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
	300S	A. BUILDING: _____ B. WING _____	C 03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTI	1199 OCEAN SPRINGS ROAD 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) determined during a complaint investigations (CI MS #17662, CI MS #17667, CI MS #17674, CI MS #17675) from 03/25/21 to 03/29/21, the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. CI MS #17662 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Responsible Party Not Notified. The SA determined the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. CI MS #17667 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Resident Left Soiled for an Extended Time, Medication Not Given According Physician, Resident Neglect related to Assess, Dietary Services, and Rehabilitation Services. The SA determined the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. CI MS #17674 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Responsible Party Not Notified, No Pressure Sore Prevention, Resident Not Repositioned, and Inappropriate Feeding Assistance, Resident Neglect related to Pressure Sore. The SA determined the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm,	M 000		

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M 000	Continued From page 1 state licensure requirements. CI MS #17675 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Resident Left Wet for Extended Time, Resident Neglect related to Assess. The SA determined the facility was in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements.	M 000		