

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/27/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2021
NAME OF PROVIDER OR SUPPLIER SHELBY HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1108 CHURCH STREET SHELBY, MS 38774		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS CI MS #17885 On 07/21/2021 the State Agency (SA) conducted and on-site complaint investigation, CI MS #17885, which alleged that the facility was not implementing the current standards for visitation with residents; the resident care was not performed; the facility was not kept clean and tidy, staffing numbers were too low to care for residents; resident Trust Fund accounts were not accessible to residents; residents were not bathed/showered on a regular schedule and the residents hair was not washed and groomed; among other Activity of Daily Living (ADL) concerns. The SA unsubstantiated all of the alleged complaints, CI MS #17885. The SA determined that the facility was in compliance with the standards for participation in Medicare and Medicaid. The SA did not cite deficiencies related to CI MS #17885. On 07/21/2021 the facility census was 45 and the facility was licensed for 60 beds.	F 000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.