

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65RA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/01/2022
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153		
(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 Investigation (CIs), CI #18097 from 5/31/2022 to 6/1/2022 and the SA did not substantiate the complaint for providing poor quality of care and poor nursing services. The facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

11/09/22