

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 76ME	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/15/2022
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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint survey, MS CI #00019732, MS CI #00019664, and MS CI #00019704 from 11/14/22 to 11/15/22. The SA did not substantiate the complaints, MS CI #00019732 for Physical Environment, Quality of Care/Treatment Responsible Party Not Notified of Resident Change in Condition, Resident/Patient/Client Neglect, and Quality of Care/Treatment Inappropriate Feeding assistance for Weight Loss Resident, MS CI #00019664 for Resident/Patient/Client Rights Resident Privacy, and MS CI#00019704 for Quality of Care/Treatment Resident Safety/Falls. 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. The facility is licensed for 120 of beds and at the time of the survey the census was 104.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/22/22