

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 69SC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/20/2021
NAME OF PROVIDER OR SUPPLIER SENATOBIA HEALTHCARE & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 402 GETWELL DR SENATOBIA, MS 38668		
(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 CI MS #17550 The State Agency (SA) conducted complaint investigation, CI MS #17750, from 4/19/21 through 4/20/21. The SA determined that the facility was in substantial compliance with the Minimum Standards for the Aged or Infirm requirements of participation. The SA did not substantiate CI MS #17750 related abuse and/or neglect and no deficiencies were cited. The census at the time of the survey was 76 and the facility was licensed for 106 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE