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
	30CD	A. BUILDING: _____ B. WING _____	C 10/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATION CEN	3401 MAIN STREET MOSS POINT, MS 39563

(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 investigation (CI MS #16590, CI MS # 16643, CI MS #16777) at the facility on 10/12/2020. The SA determined that the facility was in compliance with the Minimum Standards for State Licensure Requirements for nursing homes. CI MS #16590 The result of the investigation was unsubstantiated with no deficiencies cited for Resident Rights related to Resident Not Treated With Dignity. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation. CI MS #16643 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care, Misappropriation of Property related to Resident Personal Items. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation. CI MS #16777 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Resident Safety. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.	M 000		