

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255312		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2021	
NAME OF PROVIDER OR SUPPLIER UNION CO HEALTH AND REHAB CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey for #17945, CI #17946, CI #17947 and CI #17902 from 8/2/21 - 8/4/2. During the survey the SA determined that the facility was found to be in compliance with the requirements for participation in Medicare and Medicaid. The SA did not substantiate MS #17945 for Transfer/Discharge, Neglect, Medical Records, Injury of unknown origin, Nursing services and Pressure Sores, #17946 for Transfer/Discharge, services not performed, Administration, #17947 for Resident Patient rights, #17902 for Transfer/discharge, services not performed and Neglect with no citations related to the complaints. The facility has 60 beds and the census was 48.			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.