

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/04/2021	
NAME OF PROVIDER OR SUPPLIER PINE FOREST HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1116 FOREST AVENUE JACKSON, MS 39206			
(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
{F 000}	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification along with five (5) complaint investigations (CI), CI MS #17199, CI MS #17230, CI MS #17351, CI MS #17367, and CI MS #17594 from 3/23/21 to 3/26/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA did not substantiate CI #17199 for Abuse, Quality of Care and Resident assessment, CI #17230 for Misappropriation of Property, CI #17351 for poor quality of care and dietary services, CI #17367 for poor quality of care and /discharge and CI #17594 for refusing to release a resident's medical records due to lack of evidence with no citations related to the complaint. The SA also cited F561, F584, F608, F609, F677, F689, F759, F880 and F921 during the survey. The census at the time of the survey was 68 and the facility held a license for 109 beds.			{F 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

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.