

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>07/26/2022</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	<p>Initial Comments</p> <p>The State Agency (SA) conducted a Complaint Investigation (CI), MS #18634, MS #18635, and MS #19223, at the facility from 7/25/22 through 7/26/22. The SA did not substantiate MS #18634 for neglect, resident with weight loss, activities of daily living (ADL) care, resident treated with dignity and respect, medications not given per physician orders, and call lights not answered. The SA did not substantiated MS #18635 for pressure sores, facility staffing, and ADL care. MS # 19223 was not substantiated for ADL care. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. There were no deficiencies cited.</p>	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE