

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

PRINTED: 08/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/26/2022
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>The State Agency (SA) conducted a Complaint Investigation (CI), MS #18634, MS #18635, and MS #19223, and a COVID-19 Focused Infection Control (FIC)survey, at the facility from 7/25/22 through 7/26/22. During the survey, the SA determined that the facility was in compliance with the requirements for participation in Medicare and Medicaid and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 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. There were no deficiencies cited during the survey.</p> <p>The facility held a license for 132 with a census of 108.</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

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.