STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255092	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYINGTON HEALTH AND REHABILITATION	**1530 BROAD AVE GULFPORT, MS 39501**

(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
F 000	INITIAL COMMENTS The State Survey Agency (SSA) conducted three (3) complaint investigations (CI) at the facility from 03/02/2022 to 03/03/2022 for CI #MS 18308, CI #MS 18376 and CI # MS 18501. CI #MS 18308 was not substantiated regarding falls, misappropriation of property including a lost phone, and unnecessary medications causing oversedation. CI# MS 18376 was not substantiated regarding misappropriation of property including lost phone, and complaints of resident had unclean bathrooms/resident rooms, dirty bed linens, resident not receiving baths, call lights not answered, care not given per physician orders including therapy services, and resident left soiled/wet for long periods of time. CI# MS 18501 was not substantiated regarding resident/client complained of not being groomed adequately and left wet for long periods of time, physical environment including complained of insects in rooms, dirty bed linens and bath rooms, and equipment not being maintained. During the investigations, the SSA determined the facility was in compliance with the requirements of participation in Medicare and Medicaid. There were no deficiencies cited by the SSA. The facility had a census of 117 and is licensed for 180.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/09/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.