

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH08VC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/08/2021
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET VAIDEN, MS 39176		
(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) on 9/8/21 for C MSI# 17959 regarding allegations of Quality of Care/Treatment. CI MS #17959 was unsubstantiated with no deficiencies cited. The facility was found to be in compliance with the regulations required by Centers for Medicare and Medicaid Services (CMS). The facility is licensed for 60 beds with a census of 46 on day of survey.	M 000		

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

TITLE

(X6) DATE