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
	82CI	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YAZOO CITY REHABILITATION AND HEALTHCARE CE	925 CALHOUN AVENUE YAZOO CITY, MS 39194

(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 September 24, 2024 the State Agency (SA) conducted four (4) onsite complaint investigations CI MS #26160; CI MS #26355; CI MS #26455; and CI MS #26483, all four (4) complaints were alleged concerns with unclean and untidy physical environment, black mold on shower stall walls and shower curtains, and general unclean resident rooms and resident areas, as well as low staffing numbers on the 11:00 PM-7:00 AM shifts, and alleged complaints of laxatives being placed in a resident's food. 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 09/24/2024 was 138 and the facility was licensed for 165 residents.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/02/24