

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44AA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/10/2021
NAME OF PROVIDER OR SUPPLIER AURORA HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 310 EMERALD DRIVE COLUMBUS, MS 39702		
(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 Covid Infection Control Survey and a Complaint Investigation (CI) at the facility on 08/10/21 for CI MS #17975 related to neglect, pressure ulcers and restricted visitation. During the survey, the SA determined that the facility was in compliance with the Aged and Infirm and were not able to substantiate the allegations. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Census at time of the survey was 75 with a bed capacity of 120.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE