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 |
|---|---|---|---|
| | 76ME | A. BUILDING: _____ B. WING _____ | C 06/16/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MS CARE CENTER OF GREENVILLE | 1221 EAST UNION STREET GREENVILLE, MS 38703 |

| (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<br><br>The State Agency (SA) conducted a Focused Infection Control and a complaint survey MS #18849, MS #18831, MS #18574 and MS #18466 from 6/13/22-6/16/22. The SA did not substantiate the complaint of MS #18849 with allegation of Quality of Care (QOC) and neglect, MS #18831 with allegations of Abuse, MS #18574 with allegations of Resident Rights and Dietary Services and MS #18466 with allegations of Abuse and Resident Rights 6/13/22-6/16/22. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with no deficiencies cited. No dificiencies cited for Infection Control. The facility is licensed for 90 beds with a census of 81 at time of survey. | M 000 | | |

Mississippi State Department of Health

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 06/29/22 |