

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 67RH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2024
NAME OF PROVIDER OR SUPPLIER RULEVILLE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Initial Comments: On August 27, 2024 through August 28, 2024 the State Agency (SA) conducted three (3) complaint investigations, CI MS #25916 for alleged neglect of a resident who issued concerns of pain in her foot and concerns of getting pneumonia; CI MS #26140 for alleged neglect of a resident requesting restorative care from a specific male employee; and CI MS #26291 for alleged resident to resident sexual abuse. 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 08/27/24 was 109 and the facility was licensed for 111 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

09/16/24