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
	42CG	A. BUILDING: _____ B. WING _____	C 03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENT	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(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 during an annual recertification survey, along with complaints CI MS #17598, CI MS #17516, CI MS #17464, CI MS #17318, CI MS #17431, CI MS #17240, CI MS #17055, CI MS #17036, CI MS #17005, CI MS #16890, CI MS #16895 from 3/22/21 through 3/25/21. The SA determined the facility was not in compliance with the Mississippi Regulations for Minimum for Institutions for Aged or Infirm with deficiencies cited at M0610 and M0625. The SA did not substantiate CI MS #17598 for not grooming, CI MS #17516 for Pressure ulcers and notification, CI MS #17464 for Pressure ulcers and neglect, CI MS #17318 for Pressure ulcers and notification, CI MS #17431 for assessment/ monitoring, abuse, transfer/discharge and falls, CI MS #17240 for assessment/monitoring, and quality of care, CI MS #17055 for abuse, CI MS #17036 for neglect, CI MS #17005 for grooming, assessment and neglect, CI MS #16890 for elopement, and CI MS #16895 for assessment/monitoring and notification. No deficiencies were cited related to the complaint investigations. The census at the time of the survey was 81.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/15/21