MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53TC	A. BUILDING: _____ B. WING _____	C 12/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON, LLC D/B/A THE CARRINGTON	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 The State Agency (SA) conducted a complaint survey, CI MS #19741, CI MS #19566, and CI MS #19426 at the facility from 12/5/22 through 12/7/22. During the survey, the SA determined that the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institution for Aged or Infirm. The SA did not substantiate the complaints related to Resident Rights, Resident Not Treated with Dignity/Respect, Resident Abuse related to Verbal Abuse, Resident Assessment, Neglect, Quality of Care related to Services not Provided per Physician's Order, Improper Incontinent Care, No Pressure Sore Precautions Taken By Facility, Responsible Party Not Notified, Call Lights Not Answered Timely, Resident Safety and cited no deficiencies. The census at the time of the survey was 54 with a license for 60 beds.	M 000		