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
	06CH	A. BUILDING: _____ B. WING _____	C 05/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND NURSING AND REHABILITATION CENTE	4036 HIGHWAY 8 EAST CLEVELAND, MS 38732

(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 CI MS #16764, CI MS #17067, CI MS #17103, CI MS #17462 & CI MS #17758 The State Agency (SA) conducted complaint investigations (CI) CI MS #16764, CI MS #17067, CI MS #17103, CI MS #17462, and CI MS #17758 from 5/5/21 through 5/11/21. The facility was found to be in compliance with 42 CFR 483.30 infection control regulations and has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. CI MS #16764 was not substantiated for resident neglect and quality of care/treatment. CI MS #17967 was not substantiated for injury of unknown origin, resident neglect, or quality of care/treatment. CI MS #17103 was not substantiated for dietary services, quality of care/treatment or neglect. CI MS #17462 was not substantiated for quality of care/treatment. CI MS #17758 was not substantiated for quality of care. No deficiencies were cited for the complaint investigations. At the time of the survey, the census at the time of the survey was 104, and the facility has a license for 120 beds.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE