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
	41CH	A. BUILDING: _____ B. WING _____	C 01/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	**2800 WEST MAIN STREET TUPELO, MS 38801**

(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 complaint survey investigating MS CI 00016448, MS CI 00016477 and MS CI 00016462 on 01/08/20 to 01/10/20. Concerns identified in the complaint # 16448 were related to a facility reported incident of alleged abuse/neglect for Resident #1. These concerns were not substantiated, and no deficiencies were cited. Concerns identified in the complaint # 16477 was an allegation of neglect and quality of care for Resident #4. These allegations were unable to be substantiated by the state agency and no deficiencies were cited. Concerns identified in the complaint # 16462 were allegations of neglect related to pressure sores for Resident #11. These allegations were not substantiated by the state agency and no deficiencies were cited. During the survey the SA determined the facility was in substantial compliance with requirements for participation in Medicare and Medicaid. The facility had a census of 132 at the time of the complaint survey, with a license for 140 bed capacity.	M 000		

Mississippi State Department of Health

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