

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 10/14/2026	
NAME OF PROVIDER OR SUPPLIER HUMPHREYS CO NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 500 CCC ROAD , BELZONI, Mississippi, 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) COMPLETION DATE	
M0000	Initial Comments		M0000				
	The State Agency (SA) conducted an Annual Recertification survey along with a Complaint Investigation (CI MS #3049770) at the facility from 10/12/2026 through 10/14/2026. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M810. The SA investigated CI MS #3049770 with no deficiencies cited. The facility held a license for 60 beds at the time of the survey, and the facility census was 49.						
M0810	45.28.1 Direction and Supervision Direction and Supervision. Food service is one of the basic services provided by the facility to its residents. Careful attention to adequate nutrition and prescribed modified diets contribute appreciably to the health and comfort to the resident and stimulate his desire to achieve and maintain a higher level of self-care. The facility shall provide residents with well-planned, attractive, and satisfying meals which will meet their nutritional, social, emotional, and therapeutic needs. The dietary department of a facility shall be directed by a Registered Dietitian, a certified dietary manager, or a qualified dietary manager. If a qualified dietary manager is the director, he/she must receive frequent, regularly scheduled consultation from a licensed dietitian, or a registered dietitian exempted from licensure by statute. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on interviews and facility policy review the facility failed to ensure that the Dietary Manager was qualified by obtaining or enrolling in a Certified Dietary Manager (CDM) program for three (3) of 3 days of survey. Findings Include: Review of facility policy titled, "Director of Food and Nutrition" dated 10/2021 revealed under "Job Summary...Regulatory Requirements Certifications as per state and federal requirements..." During an interview on		M0810				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0810	Continued from page 1 10/13/2026 at 3:10 PM, Dietary worker #1 revealed she had been employed at the facility for over a year and was serving as the Dietary Manager. She confirmed she did not have the certification required to be a Dietary Manager and revealed she had not signed up for the courses because she was just wanting to "get her feet wet first" as to what she needed to do in the kitchen. In an interview on 10/13/2026 at 4:05 PM, the Administrator confirmed Dietary Worker #1 was hired 09/29/25 and was serving as the Dietary Manager and had not obtained the certification requirements. He confirmed she had neither enrolled in nor completed the Certified Dietary Manager Program. He acknowledged he was aware of the certification requirement for the Dietary Manager position.			M0810			