

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25CC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2019
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NAME OF PROVIDER OR SUPPLIER

CLINTON HEALTHCARE LLC - SNF

STREET ADDRESS, CITY, STATE, ZIP CODE

**1251 PINEHAVEN ROAD
CLINTON, MS 39056**

(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 A relicensure survey was conducted at Clinton Healthcare on June 24, 2019. The relicensure survey revealed that the facility was in substantial compliance with the requirements of participation for the Minimum Standards for the Aged or Infirm. The facility's census on June 24, 2019 was 110 residents, and the facility held a license for 121 residents.	M 000		

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

Electronically Signed

TITLE

(X6) DATE

06/21/19