

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/26/2023
NAME OF PROVIDER OR SUPPLIER GRENADA REHABILITATION AND HEALTHCARE CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1966 HILL DRIVE GRENADA, MS 38901		
(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 MS #22843, #22753 and #22887) at the facility on 9/25/23 through 9/26/23. During the survey, the SA determined the facility was in compliance with the Minimum Standards of Operations for the Institutions of Aged or Infirm. The SA investigated verbal abuse, sexual abuse, quality of care/grooming, Therapy Services, call light not accessible, no water access for residents, inappropriate feeding assistance with no deficiencies cited. The facility held a license for 98 beds, with a census of 83.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/02/23