

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53TC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/08/2022
NAME OF PROVIDER OR SUPPLIER CARRINGTON, LLC D/B/A THE CARRINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 307 REED RD STARKVILLE, MS 39759		
(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) COMPLETE DATE
M 000	Initial Comments INITIAL COMMENTS CI MS #18119 On 02/07/2022-02/08/2022 the State Agency (SA) conducted a complaint investigation, CI MS #18119, concerning call light systems not being answered timely on 09/18/2021. The SA determined that CI MS #18119 was Unsubstantiated and no deficiencies were cited. The SA determined that the facility was in substantial compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The census on 02/07/2022 was 53 and the facility was licensed for 60 beds.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/23/22