

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44MM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/28/2023
NAME OF PROVIDER OR SUPPLIER VINEYARD COURT NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 5TH STREET NORTH COLUMBUS, MS 39705		
(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 revisit at the facility from 11/27/23 through 11/28/23 and placed the facility back into compliance for M030 related to administration, M500 related to residents' rights, M625 related to range of motion, M645 related to nutrition, and F700 related to medication administration effective 11/17/2023. The census at the time of the survey was 50 and the facility held a license for 55 beds.	{M 000}		

Mississippi State Department of Health

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

TITLE

(X6) DATE