PRINTED: 10/31/2022 FORM APPROVED

MSDH - Health Facilities Licensure and Certification

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST RACE STREET ROLLING FORK, MS 39159 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE OCT. 10/12/202 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE) COM	STATEMENT OF DEFICIENCIES			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST RACE STREET ROLLING FORK, MS 39159 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE B. WING	AND PLAN OF CORRECTION		DN IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
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The State Agency (SA) conducted a complaint survey MS #19651 on 10/11/22-10/12/22. The SA did not substantiate the complaint of MS#19651 with allegations regarding physical environment and resident assessment. There were no deficiencies cited. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with no deficiencies cited. At the time of the survey the census was 47 and the facility is licensed for 54 beds.	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) M 000 Initial Comments The State Agency (SA) conducted a complaint survey MS #19651 on 10/11/22-10/12/22. The SA did not substantiate the complaint of MS#19651 with allegations regarding physical environment and resident assessment. There were no deficiencies cited. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with no deficiencies cited. At the time of the survey the census was 47 and							

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE