

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

PRINTED: 09/21/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2022
NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CENTER OF MARION			STREET ADDRESS, CITY, STATE, ZIP CODE 6434 A DALE DR MARION, MS 39342		
(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 an annual recertification survey along with four (4) Complaint Investigations (CI), MS # 18740, MS #18822, MS #19462 and MS #19463, at the facility from 08/22/22 to 08/25/22. The SA did not substantiate MS #18740 for Neglect, Improper Discharge, and poor Quality of Care, MS # 18822 for Neglect, Misappropriation of Property and Resident Rights, MS #19462 for poor Quality of Care, and MS #19463 for improper Infection Control practices with no citations related to the complaints. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F584, F641, F656, and F760. The facility held a licence for 120 beds with a census of 73.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

09/13/2022

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.