

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 R 11/16/2022
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 The State Agency (SA) conducted a Follow Up Survey at the facility on 11/16/22 for the Annual Re-certification Survey that was conducted from 09/12/22 to 09/15/22. The SA determined that the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Inform with no deficiencies cited. The facility was licensed for 120 beds and the census at the time of the survey was 104.	{M 000}		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

12/13/22