

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36GR	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2022
NAME OF PROVIDER OR SUPPLIER OXFORD HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 BELK BOULEVARD OXFORD, MS 38655		
(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 October 24, 2022-October 26, 2022 the State Agency (SA) conducted on site complaint investigations for MS00019400 for alleged misappropriation of resident property; MS00019564 for alleged neglect; and MS00019627 for alleged poor quality of care, neglect and avoidable weight loss. The SA did not substantiate the three (3) of the alleged complaints and no deficiencies were cited. The SA determined that the facility was in substantial compliance with the regulations for the Aged and Infirmed. The facility census on 10/24/2022 was 106 and the facility held a license for 120 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

11/07/22