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
	70RH	A. BUILDING: _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 On 07/20/22-7/21/22 the State Agency (SA) conducted two (2) onsite complaint investigations for CI MS #18629, which alleged that the facility was not clean, smelled of urine and feces, and had flies and fly traps in the kitchen with food that was out of date/expired; and CI MS #18980 which alleged that a resident in the facility had sexually harrassed staff and residents. The SA unsubstantiated CI MS #18629. The SA did substantiate CI MS #18980 and cited defiencies at F609 and F610. The SA determined that the facility was in substantial compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements. The facility's resident census on 07/20/22 was 37 and the facility was licensed for 60 beds.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 08/19/22