

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/26/2025	
NAME OF PROVIDER OR SUPPLIER SENATOBIA HEALTHCARE & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 402 GETWELL DR , SENATOBIA, Mississippi, 38668			
(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	
M0000	Initial Comments The State Agency (SA) conducted an anonymous Complaint Investigation (CI MS # 2592606) at the facility on 8/26/25. Although there were no deficiencies cited during the survey the facility remains out of compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm due to deficiencies cited on the 08/07/25 survey. The SA investigated meal services, resident rights, Quality of Care, and activities of daily living with no deficiencies cited. The facility held a license for 106 beds, with a census of 88.		M0000				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------