainted CI MS #18042 and no deficiencies were cited. The SA also conducted a brief Covid 19 survey and cited no Infection Control deficiencies. The SA determined that the facility was in substantial compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with no deficiencies. The resident census on 05/26/22 was 73 and the facility was licensed for 100 beds.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 06/16/22