

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>09/17/2019</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
M 000	<p>Initial Comments</p> <p>- Health -</p> <p><b>*ABORTION FACILITY REGULATIONS *</b></p> <p>Annual Licensure Survey conducted 09/17/2019 revealed the facility was in compliance with Minimum Standards of Operation for Abortion Facilities.</p> <p>No deficiencies were cited.</p>	M 000		

Mississippi State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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M 000	<p>Initial Comments</p> <p>- Health -</p> <p><b>** AMBULATORY SURGICAL CENTERS (ASC) REGULATIONS **</b></p> <p>Annual licensure survey conducted 09/17/2019 revealed the facility was in compliance with the Minimum Standards of Operation for Ambulatory Surgical Centers.</p> <p>No deficiencies were cited.</p>	M 000		
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M 000	<p>Initial Comments</p> <p>- Life Safety Code (LSC) -</p> <p>* Abortion Regulations**</p> <p>Annual licensure survey conducted on 9/17/19 revealed the facility was in compliance with the Minimum Standards of Operation for Abortion Centers....</p> <p>There were no Life Safety Code (LSC) deficiencies cited during this survey.</p>	M 000		

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