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 **08/21/2025**

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

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M0000	Initial Comments The State Agency (SA) conducted an Annual Recertification survey and two (2) Complaint Investigations (CI MS #2583758 and CI MS #488196) at the facility from 08/18/25 through 08/21/25. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M225, M610, and M705. The SA investigated CI MS #2583758 and CI MS #488196 with no deficiencies cited. The census at the time of the survey was 103 and the facility held a license for 120 beds.	M0000		
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.	M0225		

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

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M0225	Continued from page 1 c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on staff interviews, record review, and facility policy review, the facility failed to maintain the minimum requirements for nursing staff based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hour period, for five (5) of twenty-six days reviewed. Based on staff interviews, record review, and facility policy review, the facility failed to maintain the minimum requirements for nursing staff based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hour period, for five (5) of twenty-six days reviewed. Findings Include	M0225		

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M0225	Continued from page 2 Record review of the facility policy titled, “Nursing Services – Staffing” with a revision date of 11/17 revealed, “2 … The facility will comply with established staffing requirements by the individual state governing agencies.” Record review of the “Staffing Grid for Quarter 2 2025 weekends” revealed on dates 1/5/25, 1/12/25, 1/25/25, 3/19/25, and 3/22/25, the facility did not meet the requirements of the minimum of 2.80 per patient day (PPD) During an interview on 8/21/2025 at 10:45 AM, Staff Development revealed we must ensure we have enough staff to run a 2.80 per patient daily to ensure the needs of each resident are met. She revealed that 2.80 is the minimum requirement for direct resident care and confirmed they failed on several weekends of the 2nd quarter review to maintain a 2.80. An interview on 8/21/2025 at 11:16 AM, the Administrator (ADM) revealed we go by the nursing 2.80 PPD to ensure we do not go under that minimum requirement by the state. She revealed she was unaware of the excessively low weekend staffing. During an interview on 8/21/2025 at 12:09 PM, the Director of Nurses (DON) revealed she was aware we were having staffing issues during January-March but wasn't aware that we triggered for excessively low weekend staffing. She revealed we were having excessive call-ins, some no-call, no-shows. It was just a bad time. She revealed we only used an agency for our nurses; our main issues were the CNAs calling in. She revealed we were utilizing our on-call staff to help cover shifts as best as possible.	M0225		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and	M0610		

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M0610	Continued from page 3 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observations, resident and staff interviews, record reviews, and facility policy review, the facility failed to provide Activities of Daily Living (ADL) care to maintain personal hygiene for two (2) of 25 sampled residents. (Resident #42 and #67) Findings Include Review of the facility policy titled, "Nail Care" with a revision date of 07/10 revealed under "Purpose...to promote cleanliness, safety and a neat appearance; to observe skin condition on fingers and toes". Resident #42 An observation and interview with Resident #42 on 8/18/25 at 10:39 AM and again on 8/19/25 at 4:22 PM revealed that the resident's fingernails were dirty with a brown substance underneath the nailbeds, they were approximately one-half inch past the fingertip and jagged. Resident #42 expressed a desire to have her nails trimmed, stating she preferred them to be trimmed short. An observation and interview on 8/19/25 at 4:22 PM with Licensed Practical Nurse (LPN) #3 confirmed that Resident #42's fingernails should have been cleaned and trimmed by the nursing staff. An interview on 8/20/2025 at 12:00 PM, with the Director of Nursing (DON) expressed her expectations that residents' nails should be kept clean and trimmed as necessary. She then confirmed that nursing staff should perform nail care on diabetic residents as needed. Record review of the "Admission Record" indicated that the facility admitted Resident #42 on 6/6/2025 with a medical diagnosis that included Type Two (2) Diabetes Mellitus with Diabetic Chronic Kidney Disease and Unspecified Dementia, Moderate, with Psychotic Disturbance.	M0610		

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M0610	Continued from page 4 A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/13/25 revealed under section C, a Brief Interview for Mental Status "BIMS" summary score of 15 which indicated Resident #42 was cognitively intact. Resident #67 On 8/19/25 at 8:47 AM, an observation and interview with Resident #67 revealed the resident to have fingernails that were approximately one-half inch long past the fingertip with a brown substance under both the thumbnail and the index fingernail on the right hand. Resident #67 admitted that the staff had only clipped his fingernails one time since he had been there. He stated that he would like to have them trimmed. During an observation and interview on 08/19/25 at 4:17 PM with Certified Nursing Assistant (CNA) #1, she confirmed that Resident #67's fingernails were long, jagged and had brown substance underneath his right thumbnail and index fingernail on his right hand. CNA #1 revealed that fingernail care was part of their daily care and that his nails should have been taken care of. She also revealed that long, jagged dirty nails could cause a resident to scratch himself. An observation and interview with LPN #1 and Resident #67 confirmed that the resident's nails needed cleaning and trimming. She admitted that the resident's nails were long and had a brown substance underneath some of the nailbeds. She revealed that long dirty fingernails were a safety issue that could lead to inflammation of the skin. She stated that both CNA's and nurses could clean diabetic resident's fingernails and that the nurses were responsible for trimming. She acknowledged that the staff that see this should get their supplies and take care of them. Record review of Resident #67's "Admission Record" revealed the facility admitted the resident on 05/23/25 with medical diagnoses that included Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus.	M0610		

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M0610	Continued from page 5 Record review of Resident #67's MDS with ARD of 06/04/25 under Section C revealed a BIMS Score of 14 which indicated that he was cognitively intact.	M0610		
M0705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interviews, and facility policy review, the facility failed to ensure medications were stored in a properly secured refrigerator for (1) of (3) medication storage rooms. Findings include: Review of the facility's policy titled "Medication Storage", revised 11/17, states: "Medication storage shall meet all applicable federal, state and local guidelines." An observation on 08/20/25 at 2:30 PM revealed the medication storage room on the second floor contained a narcotic lock box located inside the refrigerator door, locked, but not secured/affixed to the refrigerator. The lock box was easily removable and contained a bottle of Lorazepam. During an interview conducted on 08/20/25 at 2:35 PM with Registered Nurse (RN) #2, she confirmed that she thought the lock box was supposed to be secured to the refrigerator and not removable. During an interview conducted on 08/20/25 at 2:45 PM with the Director of Nursing (DON), she confirmed the	M0705		

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M0705	Continued from page 6 narcotic lock box was not secured, explained that the refrigerator was new, and stated the box had not yet been properly installed.	M0705		