STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	C 03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	**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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification along with complaint investigations 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, and CI MS #16895 from 3/22/21 to 3/25/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA cited F558, F583, F677, F686, and F688. The SA did not substantiate the complaints for 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 and the facility is licensed for 110 beds.	F 000		

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

Electronically Signed | 04/15/2021

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.