STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255293	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) COMPLETION DATE
F 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 Medicare and Medicaid Services. 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.	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.