

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/28/2021
NAME OF PROVIDER OR SUPPLIER CLAIBORNE COUNTY SENIOR CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2124 OLD HWY 61 SOUTH PORT GIBSON, MS 39150		
(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 An annual survey and Complaint Investigations (CI MS#16790 and CI MS#18240) was conducted by the State Survey Agency (SSA) at the facility from 10/26/2021 through 10/28/2021. The facility was found to not be in compliance with the requirements for participation in Medicare and Medicaid. The SSA did not substantiate CI MS#16790 and CI MS#18240 related to Quality of Care/Treatment and Resident/Patient/Client Neglect regarding the facility had no prevention of pressure ulcers, staff being rude to resident's and call lights not being answered due to lack of evidence. The SSA cited F636, F638, and F641 in the annual survey. The facility has a license for 75 with a census of 70.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/12/2021

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.