

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 08/27/2024
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 Initial Comments On August 27, 2024 the State Agency (SA) conducted two (2) onsite complaint investigations, CI MS #25342 for alleged misappropriation of resident narcotics, and CI MS #25631 for allegedly refusing to administer pain medications to a resident complaining of pain. The SA determined that the facility was in compliance with the Rules and Regulations for "The Aged and Infirmed" and no deficiencies were cited. The census on 08/27//24 was 80 and the facility was licensed for 90 beds.	M 000		

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

TITLE

(X6) DATE

Electronically Signed

09/10/24