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
	04AC	A. BUILDING: _____ B. WING _____	C 05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTALA COUNTY NURSING CENTER	326 HIGHWAY 12 WEST KOSCIUSKO, MS 39090

(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 Initial Comments: CI MS #24272 and CI MS #24970 On May 13, 2024 the State Agency (SA) conducted an onsite investigation for two (2) complaints, CI MS #24272 for alleged verbal abuse of a Resident, and CI MS #24970 for alleged neglect of failure to suction a choking resident. The SA determined that the facility was in compliance with the rules and regulations for the Aged and Infirm and no deficiencies were cited. The facility was licensed for 120 beds and the census was 103 on 05/13/24.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 05/20/24