

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 76AA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/11/2022
NAME OF PROVIDER OR SUPPLIER RIVER HEIGHTS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 402 ARNOLD AVENUE GREENVILLE, MS 38701		
(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 A COVID-19 Focused Infection Control Survey and a Complaint Investigation (CI) MS# 18130 and CI MS# 18293 was conducted by State Agency (SA) on 03/09/2022 through 03/11/2022. the SA determined that the facility was found to be in compliance with the Mississippi Regulations for the Minimum Standards for the Institutions for the Aged or Infirm and no deficiencies were cited. The CI #18130 was unsubstantiated for food not palatable, and services not received as ordered and the CI #18293 was unsubstantiated for Quality-of-Care services not performed per plan of care and physician, no pressure sore precautions taken by facility and resident not assessed after change in condition timely. The facility has a license for 60 with a census of 41 at the time of survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

03/21/22