STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255269	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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a Covid-19 Focused Infection Control Survey along with complaint surveys at the facility from 1/3/2022 to 01/05/2022. The SA investigated CI MS # 18296, CI MS# 18355, CI MS#18295, CI MS# 18259, CI MS# 18284, and CI MS# 18159. During the survey, the SA determined that the facility followed the requirements for participation in Medicare and Medicaid. 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 found to be in compliance with 42 CFR §483.80 infection control regulations with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility was licensed for 180 beds with a census of 107 at time of Survey.	F 000		

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

Electronically Signed | 01/26/2022

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.