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
	47CI	A. BUILDING: _____ B. WING _____	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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 for MS00017941 and MS00018080 that included the staff vaccination critical elements at the facility from 03/16/2022 to 03/17/2022. During the survey, the SA determined that the facility followed Mississippi Regulations for the Minimum Standards for the Institutions for the Aged or Infirm. The complaint for MS00017941 related to allegations of missing resident personal items, not being groomed adequately, body odor, and care not being received as physician ordered were unsubstantiated and MS00018080 related to allegations of missing resident personal items, admission and discharge rights, inappropriate feeding assistance, resident safety and falls, facility staffing, no pressure sore precautions, resident visitation and care not being received as physician ordered, were unsubstantiated and no deficiencies were cited. The facility was licensed for 120 beds and had a census of 87 at the time of the survey.	M 000		