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 |
|---|---|---|---|
| | 67RH | A. BUILDING: _____ B. WING _____ | R-C 02/28/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RULEVILLE NURSING AND REHABILITATION CENTEI | 800 STANSEL DR RULEVILLE, MS 38771 |

| (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<br><br>On 02/28/23 the SA condiucted a revisit for the 2567 dated 01/21/2023 in which four (4) Immediate Jepordies were cited at F600 Scope and Severity (S/S)=J-for resident to resident abuse; F623 S/S=J for discharge rights; F660 S/S=J for Administration; and F835 S/S=J cited for discharge planning. The onsite revisit determined that the facility had corrected the non-compliance as of 02/19/2023 and was placed back in compliance. On 02/28/23 the SA determined that the facliity was in substantial compliance with the regulations and requirements for The Aged and Infirmed. There were no deficiencies cited on 02/27/23-02/28/23. The facility was licensed for 111 beds and had a census of 109. | {M 000} | | |

Mississippi State Department of Health

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 03/24/23 |