

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 12/29/2025	
NAME OF PROVIDER OR SUPPLIER CARE CENTER OF ABERDEEN				STREET ADDRESS, CITY, STATE, ZIP CODE 505 JACKSON ST , ABERDEEN, Mississippi, 39730			
(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 a Complaint Investigation (CI MS #2697562) at the facility on 12/29/25. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for Aged or Infirm, state licensure regulations. The SA investigated the complaint for admission, transfer, and discharge rights. There were no citations related to this complaint. However, the facility remains out of compliance with the Minimum Standards for Institutions for Aged or Inform, state licensure regulations due to deficiencies cited on the 12/03/25 survey. The census at the time of the survey was 90 with a license for 105 beds.			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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