

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25JW</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JACKSON WOMEN'S HEALTH ORGANIZATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2903 NORTH STATE STREET JACKSON, MS 39216</b>
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(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
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M 000	<p>Initial Comments</p> <p>- Life Safety Code (LSC) -</p> <p>* Ambulatory Surgical Centers (ASC) Regulations**</p> <p>Annual licensure survey conducted on 8/23/17 revealed the facility was in compliance with the Minimum Standards of Operation for Ambulatory Surgical Centers....</p> <p>There were no Life Safety Code (LSC) deficiencies cited during this survey.</p>	M 000		
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Mississippi State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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