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
	73UH	A. BUILDING: _____ B. WING _____	03/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION CO HEALTH AND REHAB CENTER, INC	1111 BRATTON ROAD NEW ALBANY, MS 38652

(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 The State Agency (SA) conducted an annual survey at facility from 03/15/21 through 03/18/21, along with complaint investigations (CI), CI MS #17626, CI MS #17627, CI MS #17607, CI MS #17562, CI MS #17533, CI MS #17534, CI MS #17535, CI MS #17517, CI MS #17513, CI MS #17514, CI MS #17658, and CI MS #17661 all related to Quality of Care. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for the Aged or Infirm regulations of participation and substantiated CI MS #17513 at M445 related to failure to report an allegation of abuse and/or neglect. All other complaints were unsubstantiated. The census at time of the survey was 41 with a bed capacity of 60.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/05/21