

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25WP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2023
NAME OF PROVIDER OR SUPPLIER PLEASANT HILLS COM LIV CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 RAYMOND RD JACKSON, MS 39204		
(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 at the facility for two (2) complaints,, MS #21344, and MS #21297 on 4/25/23. The SA investigated MS #21344 for Accidents related to a fall with injury, and MS #19492 for Nursing Services related to allegations of nursing staff use of illegal substances during duty and cited no deficiencies: however, the facility remains out of compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm due to deficiencies cited on the 4/6/23 annual survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

05/02/23