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
	67RH	A. BUILDING: _____ B. WING _____	C 02/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTEI	800 STANSEL DR RULEVILLE, MS 38771

(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 Complaint Investigations (CI) MS #17528, CI MS #17485, CI #17094, CI #17213, CI #16974. and CI #16808 were conducted by the State Agency (SA) from 2/2/21 through 2/9/21. The facility was found to be in compliance with the Minimum Standards for the Aged or Infirm. CI MS #17528 was not substantiated for resident neglect and Quality of Care. CI MS #17485 was not substantiated for resident assessment. CI MS #17094 was not substantiated for resident abuse. CI MS # 17213 was not substantiated for Quality of Care and injury of unknown origin. CI MS #16974 was not substantiated for Quality of Care. CI MS #16808 was unsubstantiated for resident Neglect and Quality of Care. The census at the time of the survey was 104 and the facility has a license for 111 beds.	M 000		