STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255169	A. BUILDING _____ B. WING _____	C 01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAMS COUNTY NURSING CENTER	**587 JOHN R JUNKIN DRIVE NATCHEZ, MS 39120**

(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
F 000	INITIAL COMMENTS *** After review of additional information provided post survey by the facility, an independent dispute resolution (IDR) panel determined the facility evidence showed compliance for tag F882 cited during the COVID survey. A COVID-19 Focused Infection Control Survey and three (3) Complaint Investigations (CI), CI MS #16810, CI MS #17118, and CI MS #16739 were conducted by the State Agency (SA) on 1/05/21 through 1/07/21. The facility was found to be not in compliance with infection control regulations and had not implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility failed to have an Infection Control Preventionist on staff who had completed specialized training in infection prevention and control prior to State Agency (SA) entering the facility for a COVID-19 and complaints survey and was cited F882. CI MS #16810 was not substantiated for neglect and no deficiencies were cited. CI MS #17118 was not substantiated for a Life Safety concern and no deficiencies were cited. CI MS #16739 was not substantiated for neglect and no deficiencies were cited. The census at the time of the survey was 53 with a license for 100.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/10/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.