STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	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) COMPLETION DATE
F 000	INITIAL COMMENTS Initial Comments CI MS #18224; CI MS #18478; CI MS #18521 and Covid 19 The State Agency (SA) conducted onsite complaint investigations (CI) and a Covid 19 Focused Infection Control 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 substantiated CI MS #18478 and cited deficiencies at F689 Scope and Severity (S/S) at a "G" level (harm) for failure to supervise a bilateral amputee resident riding in the facility van/bus. The SA determined that the facility was not in substantial compliance with the federal regulations for participation in Medicare and Medicaid. The resident census on 5/17/2022 was 85 and the facility held a license for 120 beds.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/08/2022

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.