

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 76ME	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/03/2024
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF GREENVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 EAST UNION STREET GREENVILLE, MS 38703		
(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# 25025, CI MS# 25242, CI MS# 25274, CI MS# 25344, and CI MS# 25352) at the facility on 6/3/24. During the survey, the SA determined that the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions the for Aged or Infirm. There were no deficiencies cited for CI MS# 25025 related to quality of care , CI MS# 25242, CI MS# 25274, and CI MS# 25352 related to abuse, or CI MS# 25344 related to physical environment. The census at the time of the survey was 85 with a bed capacity of 90 beds.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/19/24