

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255207		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/04/2025	
NAME OF PROVIDER OR SUPPLIER PLAZA COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4403 HOSPITAL ROAD , PASCAGOULA, Mississippi, 39581			
(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	
F0000	INITIAL COMMENTS The State Agency (SA) conducted Complaint Investigations (CIs), MS #2581231, MS #2601558, MS #2595156, and MS #2600621, at the facility from 9/2/25 through 9/4/25. MS #2581231 was investigated for an allegation of neglect when a resident developed a swollen and infected leg that was later diagnosed as a hematoma requiring hospitalization, blood transfusions, and surgery. MS #2601558 was investigated for an allegation of facility failure to maintain a secure environment when entrance doors were not locking properly, creating a risk for residents with dementia to elope. MS #2595156 was investigated for an allegation of neglect and insufficient staffing when a fire in the ceiling disabled auto-lock doors, leaving staff to monitor multiple unsecured exits while also being responsible for resident care. MS #2600621 was investigated for an allegation of staff misconduct, including mishandling of narcotics, use of inappropriate language toward residents, leaving the facility during scheduled shifts, and failure to adequately staff and manage resident needs. During the survey, the SA determined the facility was in compliance with the requirements of participation in Medicare and Medicaid and there were no deficiencies cited. The facility held a license for 100 beds, with a census of 88.		F0000				

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 reverse for further 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.

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