

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60QC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2021
NAME OF PROVIDER OR SUPPLIER QUITMAN COUNTY HEALTH & REHAB LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 350 GETWELL DRIVE MARKS, MS 38646		
(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 A Complaint Investigation (CI) was conducted by the State Agency on 6/10/2021 for complaints #17644 and #16775. Complaint #17644 had allegations against Quality of care/Treatment and complaint #16775 had allegations of abuse. Both complaints were unsubstantiated with no deficiencies cited. The facility was found to be in compliance with Centers for Medicare and Medicaid (CMS) regulations. The facility has a license for 45 bed with a census of 38 at the time of survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE