| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255250 | A. BUILDING _____ B. WING _____ | 01/28/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MS CARE CENTER OF MORTON** | **96 OLD HIGHWAY 80 EAST MORTON, MS 39117** |

| (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<br><br>A COVID-19 Focused Infection Control Survey and CI MS #16670 and CI MS #16601 was conducted by the State Agency (SA) from 1/26/21 through 1/28/21. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations. The facility was found in compliance with infection control regulations and has implemented the recommended practices by CMS and the Centers for Disease Control and Prevention (CDC) to prepare for COVID-19. The SA did not substantiate CI MS #16670 for Quality of Care. CI MS #16601 was not substantiated for Abuse/Neglect. No deficiencies were cited. The census at the time of the survey was 101 with a license for 120 beds. | 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.