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
	42CG	A. BUILDING: _____ B. WING _____	C 01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENT	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(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 complaint survey for MS # 18347. MS# 18128, and Facility Reported Incident (FRI) MS# 18064 at the facility from 01/11/2022 to 01/13/2022 . During the survey, the SA determined that the facility followed the requirements for the Minimum Standards for the Institutions for the Aged or Infirm. The SA did not substantiate noncompliance with MS # 18347 Quality of care /treatment other, meds not given as physician ordered, MS#181128 Quality of treatment Resident not groomed properly, pharmaceutical services, and resident rights, and FRI MS 18064 Medications not given according to physician instructions and no deficiencies were cited. The facility was licensed for 110 beds and had a census of 75 at the time of the survey.	M 000		

Mississippi State Department of Health

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