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 |
|---|---|---|---|
| | 30PL | A. BUILDING: _____ B. WING _____ | C 11/30/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PLAZA COMMUNITY LIVING CENTER | 4403 HOSPITAL ROAD PASCAGOULA, MS 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) COMPLETE DATE |
|---|---|---|---|---|
| M 000 | Initial Comments<br><br>On 11/29/21 through 11/30/21 SA performed one (1) Complaint Investigation, MS #18309, was conducted by the State Agency (SA). The facility was found to be in compliance with participation with the Minimum Standards for the Institutions for the Aged or Infirm. The MS #18309 was not substantiated for facility staffing, quality of care-medications not given according to physician orders, physical environment-not sufficient supplies, offinsive odors, other. These concerns were not substantiated, and no deficiencies were cited. The census was 49 and the facility has a license for 60 beds. | M 000 | | |

Mississippi State Department of Health

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

Electronically Signed | 12/30/21