STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255310	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

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F 000	INITIAL COMMENTS The State Survey Agency (SA) conducted an annual recertification survey from 12/18/18 through 12/20/18. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiencies F656 and F677. At the time of the survey, the census was 56 and the facility held a license for 60 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		1/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/11/2019

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.

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F 656	Continued From page 1 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff and resident interview, and facility policy review, the facility failed to implement the comprehensive care plan related to personal hygiene for two (2) of 18 care plans reviewed. Resident #3 and Resident #11. Findings include: A review of the facility's "Comprehensive Plan of Care" policy, revised 11/28/17, revealed the facility was to develop a comprehensive plan of care for each resident that included measurable objectives and timetables to meet a resident's medical, nursing, and mental/psychosocial needs identified by the comprehensive assessment. The policy did not specifically address implementation of the care plan, but did indicate the responsibility for each intervention would be conducted, and documentation of resident response and progress toward the goal would be	F 656	* On 12/19/18 Resident #11 was provided assistance with grooming and removal of facial hair per assigned 7am-3pm certified nurse assistant. Resident #11 discharged home from facility on 12/23/18 after completion of rehab services. On 12/19/18 Resident #3 was provided assistance with grooming and removal of facial hair per assigned 7am-3pm certified nurse assistant. On 1/2/19 nursing care plan was updated per Risk Manager Registered Nurse for certified nursing assistant to assist resident with trimming facial hair three times weekly and as needed. On 1/7/19 Kiosk care plan for resident #3 was updated by medical records licensed practical nurse for certified nursing assistants to monitor for facial hair daily and assist with removal of facial hair three times weekly and as needed.	

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F 656	Continued From page 2 decided and designated by the interdisciplinary team. Resident #3 A review of the comprehensive care plan and smart charting care plan revealed Resident #3 had a care plan with a Problem Onset Date of 05/30/14, with a Goal and Target date of 1/12/19, that the resident required extensive to total assist with Activities of Daily Living (ADL) care. The smart charting care plan revealed the resident was to have a personal electric shaver to be used for shaving facial hairs, and hygiene was listed on the plan. The comprehensive care plan had nurses and Certified Nursing Assistants (CNAs) as staff responsible for the completion of ADLs, and the smart charting section indicated hygiene tasks were to be monitored every shift. An observation, on 12/18/18 at 10:04 AM of Resident #3 in her room, revealed the resident was seated in a Broda chair, and appeared confused. Resident #3 did not respond when spoken to, and was making grunting sounds. Resident #3 had dried mucous hanging from her right nostril, and there was noticeable thick gray hair on her upper lip and chin. An observation, on 12/18/18 at 12:05 PM, revealed Resident #3 was being fed with the assistance of a CNA in the dining room. The thick gray hair was still present on Resident #3's upper lip and chin. A review of Resident #3's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/02/2018, revealed Resident #3 needed extensive assistance with hygiene tasks	F 656	* All residents requiring assist with activities of daily living have the potential to be affected by this deficient practice * On 01/02/19 interviews were completed by Risk Manager Registered Nurse with all residents or responsible party regarding resident preferences concerning facial hair On 01/02/19 100% audit of all care plans was completed by Risk Manager Registered Nurse and care plans were updated by Risk Manager Registered Nurse according to resident's preferences regarding grooming practices and facial hair * Starting 1/2/19 care plans will be monitored regarding facial hair and grooming assistance by Risk Manager Registered Nurse and Director of Nursing to ensure care plans and kiosk care plan reflect resident's facial hair and shaving preferences are care planned accurately weekly for four weeks then monthly thereafter until substantial compliance is achieved * Any discrepancies will be brought to Quality Assurance Committee by Risk Manager Registered Nurse and Director of Nursing for further review, recommendations and any disciplinary action to be taken	

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F 656	Continued From page 3 including shaving, and needed one person physical assistance to complete hygiene tasks, and was totally dependent on staff for bathing. The facility assessed the resident's cognitive skills for daily decision making to be severely impaired, never/rarely making decisions. An interview, on 12/19/18 at 10:17 AM, with Licensed Practical Nurse (LPN) #1 revealed whoever bathed the residents would be responsible for completing hygiene tasks for dependent residents. LPN #1 stated completed tasks were recorded in the Kiosk by the Certified Nurse Assistants (CNAs). An observation, on 12/19/18 at 10:20 AM, revealed Resident #3 was in her room with LPN #1, CNA #1 and CNA #2. All three (3) staff members confirmed the presence of hair above the resident's lip, and hair on her chin. The CNAs stated the resident received hospice services, and hospice staff should have given Resident #3 a bath and shaved her. LPN #1 stated it was the responsibility of all nursing staff to notice if the resident needed to be shaved, and it should have been shaved if hospice staff had not done it. CNA #1, CNA #2 and LPN #1 denied noticing hair on Resident #3's face today prior to this observation. LPN #1 stated the dates the resident was shaved should be recorded on the ADLs in the Kiosk. A review of the Personal Hygiene Roster revealed the hygiene tasks performed for Resident #3. The most recent date the resident was shaved was on 12/15/18. An interview, on 12/20/18 at 9:45 AM, with the Director of Nursing (DON), revealed staff should	F 656		

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F 656	Continued From page 4 perform hygiene tasks even if it was not the resident's shower day, and even if a resident was receiving hospice services. The DON stated it was the responsibility of facility staff to ensure hygiene tasks were completed. The DON stated the Comprehensive Care Plan for Resident #3 included the Smart Charting Care Plan that specifically stated the resident was to have a personal electric shaver to be used for shaving facial hairs, and hygiene was listed indicating the area was to be performed by staff. The DON stated hygiene would include shaving facial hair. The DON stated she thought the care plan was followed, but wasn't developed to the extent of specifics of how often to shave the resident. A review of Resident #3's Face Sheet revealed the resident was admitted by the facility on 01/06/2005, and had diagnoses which included Dementia and Diabetes. Resident #11 A review of the comprehensive care plan and smart charting care plan, revealed Resident #11 had a care plan with a Problem Onset Date of 09/14/18, with a Goal and Target date of 12/30/18, stating she required assist with all ADLs and transfers due to weakness to right her side related to Hemiplegia. The Smart Charting care plan indicated personal hygiene tasks were to be monitored every shift. An observation, on 12/18/18 at 10:59 AM, revealed Resident #11 was seated in her wheelchair with noticeable curled, thick, patches of facial hair on the left and right bottom sides of her chin. Resident #11 stated before she came to the facility she shaved it off, but since she's been	F 656		

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F 656	Continued From page 5 sick she had not been able to shave it. Resident #11 stated that no one had asked her recently if she wanted it shaved, and she had not told anybody to shave it, but would like it shaved. The resident stated she gets assistance to the shower. A review of Resident #11's Admission Minimum Data Set (MDS), with and Assessment Reference Date (ARD) of 09/21/2018 revealed Resident #11 needed extensive assistance for hygiene tasks including shaving, and needed one person physical assistance to complete hygiene tasks, and was totally dependent on staff for bathing. The assessment revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 of 15, indicating the resident was cognitively intact. An interview, on 12/19/18 at 10:17 AM, revealed LPN #1 stated whoever bathed the resident would be responsible for completing the hygiene tasks for dependent residents. LPN#1 stated completed tasks were recorded in the Kiosk by the CNAs. An interview, on 12/19/18 at 10:18 AM, with CNA #2 revealed shower staff are responsible for taking care of hygiene tasks while bathing the residents. CNA #2 stated they (shower staff) would shave facial hair on female residents while bathing. CNA #2 stated staff shower staff asked residents who could talk to them if they wanted to be shaved, and did it for them. CNA #2 stated she had not showered Resident #11 in the past week, but thinks the resident may refuse to be shaved sometimes. CNA #2 stated a resident's refusal of care should be told to the nurse, and recorded.	F 656		

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F 656	Continued From page 6 An observation in the presence of LPN #1, on 12/19/18 at 10:25 AM, revealed Resident #11 was in the dining/activity area. LPN #1 confirmed Resident #11 had patches of curled hair on each side of her chin. A review of the Personal Hygiene Roster revealed hygiene tasks performed for Resident #11. The roster indicated the most recent date the Resident #11 had been shaved was 11/12/18. A review of the Nurse's Notes from the time of Resident #11's admission to the present date did not reveal any documentation the resident refused care. An interview, on 12/20/18 at 9:45 AM, with the Director of Nursing (DON) revealed the comprehensive care plan included a smart charting care plan which was part of the comprehensive care plan, and hygiene was listed indicating the area was to be performed by staff. The DON stated she thought the care plan was followed, but wasn't developed to the extent of specifics of how often to shave the resident. A review of Resident #11's Face Sheet revealed the resident was admitted by the facility on 09/14/2018, and had diagnoses including Hemiplegia affecting her dominate right side, and Generalized Muscle Weakness.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and	F 677		1/21/19

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F 677	Continued From page 7 personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview, record review, and facility policy review, the facility failed to ensure personal grooming was completed for two (2) of eight (8) sampled residents that required assistance with Activities of Daily Living (ADLs). Resident #3 and Resident #11. Findings include: A review of the facility's "Restorative Program and Activities of Daily Living" policy, revised 11/26/17, revealed a resident who was unable to carry out activities of daily living (ADLs) would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. ADLs included bathing, dressing and grooming. Resident #3 An observation, on 12/18/18 at 10:04 AM, revealed Resident #3 was in her room, seated in a Broda chair. Resident #3 was confused, making grunting sounds, and did not respond when spoken to. The resident had dried mucous hanging from her right nostril, and noticeable thick gray hair on her upper lip and chin. An observation, on 12/18/18 at 12:05 PM, revealed Resident #3 was in the dining room being fed by a Certified Nursing Assistant (CNA). Resident #3 still had the thick gray hair on her upper lip and chin. A review of Resident #3's Quarterly Minimum	F 677	* On 12/19/18 Resident #11 was provided assistance with grooming and removal of facial hair per assigned 7am-3pm certified nurse assistant. Resident #11 discharged home from facility on 12/23/18. On 12/19/18 Resident #3 was provided assistance with grooming and removal of facial hair per assigned 7am-3pm certified nurse assistant. On 1/2/19 nursing care plan was updated per Risk Manager Registered Nurse for certified nursing assistant to assist resident with trimming facial hair three times weekly and as needed. On 1/7/19 Kiosk care plan for resident #3 was updated by medical records licensed practical nurse for certified nursing assistants to monitor for facial hair daily and assist with removal of facial hair three times weekly and as needed. * All residents requiring assistance with activities of daily living have the potential to be affected by this deficient practice * On 01/02/19 a 100% audit was completed by Staff Development Registered Nurse, Quality Assurance nurse, and Risk Manager Registered Nurse regarding resident's facial hair by direct observation. All findings were reviewed by Director of Nursing and addressed according to resident preferences. *On 01/03/19-01/09/19 all certified nursing	

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F 677	Continued From page 8 Data Set (MDS), with and Assessment Reference Date (ARD) of 10/02/2018, revealed Resident #3 needed extensive assistance for hygiene tasks including shaving, and needed one person physical assistance to complete hygiene tasks, and was totally dependent on staff for bathing. The facility assessed the resident's cognitive skills for daily decision making to be severely impaired, never/rarely making decisions. An interview, on 12/19/18 at 10:17 AM, with Licensed Practical Nurse (LPN) #1 revealed the facility had designated shower staff who were responsible for bathing/showering residents. LPN # 1 stated sometimes regular Certified Nursing Assistants (CNAs) would assist with bathing if a resident wanted/needed a bath not on the schedule. LPN #1 stated whoever bathed the resident would be responsible for completing the hygiene tasks for the dependent residents. LPN #1 stated completed tasks were recorded in the kiosk by the CNAs. An interview with CNA #1, on 12/19/18 at 10:14 AM, who was on the shower staff team, revealed shower staff completed baths/showers on Monday, Wednesday and Friday for residents in rooms one (1) -17 and on Tuesday, Thursday, and Saturday for residents in rooms 17-34. CNA #1 stated she and one other CNA were on the shower staff team. CNA #1 stated when bathing/showering residents they would shave female residents when they observed hair growing on their face, and it would be documented in the kiosk the resident was shaved. An interview, on 12/19/18 at 10:18 AM, with CNA #2 revealed they (shower staff) were responsible	F 677	assistants and nurses were inserviced by Staff Development Registered Nurse regarding grooming and removal of facial hair *Starting 1/2/19 direct observation audits of facial hair will be done by risk manager registered nurse, quality assurance registered nurse, and staff development registered nurse Monday through Friday for two weeks then weekly for four weeks, then monthly thereafter until substantial compliance is achieved to ensure solutions are sustained. * Any discrepancies will be brought to Director of Nursing and presented to Quality Assurance Committee for further review, recommendations and any disciplinary action to be taken	

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F 677	Continued From page 9	F 677		

for taking care of hygiene tasks while bathing the residents. CAN #2 stated they would shave facial hair on female residents during the bath/shower. CNA #2 stated that for residents who couldn't speak they would just do it for them.

An observation, on 12/19/18 at 10:20 AM, revealed Resident #3 her room with CNA #1, CNA #2, and LPN #1 present. CNA #1, #2, and LPN #1 confirmed the presence of hair above the resident's lip, and hair on her chin. The CNAs stated Resident #3 received hospice services, and hospice staff bathed the resident. Both CNAs and LPN #1 stated the hospice staff should have shaved the resident when she received a bath. LPN #1 stated it was the responsibility of all nursing staff to notice if the resident needed to be shaved, and the resident should be shaved if the hospice staff did not do the task. The CNAs nor LPN #1 had noticed the hair on Resident #3's face today prior to this observation. LPN #1 stated the dates the resident had been shaved should be recorded on Activities of Daily Living (ADLs) in the Kiosk.

A review of the Personal Hygiene Roster revealed hygiene tasks performed for Resident #3. The roster documented the most recent date the resident had been shaved was 12/15/18.

An interview, on 12/19/18 at 12:30 PM, with Resident #3's son revealed his mother had facial hair for years that grew like a man's. He stated when his mother was home, and "she had her mind" she shaved daily. He stated that most of the time staff kept her shaved, but he had seen facial hair on her several times when visiting. He stated he didn't think it was a big deal because his mother really didn't know what's going on, but

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F 677	Continued From page 10 if she was aware she would want it shaved. An interview, on 12/20/18 at 9:45 AM, with the Director of Nursing (DON), revealed it was expected that facility staff, including nurses and CNAs, assess residents daily for personal hygiene needs. The DON stated staff should perform hygiene tasks even if it was not the resident's shower day, and even if the resident was receiving hospice services. The DON stated it was the responsibility of the facility staff to ensure hygiene tasks were completed. A review of Resident #3's Face Sheet revealed the resident was admitted by the facility on 01/06/2005, and had diagnoses including Dementia and Diabetes. Resident #11 An observation, on 12/18/18 at 10:59 AM, revealed Resident #11 had noticeable curled thick patches of facial hair on the left and right bottom sides of her chin. The resident stated before she came to the facility she shaved it off, but since she's been sick she had not been able to shave it. The resident stated that no one had asked her recently if she wanted it shaved, and she had not told anybody to shave it. Resident #11 said she would like it shaved. The resident stated she got assistance to the shower. A review of Resident #11's Admission Minimum Data Set (MDS), with and Assessment Reference Date (ARD) of 09/21/2018, revealed Resident #11 needed extensive assistance for hygiene tasks including shaving, and needed one person physical assistance to complete hygiene tasks, and was totally dependent on staff for bathing.	F 677		

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F 677	Continued From page 11 The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 of 15, indicating the resident was cognitively intact. During an interview, on 12/19/18 at 10:17 AM, Licensed Practical Nurse (LPN) #1 revealed the facility had designated shower staff who were responsible for bathing/showering residents, and sometimes regular Certified Nursing Assistants (CNAs) would assist with bathing if a resident wanted/needed a bath that was not on the schedule. LPN #1 stated whoever bathed the resident would be responsible for completing the hygiene tasks for the dependent residents. LPN #1 stated completed tasks were recorded in the kiosk by the CNAs. An interview on 12/19/18 at 10:14 AM with CNA #1, who was on the shower staff team, revealed shower staff completed baths/showers on Monday, Wednesday and Friday for residents in rooms one (1) -17 and on Tuesday, Thursday, and Saturday for residents in rooms 17-34. CNA #1 stated she and one other CNA were on the shower staff team. CNA #1 stated when bathing/showering residents they would shave female residents when they see hair growing on their face and it would indicate in the kiosk the resident was shaved. An interview, on 12/19/18 at 10:18 AM, with CNA #2 revealed she would shave facial hair on female residents while bathing or showering them. CNA #2 stated she would ask the residents who could talk if they wanted her to shave them, and she would if they wanted her to. CNA #2 stated she had not showered Resident #11 in the past week, but thinks the resident may	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255310	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

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F 677	Continued From page 12 refuse to be shaved sometimes. CNA #2 stated this should be told to the nurse, and recorded in notes. An observation, on 12/19/18 at 10:25 AM, revealed Resident #11 was in the dining/activity area with LPN #1 present, LPN #1 confirmed the resident had patches of curled hair on each side of her chin. LPN#1 stated it appeared the resident had one side shaved more recently than the other, and perhaps the shaving was stopped prior to completion on one side, so it may be true the resident refused to be shaved sometimes. LPN #1 did not recall being told this, but stated it would be recorded in nurse's notes if a nurse was told. A review of the Personal Hygiene Roster revealed the hygiene tasks performed for Resident #11. The roster documented the most recent date the resident had been shaved was 11/12/18. A review of the Nurse's Notes did not reveal any notes documented Resident #11 had refused care. An interview, on 12/20/18 at 9:45 AM, with the Director of Nursing (DON) revealed it was expected that facility staff, including nurses and CNAs, assess residents daily for personal hygiene needs. The DON stated that staff should perform hygiene tasks even if it was not the resident's shower day, and even if the resident was receiving hospice services, it was the responsibility of facility staff to ensure hygiene tasks were completed. An observation and interview, on 12/20/18 at 11:51 AM, with Resident #11 revealed the	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255310	A. BUILDING _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

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F 677	Continued From page 13 resident had a clean shaven face. The resident stated she was happy to have the hair off her chin. The resident denied ever refusing to have her facial hair shaved, stating "they didn't ask me". A review of Resident #11's Face Sheet revealed the resident was admitted by the facility on 09/14/2018, and had diagnoses including Hemiplegia affecting her dominate right side, and Generalized Muscle Weakness.	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255310	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/18/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	**503 SILVER CROSS DRIVE** **BROOKHAVEN, MS 39601**

(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
K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/11/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255310	A. BUILDING **02 - 2009 THERAPY ADDITION** B. WING _____	**12/18/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	**503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 12/18/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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