

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62SC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/23/2023
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF MORTON		STREET ADDRESS, CITY, STATE, ZIP CODE 96 OLD HIGHWAY 80 EAST MORTON, MS 39117		
(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 and Compliant Investigation (CI), MS #20693, at the facility from 3/20/23 through 3/23/23. The SA investigated the complaint regarding Admission, Transfer, and Discharge rights and there were no citations related to the complaint. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

04/17/23