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
	36GR	A. BUILDING: _____ B. WING _____	C 04/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD HEALTH & REHAB CENTER	1301 BELK BOULEVARD OXFORD, MS 38655

(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 **Amended 2567 to correct the exit date of the survey to 4/29/21 to include the extended survey to obtain additional documentation and interviews. The State Agency (SA) conducted an annual recertification survey along with complaint investigations (CI), MS #17603, MS #17393, MS #17028, MS #17167, MS #16746, and MS #16626 from 4/5/20 to 4/9/20. The SA re-entered the facility on 4/29/21 for an extened survey to obtain additional documentation and interviews. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and cited M500 for Residents Rights to receive adequate and appropriate care and to receive mail unopened at a Level IV, Pattern and M610 related to incontinent care. The SA substantiated MS #16626 for failure to assess and failure to investigate, prevent, and correct alleged violation. The SA did not substantiate MS #16746 for Quality of Care and Infection Control, MS #17028 for staffing and Infection Control, MS #17167 for Abuse, Ms #17393 for Quality of Care, Rehabilitation, and Accidents, and MS #17603 for Quality of Care, with no citations related to these complaints.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/12/21