

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44AA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2022
NAME OF PROVIDER OR SUPPLIER AURORA HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 310 EMERALD DRIVE COLUMBUS, MS 39702		
(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 On 1/24/22-1/25/21 the State Agency (SA) conducted two (2) complaint investigations, CI MS #18225 concerning an anonymous report of the facility having no call system for residents in the building, and CI MS #18406 concerning alleged abuse and neglect, violation of residents rights, and misappropriation of resident property by facility staff. The SA did not substantiate either of the complaints for CI MS #18255 and CI MS #18406 with no deficiencies were cited. The SA determined that the facility was in substantial compliance for the requirements for the Aged and Infirm. The facility census was 70 and the facility was licensed for 120 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

02/10/22