

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 11/19/2024
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 On 11/19/24 the State Agency conducted two (2) an onsite complaint investigations (CI) MS #26503 for alleged abuse and CI MS #26507 related to a discharge. The SA determined that the facility was in compliance with the Rules and Regulations for The Aged and Infirm and no deficiencies were cited. The facility was licensed for 90 beds and the census was 73 at the time of survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

12/02/24