

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40CH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/25/2022
NAME OF PROVIDER OR SUPPLIER TREND HEALTH & REHAB OF CARTHAGE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 EAST FRANKLIN STREET CARTHAGE, MS 39051		
(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 The State Agency conducted a complaint for the complaints MS#00019417 and MS##00019232, from 8/24/22 to 8/25/22. During the survey, the SA determined that the facility was in compliance with the Minimum Standard of Operation for Institutions for the Aged or Infirm, state licensure requirements. At the time of survey the facility had a census of 86 and the facility is licensed for 99 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

09/16/22