

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 72TC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/01/2022
NAME OF PROVIDER OR SUPPLIER TUNICA COUNTY HEALTH & REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 HIGHWAY 61 SOUTH TUNICA, MS 38676		
(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 survey for the complaint, MS #18750, from 8/31/22 to 9/01/22. 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. The SA did not substantiate MS #18750 for Insufficient food, Therapeutic Diets not served, Quality of Care - Treatments, Food preference not honored and Call Bell not answered in a timely manner and no deficiencies cited. At the time of the survey the facility census was 42 and the facility is 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

09/16/22