MSDH - Health Facilities Licensure and Certification

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 57ME | A. BUILDING: _____ B. WING _____ | C 01/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COURTYARD REHABILITATION AND HEALTHCARE | 501 SOUTH LOCUST STREET MCCOMB, MS 39648 |

| (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<br><br>The State Agency (SA) conducted six (6) Complaint Investigations (CI MS #23914, CI MS #23915, CI MS #23916, CI MS #23917, CI MS #23918, and CI MS #23883) at the facility from 1/19/24 through 1/22/24. CI MS #23914 was investigated related to resident neglect, physical environment, dietary services, resident neglect, and death. CI MS #23915 was investigated related to physical environment, resident abuse, resident neglect and falsification of records. CI MS #23916 was investigated related to misappropriation of property. CI MS #23917 was investigated related to resident safety, and resident rights. CI MS #23918 was investigated related to resident rights. CI MS #23883 was investigated related to resident neglect and following physician instructions for care and medications. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited. | M 000 | | |

Mississippi State Department of Health

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 02/02/24 |