

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/06/2026	
NAME OF PROVIDER OR SUPPLIER PLEASANT HILLS COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1600 RAYMOND RD , JACKSON, Mississippi, 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) COMPLETION DATE	
M0000	<p>Initial Comments</p> <p>The State Agency (SA) conducted a follow-up revisit at the facility on 12/01/25 related to the complaint survey for Complaint 3185590, Complaint 3049319 and Complaint 3048639 that was conducted on 10/28/25 through 10/29/25. The SA found the facility to be in compliance with Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and recommends the facility be placed back in compliance effective 9/25/26.</p> <p>At the time of the survey the facility was licensed for 100 beds and had a census of 82 residents.</p>		M0000				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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