

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42PM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2024
NAME OF PROVIDER OR SUPPLIER RIVERVIEW NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 WEST CLAIBORNE AVENUE EXTENDED GREENWOOD, MS 38930		
(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 August 26, 2024 the State Agency (SA) conducted an onsite complaint investigation for three (3) complaints: CI MS #25511 for alleged environmental uncleanliness that lead to infections in the facility; CI MS #26187 for facility self reported injuries of a fracture to a resident's upper left arm caused from an unknown origin; and CI MS #26193 for alleged injuries of a fracture to the resident's left upper arm that were reported from outside the facility by the community. The SA determined that the facility was in compliance with the Rules and Regulations for the Aged and Infirmed and no deficiencies were cited. The resident census on 08/26/2024 was 65 and the facility was licensed for 91 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

09/04/24