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
	48HM	A. BUILDING: _____ B. WING _____	05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 onsite complaint investigations (CI) and a Covid 19 survey on 05/17/2022-05/19/2022 for three (3) complaints, CI MS #18224 alleged abuse of a resident by two (2) staff members while in the bathroom/shower area; CI MS #18478 alleged that there was abuse and/or neglect of resident while riding in a wheel chair on the facility van/bus; and CI MS #18521 alleged abuse and/or neglect of a resident by staff's refusing to deliver quality care to a cognitively impaired resident. The SA unsubstantiated abuse and neglect for all three (3) complaint investigations, and no Substandard Quality of Care was identified. The SA determined that the facility was not in compliance with the Minimum Standard for Institutions for the Aged or Infirm. The SA substantiated CI MS #18478 and cited M640 - Accidents. The facility held a license for 120 and had a census of 85.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 06/08/22