MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30SR	A. BUILDING: _____ B. WING _____	C 02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPLEX SUB-ACUTE CENTER	6520 SUNSCOPE DRIVE OCEAN SPRINGS, MS 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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint investigations (CI MS #17300, CI MS #17491, CI MS #17512) from 2/17/2021 to 2/19/2021 and the SA did not substantiate the complaint The facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements. CI MS #17300 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Physician Not Notified of Resident Change and Pharmaeutical Services. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements. CI MS #17491 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Call Bell Not Answered Timely, Inappropriate Feeding Assistance, Resident Left Wet for Extended Periods, Improper Incontinent Care for Resident, Improper Infection Control Practice, and Resident Not Groomed Adequately, Neglect related to Assess and Physical Environment related to Facility Not Clean. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements. CI MS #17512 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Client Services Not Perfomed Per Physicians Order, Resident Not Groomed Adequately, Facility Staffing,	M 000		

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M 000	Continued From page 1 Responsible Party Not Notified of Resident Change and Neglect related to Pressure Sore and Assess. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements.	M 000		