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
	76WC	A. BUILDING: _____ B. WING _____	03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED 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 conducted complaint investigations (CI) from 3/8/21 through 3/16/21. CI MS #17499 was substantiated for misappropriation of funds and the facility was cited M500 at a Level II for Resident #1. The following complaints were investigated and not substantiated: CI MS #17368 related to staffing neglect and weight loss, CI MS #17330 related to pressure ulcers and family notification, CI MS #17244 related to abuse and admit/transfer, CI MS #17141 related to infection control, CI MS #17217 related to services not performed and monitoring, CI MS #16966 related to grooming and rehabilitation, CI MS #16704 related to verbal abuse and CI#17639 related to resident grooming. The census at the time of the survey was 42 and the facility has a license for 60 beds.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 04/21/21