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
	43SC	A. BUILDING: _____ B. WING _____	C 01/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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) determined during complaint investigation (CI MS #16774, CI MS #16693), dated from 1/21/2021 to 1/22/2021, the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. The census was 50 and the facility has a license for 60 beds. CI MS #16774 The result of the investigation was unsubstantiated with no deficiencies cited for Resident Rights related to Resident Exposed and Quality of Care related to Call Bell Not Answered Timely, Resident Dressed Improperly, and Facility Staffing. The facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. CI MS #16693 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Improper Infection Control, No Pressure Sore Precaution Taken, and Facility Staffing. The facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements.	M 000		