MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80WC	A. BUILDING: _____ B. WING _____	C 01/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON COUNTY NURSING HOME	17560 EAST MAIN STREET LOUISVILLE, MS 39339

(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 survey, CI MS #20551 at the facility on 1/30/23. During the survey, the SA determined that the facility was in compliance with the requirements of participation with Mississippi Regulations for Minimum Standards for Institutions of Aged or Infirm. The SA did not find any evidence of noncompliance for the complaint related to allegations of the physical environment related to not having enough supplies, quality of care/treatment related to facility staffing, and resident/patient/client rights related to a resident choices and cited no deficiencies. However, the facility remains out of compliance due to deficiencies cited on the 12/21/2022 survey. The facility is licensed for 96 beds and at the time of the survey the census was 83.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/07/23