

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 75VC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/01/2019
NAME OF PROVIDER OR SUPPLIER VICKSBURG CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1708 CHERRY STREET VICKSBURG, MS 39180		
(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 an annual recertification survey at Vicksburg Convalescent Center from 02/27/19 to 03/01/19. During the survey, the SA determined the facility was in compliance with the Minimum Standards for the Aged or Infirm requirements for participation. At the time of survey, the census was 77, and the facility held a license for 100 beds.	M 000			

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE