

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04AC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/23/2024
NAME OF PROVIDER OR SUPPLIER ATTALA COUNTY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 #25958 and CI MS #26296 On September 23, 2024 the State Agency (SA) conducted two onsite complaint investigations, CI MS #25958 and CI MS #26296 in which both complaints alleged that a resident had been sexually abused in the facility. The SA determined that there was no evidence to support any sexual abuse in the facility. The SA determined that the facility was in compliance with the Rules and Regulations for "The Aged and Infirmed" and no deficiencies were cited. The facility was licensed for 120 beds and the census on 09/23/24 was 100.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/01/24