

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/25/2026	
NAME OF PROVIDER OR SUPPLIER PINE FOREST HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1116 FOREST AVENUE , JACKSON, Mississippi, 39206			
(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) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted a desk review on 08/25/26 related to the complaint survey that was completed on 07/15/26-07/16/26. The SA determined that the corrective measures taken by the facility corrected the deficiencies cited on the 07/16/26 survey as of 08/21/26. However, the facility remained out of compliance with the requirement of participation in the Minimum Standards for The Aged and Infirm related to noncompliance cited with a complaint survey completed 08/19/26.			M0000			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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