



MISSISSIPPI STATE DEPARTMENT OF HEALTH

NOTICE SENT VIA EMAIL TO: shanbrewer6@yahoo.com

January 21, 2021

Ms. Shannon Brewer
Jackson Women's Health Organization
2903 North State Street
Jackson, MS 39216

Dear Ms. Brewer:

On January 20, 2021, a Desk Review was conducted by the Mississippi State Department of Health to determine if your facility was in compliance with Licensure participation requirements for abortion facilities. This review found that Jackson Women's Health Organization in Jackson, MS was in substantial compliance with the Minimum Standards of Operation for Abortion Facilities as of **January 18, 2021**.

This letter confirms the acceptance of your Plan of Correction (PoC) for the November 25, 2020 "Failure to Report Incident" received by the Mississippi State Department of Health.

If our agency can be of further assistance, please feel free to contact me via email at Glenn.Wood@msdh.ms.gov / Debbie.Fisher@msdh.ms.gov or by telephone at (601) 364-1112.

Sincerely,

A handwritten signature in black ink that reads "Glenn D. Wood, RN".

Glenn D. Wood., R.N., Nurse Manager, Director
MS State Department of Health
Bureau of Health Facilities
Licensure and Certification
Non-Long Term Care Division

GDW/dlf

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/20/2021
--------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

(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>* JACKSON *</p> <p>RE: "Failure to Report Incident"</p> <p>A Desk Review was conducted 01/20/2021 for all previous deficiencies cited on the 11/25/2020 "Failure to Report Incident". Deficiency has been corrected.</p> <p>The facility is in compliance with the Minimum Standards of Operation for Abortion Facilities.</p>	{M 000}		

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

TITLE

(X6) DATE