MS State Department of Health
Division of Health Facilities Licensure and Certification
Long Term Care Division
143B LeFleur's Square
Jackson, MS 39215-1700
(601) 364-1100

IMPORTANT NOTICE – PLEASE READ CAREFULLY
SENT VIA ePoC
(Receipt of this notice is presumed to be September 18, 2025– Date notice posted)

September 18, 2025

WANDA MATTHEWS, Administrator
DELTA REHABILITATION AND HEALTHCARE CENTER
200 DR MARTIN LUTHER KING JR DRIVE
CLEVELAND, MS 38732

Dear Ms. MATTHEWS:

On **September 15, 2025,** a desk review was conducted by the Mississippi State Department of Health to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This review found that your facility was in substantial compliance with the participation requirements as of **September 9, 2025**.

This letter confirms the acceptance of your Plan of Correction (PoC) for the **July 31, 2025** survey conducted at your facility by the Mississippi State Department of Health. The Form CMS-2567 has been posted in the ePoC system, and no Plan of Correction is required. Please accept the 2567 through the ePoC system within ten (10) calendar days after receiving the Form CMS-2567.

We appreciate the courtesy and cooperation you and your staff extended to the surveyor(s) during this visit. If our agency can be of further assistance, please feel free to contact **Ruby L. Burns-Ward, HFLC Enforcement,** by phone at **601-364-1119** and/or by email at **Ruby L. Burns-Ward@msdh.ms.gov.**

Sincerely,

Ruby L. Burns-Ward, Program Specialist IV
Bureau of Health Facilities
Licensure and Certification

RBW/rbw

cc: Nicole Banes, Director/Office of Licensure