

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 27BN	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2021
NAME OF PROVIDER OR SUPPLIER HUMPHREYS CO NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 500 CCC ROAD BELZONI, MS 39038		
(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 an annual re-certification survey along with a complaint survey, MS #18055, at Humphreys County Nursing Center from 10/18/2021 to 10/21/2021. During the survey, the SA determined that the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged of Infirm. The SA did not substantiate the complaint of quality of care related to resident not groomed adequately and left wet for extended periods. The facility was licensed for 60 beds and had a census of 41 at the time of the survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

11/11/21