

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25MH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/19/2022
NAME OF PROVIDER OR SUPPLIER MAGNOLIA SENIOR CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3701 PETER QUINN DRIVE JACKSON, MS 39213		
(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 (CI), MS #18653 and MS #18652 at the facility on 10/18/22 through 10/19/22. The facility was found to be in compliance with Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. MS #18653 was not substantiated for resident neglect, dietary services, feeding assistance, inadequate grooming, or following physician orders and plan or care and MS #18652 was not substantiated for administration of medications and no deficiencies were cited.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/25/22