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 **04/09/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	**1116 FOREST AVENUE , JACKSON, Mississippi, 39206**

(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 at the facility on 4/07/26 through 4/09/26 and investigated Complaint 2961494, Complaint 2806719, Complaint 2874513, Complaint 2968243, Complaint 2966163, and Complaint 2964901. Complaint 2961494 was investigated related to resident rights; Complaint 2806719 was investigated related to resident rights, Complaint 2874513 was investigated related to quality of care, Complaint 2968243 was investigated related to death in facility and neglect, Complaint 2966163 was investigated related to infection control and quality of care, and Complaint 2964901 was investigated related to quality of care, neglect, nursing services, administration, call lights no working/not answered in a timely manner, resident rights, and accidents/elopement. 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. 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