Mississippi State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED<br>**01/22/2026** |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PLAZA COMMUNITY LIVING CENTER** | **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 |
|---|---|---|---|---|
| M0000 | Initial Comments<br><br>The State Agency (SA) conducted five (5) Complaint Investigations (CI MS #2719787, CI MS #2695846, CI MS #2695847, CI MS #2702881, and CI MS #2676410), at the facility from 1/20/26 through 1/22/26. CI MS #2719787 was investigated related to resident abuse and infection control. CI MS #2695846 was investigated regarding quality of care, falsification of reports, and residents not receiving baths. CI MS #2695847 was investigated related to residents not receiving baths and not being assisted with meals. CI MS #2702881 was investigated related to quality of care, residents not being assisted with meals, and weight loss. CI MS #2676410 was investigated related to pest control. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited. | M0000 | | |



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