

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40CH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2025
NAME OF PROVIDER OR SUPPLIER TREND HEALTH & REHAB OF CARTHAGE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 EAST FRANKLIN STREET CARTHAGE, MS 39051		
(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 On 03/25/25 the State Agency (SA) conducted an onsite complaint investigation for MS #28036 and MS #28041 which alleged that the resident rights. The SA determined that the facility was in compliance with the Rules and Regulations for the Aged and Infirm and no deficiencies were cited. The facility was licensed for 83 beds and the census was 79 at the time of survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

04/03/25