

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 63CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2022
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NAME OF PROVIDER OR SUPPLIER SHARKEY-ISSAQUENA NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST RACE STREET ROLLING FORK, MS 39159
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(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	<p>Initial Comments</p> <p>Entrance into facility on 5/24/22 at 11:20 AM for Complaint Investigations (CI) #18809 and CI #18276 along with a COVID-19 staff vaccine survey. The facility was found to be in compliance with Infection Control Regulations related to COVID 19 Employee/Staff vaccines, has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19 staff vaccination or exemption status. and in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. CI#18809 was unsubstantiated with no deficiencies cited for allegations of Safety/Quality of Care. This was a facility reported incident. CI#18276 was unsubstantiated with no deficiencies cited for allegations of Quality of Care/grooming, Quality of Care/Diets, Quality of Care/staffing. This CI was anonymous. The facility was found to be in complaince with the State Regulations for Long Term Care Facilities. The facility is licensed for 54 beds with a census of 46 at the time of survey.</p>	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____