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
	22GH	A. BUILDING: _____ B. WING _____	C 04/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA LIVING CENTER	1950 GRANDVIEW DRIVE GRENADA, MS 38901

(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 complaint survey for MS #18378 and MS# 18502 at the facility from 04/05/2022 to 04/06/2022/2022 along with an Employee Vaccination section of the Infection Control survey. During the survey, the SA determined that the facility followed the Minimum Standards for the Institutions for the Aged or Infirm. The SA did not substantiate noncompliance with MS #18378 Quality of care /treatment Quality of care resident left soiled for extended period of time, Resident Dressed improperly and No pressure sore precaution taken by facility MS # 18502 Quality of Care /Treatment: water not offered, resident not groomed adequately, Resident not assessed for change in medical condition timely, and client services not performed per plan of care and physician orders were not substantiated and there were no deficiencies cited. The Facility was licensed for 120 beds and the census was 73 at the time of the survey.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 04/19/22