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
	36GR	A. BUILDING: _____ B. WING _____	01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD HEALTH & REHAB CENTER	1301 BELK BOULEVARD OXFORD, MS 38655

(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 # 18296. MS# 18355, ms#18295, MS# 18259, MS# 18284, and MS# 18159 at the facility from 01/03/2022 to 01/05/2022 along with a Focused Covid Infection Control survey 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 # 18355 resident to resident abuse, MS# 18296 quality of care , left wet, incontinent care, feeding assist, visitation, MS# 18259 Resident-to-Resident Abuse, MS# 18259 residents rights, and Resident -to -Resident abuse, MS# 18159 Residents rights choices, quality of care body odor, grooming, and resident safety, and MS# 18284 Quality of care call bell not answered timely, resident over sedated, care not received per physician order, Resident Safety/falls and no deficiencies were cited. The facility was licensed for 180 beds and had a census of 107 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

Electronically Signed | 01/26/22