

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

PRINTED: 05/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2019
NAME OF PROVIDER OR SUPPLIER CLARKSDALE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1120 RITCHIE AVE CLARKSDALE, MS 38614		
(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 A Recertification Survey was conducted by Healthcare Management Solutions, LLC on behalf of Mississippi State Department of Health, at the facility from 4/15/19 to 4/19/19. In conjunction with the Recertification Survey, Complaint Intake MS00015816 related to Quality of Care was investigated, and found to be unsubstantiated with no deficiencies cited. During the survey, the facility was found not to be in substantial compliance with the requirements of participation for Medicare and Medicaid. The facility was cited regulatory deficiencies at F582, F584, F661, and F755. The facility's census on 4/15/19 was 70 residents, and the facility held a license for 90 beds.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

J. Ellen Hillman

Administrator

5/24/19

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.