

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54NP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/14/2022
NAME OF PROVIDER OR SUPPLIER SARDIS COMMUNITY NH		STREET ADDRESS, CITY, STATE, ZIP CODE 613 EAST LEE STREET SARDIS, MS 38666		
(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 complaint survey MS #18784 and MS #1 9371 7/13/22-7/14/22. The SA did not substantiate the complaint of MS #18784 with allegations of Neglect, Quality of Care/not dressed properly, Admit/Transfer/Discharge Rights, Quality of Care/orders not followed, Quality of Care/safety, Injury of Unknown Origin and MS #19371 with allegations of Elopement and Assessment. There were no deficiencies cited. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with no deficiencies cited. At the time of survey the census was 53 and the facility is licensed for 60 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

08/09/22