STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255303	A. BUILDING _____ B. WING _____	10/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAR HILL REST HOME	**1201 GUNTER ROAD FLORENCE, MS 39073**

(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
E 000	Initial Comments E000 The State Agency (SA) conducted a COVID-19 Focused Infection Control Survey on 10/6/20. The facility was found in compliance with infection control regulations and has implemented the recommended practices by CMS and Centers for Disease Control and Prevention (CDC) to prepare for COVID-19. The census at the time of the survey was 45 with a license for 60 beds. During the survey, the SA requested information from the facility related to Infection Prevention Control Policy and Procedure (P&P) and Implementation Procedure, Emergency Preparedness Plan P&P and Implementation, Personal Protective Equipment (PPE) Availability, Staffing, Visitor Restriction, Positive COVID-19 Cases in facility, Hospital Transfers in past 14 Days with signs and symptoms (S/S) of Respiratory Distress, Reporting of positive COVID-19 cases of residents and staff. No concerns were noted during the review of the information.	E 000		

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

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.