

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 12/17/2025	
NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CENTER OF MENDENHALL				STREET ADDRESS, CITY, STATE, ZIP CODE 925 WEST MANGUM AVENUE , MENDENHALL, Mississippi, 39114			
(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 (CIs), MS #2694683, MS #2690680, and MS #2690000, at the facility from 12/15/25 through 12/17/25. MS #2694683 and MS #2690680 were investigated related to an allegation that a CNA had fallen onto a resident during care and MS #2690000 was investigated related to a medication error. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement, and there were no deficiencies cited.		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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