

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 09/16/2025	
NAME OF PROVIDER OR SUPPLIER BAPTIST NURSING HOME-CALHOUN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 152 BURKE CALHOUN CITY ROAD , CALHOUN CITY, Mississippi, 38916			
(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 Complaint Investigations (CI), MS #2613576, MS #2614992 MS #2617095, at the facility on 09/16/25 related to Resident Rights. During the survey, the SA determined the facility was in compliance with the minimum Standards for The Aged and Infirm, state licensure requirements and there were no deficiencies cited. The facility held a license for 120 beds, with a census of 91.			M0000			

Office of Primary Care and Health Systems Management

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