

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18BA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BEDFORD ALZHEIMER'S CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 298 CAHAL STREET HATTIESBURG, MS 39401		
(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), at the facility for two (2) complaints, MS # 21634 and MS #22080 from 7/18/23 through 7/20/23. During the survey, the SA determined the facility was in compliance with the Minimum Standards of Operations for Alzheimer's Disease/Dementia Care Unit. The SA investigated MS #21634 for Quality of Care related to grooming, staffing, and following physician orders, Resident Abuse related to resident to resident abuse, Dietary Services related to food, Accidents related to falls, Physical Environment, and Misappropriation of Property and MS #22080 for Quality of Care related to hydration and Resident Rights and cited no deficiencies.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

07/25/23