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
	06ZG	A. BUILDING: _____ B. WING _____	C 05/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY HEALTH AND REHABILITATION CENTER	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) COMPLETE DATE
M 000	Initial Comments CI MS #17311, CI MS #17550, CI MS #17552 & CI MS #17632 The State Agency (SA) conducted complaint investigation (CI), CI MS #17632, CI MS #17550, CI MS # 17552, and CI MS #17311 from 5/20/21 through 5/21/21. The facility was found to be in compliance with the requirements for participation in the Minimum Standards for the Aged or Infirm. CI MS #17632 was not substantiated for resident rights. CI MS #17550 was not substantiated for quality of care/treatment. CI MS #17552 was not substantiated for accidents and responsible party (RP) notification. CI MS #17311 was not substantiated for quality of care/treatment and RP notifications. No deficiencies were cited. At the time of the survey the census was 45 and the facility was licensed for 60 beds.	M 000		