

Mississippi State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/31/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>MEMORIAL WOODLAND VILLAGE NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5427 GEX ROAD , DIAMONDHEAD, Mississippi, 39525</b>	
(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  The State Agency (SA) conducted a Complaint Investigation (CI), MS #2561850, at the facility, on 7/31/25. MS #2561850 was investigated related to physical abuse. 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 deficiencies cited. However, the facility remains out of compliance due to deficiencies cited on the 6/26/25 survey.	M0000		

Office of Primary Care and Health Systems Management

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