

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 70TH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/19/2022
NAME OF PROVIDER OR SUPPLIER TIPPAH COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 CITY AVENUE NORTH RIPLEY, MS 38663		
(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 07/18/2022 through 07/19/2022 the State Agency (SA) conducted an onsite complaint investigation MS00018492 for alleged abuse and neglect by the facility that resulted in a fall with a serious head injury and later death of a resident. The SA unsubstantiated abuse and neglect and no deficiencies were cited. The SA determined that the facility was in substantial compliance with the requirements for The Aged and Infirm. The resident census on 07/18/2022 was 36 and the facility was licensed for 40 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

07/27/22