

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62SC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/23/2021
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF MORTON		STREET ADDRESS, CITY, STATE, ZIP CODE 96 OLD HIGHWAY 80 EAST MORTON, MS 39117		
(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) #17749 for Abuse (resident to resident) from 04/19/21 through 04/21/21. During the survey, the SA determined that the facility was not in compliance with the requirements of the Minimum Standards of Participation for the Aged and Infirm. Based on an acceptable POC received on 06/07/21 and a desk review completed on 6/23/21, the facility is insubstantial compliance effective 06/11/21.	{M 000}		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

07/06/21