

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14RO	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2021
NAME OF PROVIDER OR SUPPLIER CLARKSDALE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1120 RITCHIE AVE CLARKSDALE, MS 38614		
(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 a COVID-19 Focused Infection Control Survey, along with complaints #17150 and #17066, from 1/12/21 through 1/13/21. During the survey, the SA determined that the facility was in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The SA did not substantiate #17150 for pressure ulcers, notifications, assess/monitor resident and #17066 for infection control, dietary services with no citations related to the complaints and found the facility to be in substantial compliance with the Minimum Standards for Institutions for the Aged or Infirm. The census at the time of the survey was 55 and the facility held a license for 90 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE