

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23WV</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/28/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEMORIAL WOODLAND VILLAGE NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5427 GEX ROAD</b> <b>DIAMONDHEAD, MS 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) COMPLETE DATE
M 000	Initial Comments  The State Survey Agency (SSA) conducted a recertification survey from 01/25/2022 to 01/28/2022. During the survey the SSA determined the facility was not in compliance with the Minimum Standards for The Institutions for The Aged and Infirm and cited M710. The census at the time of the survey entrance was 98, and the facility was licensed for 134 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

02/16/22