

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/05/2026	
NAME OF PROVIDER OR SUPPLIER OCEAN SPRINGS HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1199 OCEAN SPRINGS ROAD , OCEAN SPRINGS, Mississippi, 39564			
(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 he State Agency (SA) conducted Complaint Investigations (CIs), MS #2749341, MS #2794027, MS #2790288, MS #2746871, and MS #2711860, at the facility from 3/4/26 through 3/5/26. MS #2749341 was investigated related to staffing, MS #2794027 was investigated for improper discharge and abuse, MS #2790288 was investigated for staffing, MS #2746871 was investigated for staffing, quality of care and treatment and resident rights, and MS #2711860 was investigated for environment, abuse, nursing services, and misappropriation of property. 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			

Office of Primary Care and Health Systems Management

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