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
	25CG	A. BUILDING: _____ B. WING _____	R 06/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 recertification along with five (5) complaint investigations (CI), CI MS #17199, CI MS #17230, CI MS #17351, CI MS #17367, and CI MS #17594 from 3/23/21 to 3/26/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Minimum Standards for the Aged or Infirm. The SA did not substantiate CI #17199 for Abuse, Quality of Care and Resident assessment, CI #17230 for Misappropriation of Property, CI #17351 for poor quality of care and dietary services, CI #17367 for poor quality of care and/discharge and CI #17594 for refusing to release a resident's medical records due to lack of evidence with no citations related to the complaint. The SA also cited M490 and M640. The census at the time of the survey was 68 and the facility held a license for 109 beds.	{M 000}		

Mississippi State Department of Health

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