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 _____	C 08/04/2021

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 a complaint survey for complaints #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 Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. During the survey, the SA determined the complaints were not substantiated related to #17945 for transfer/discharge, Neglect, client services not performed, 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 citaions related to the complaints. The facility has 60 beds and the census was 48.	M 000		

Mississippi State Department of Health

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