


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

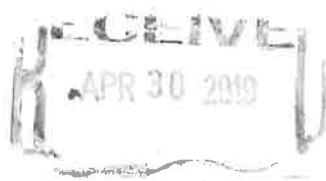
PRINTED: 04/24/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>255163</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>04/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODLAND VILLAGE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5427 GEX ROAD DIAMONDHEAD, MS 39525</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>CI MS #15701, CI MS #15766 &amp; CI MS #15809 The State Survey Agency conducted an annual recertification along with a compliant, CI MS #15701, CI MS# 15766, and CI MS #15809 from 4/8/19 through 4/11/19. During the survey the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA did not substantiate CI MS#15701 Resident/Patient/Client Neglect-injury of unknown origin, CI MS #15766-Quality of Care/Treatment, and CI MS #15809-Resident/Patient/Client Neglect injury of unknown origin with no citations related to the complaints. The SA cited the regulatory deficiencies of F 623, F 641, F 656, and F 693.</p> <p>At the time of the survey the census was 128 and the facility held a license for 132 beds.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Black</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/24/19</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.