

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/08/2022
NAME OF PROVIDER OR SUPPLIER PONTOTOC HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 278 WEST EIGHTH STREET PONTOTOC, MS 38863		
(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 a post-certification revisit for an Annual Re-Certification Survey and complaint survey CI MS00018391 on 03/07/2022 through 03/08/2022. The SA determined that the facility was in compliance with the requirements for participation in Medicare and Medicaid related to F 645 concerning failure to correctly complete Preadmission Screening (PAS), F 882 concerning unclean and unsafe dietary department, undated and unlabeled food in the resident refrigerator at the nurse's station, and F 697 related to the complaint investigation concerning pain management and the facility was placed back into compliance. The facility was licensed for 60 beds and had a census of 42 at the time of the survey.	{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

03/16/2022

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.