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
	70RH	A. BUILDING: _____ B. WING _____	C 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 CI MS #17489; CI MS #17502; and CI MS #17630 The State Agency conducted complaint investigations (CI), CI MS #17489; CI MS #17502; and CI MS #17630, along with a COVID-19 Focused Infection Control survey, from 03/11/2021 through 03/12/2021. The SA determined that the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm. The SA determined the complaints were unsubstantiated and no deficiencies were cited. CI MS #17489 for infection control issues. CI MS #17502 for physical environment, administrative/ personnel/infection control, CI MS #17630 for physical environment, quality of care and infection control. No deficiencies were cited related to the COVID-19 Focused Infection Control survey or the complaint investigations. The census at the time of the survey was 29 and the facility is licensed for 60 beds.	M 000		

Mississippi State Department of Health

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