

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 68TG	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/15/2021
NAME OF PROVIDER OR SUPPLIER TALLAHATCHIE GENERAL HOSP ECF		STREET ADDRESS, CITY, STATE, ZIP CODE 201 SOUTH MARKET ST CHARLESTON, MS 38921		
(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 A Compliant Investigation (CI) was conducted 12/14/21-12/15/21 for CI #18060 and CI # 18030. CI # 18060 was an anonymous complaint with allegations regarding Injury of Unknown Origin. CI # 18030 was a CI filed by a family member of a resident with allegations of inadequate staffing, Resident Rights, Improper Incontinent Care and Quality of Care/tx. The allegations were unsubstantiated with no deficiencies cited. During the survey, the facility was found to be in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The facility has a license for 98 beds with a census of 74 at the time of survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

01/03/22