

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2022
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF GREENVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
F 000	INITIAL COMMENTS 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. A COVID-19 Infection Control Survey was conducted with the CI. The SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid. The SA did not substantiate the complaints for Abuse, Quality of Care, Neglect, Dietary Services, Resident Rights and cited no deficiencies. No deficiencies cited for Infection Control. The facility is licensed for 90 beds with a census of 81 at time of survey.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

06/29/2022

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.