

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45WB	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/16/2022
NAME OF PROVIDER OR SUPPLIER THE NICHOLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1308 HIGHWAY 51 NORTH MADISON, MS 39110		
(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 CI MS #19368 On 08/16/2022 the State Agency (SA) conducted an onsite complaint investigation, CI MS #19368 for alleged abuse and neglect of a former resident. The (SA) UnSubstantiated CI MS #19368 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 resident census was 59 and the facility was licensed for 60 beds on 08/16/2022.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

08/25/22