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
	75VT	A. BUILDING: _____ B. WING _____	C 02/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE C	2850 PORTER'S CHAPEL ROAD VICKSBURG, MS 39180

(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: CI MS #20560; CI MS #20561; CI MS #20581; and Extended CI MS #20803: On February 21, 2023-February 23, 2023 the State Agency (SA) conducted complaint investigations for CI MS #20560; CI MS #20561; CI MS #20581 and an Extended complaint investigation for CI MS #20803, for alleged neglect of residents care; alleged insects and pests in the building; alleged unreported falls with injuries; and alleged attempts for an unsafe discharge of a seriously ill resident. The SA determined that the facility was in compliance with the requirements and regulations for the Aged and Infirmed. The SA did not cite any deficiencies. The facility census on February 21, 2023 was 94 and the facility was licensed for 107 beds.	M 000		