

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 66AG	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/03/2022
NAME OF PROVIDER OR SUPPLIER AZALEA GARDENS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 530 HALL ST WIGGINS, MS 39577		
(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 Complaint Investigation (CI), MS #18810, MS #19037, and MS #19424, at the facility from 7/29/22 to 8/03/22. The SA determined the facility was compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. MS #19424 was not substantiated for safety due to a resident fall. The SA did not substantiate MS #19037 for misappropriation, not treating residents with dignity/respect, nursing services, and medication not given according to physician instructions and the SA did not substantiate MS #18810 for verbal abuse, medications not administered properly, staffing, dietary services, and call lights not answered timely. There were no deficiencies cited.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

08/16/22