## PRINTED: 11/16/2023 FORM APPROVED

23WV B. WING C   IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10/11/2023   IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD   IAMONDHEAD, MS 39525 JIAMONDHEAD, MS 39525 10	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			22007				
DEMORIAL WOODLAND VILLAGE NURSING CENTER   5427 GEX ROAD DIAMONDHEAD, MS 39525     (X4) ID PREFIX   SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   ID PREFIX TAG   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COME DEFICIENCY     M 000   Initial Comments   M 000   M 000   M 000   M 000   Initial Comments   In						10	10/11/2023
IEMORIAL WOODLAND VILLAGE NURSING CENTEF   DIAMONDHEAD, MS 39525     (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 CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   (x COME DA     M 000   Initial Comments   M 000   M 000   M 000   Initial Comments   M 000     The State Agency (SA) conducted a Complaint Investigation (CI), MS #22933, at the facility on 10/11/23. MS #22933 was investigated related to an allegation of a resident burn from coffee. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no   H 000   Initial Comment.   H 000   Initial Comment.   Initial Comment.	AME OF PF	ROVIDER OR SUPPLIER			, ZIP CODE		
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	ORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>	TITLE		(X6) DATE 10/27/23