

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/20/2022
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157		
(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 January 20, 2022 the State Agency (SA) conducted two (2) complaint investigations, CI MS #17973 concerning the call system not in operational order during the month of August 2021, and CI MS #18419 for neglect of a resident admitted to the Covid 19 isolation unit in December 2021. The complaint investigations for both CI MS #17973 and CI MS #18419 were unsubstantiated and no deficiencies were cited. The SA determined that the facility was in substantial compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The facility census on 1/20/22 was 85 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

07/12/22