

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/27/2022
NAME OF PROVIDER OR SUPPLIER SUNPLEX SUB-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control survey and Complaint Investigation (CI) MS #18581, MS #18590, MS #18331, and MS #18287 was conducted by the State Agency (SA) at the facility from 5/23/22 through 5/27/22. During the survey, the SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid. The SA did not substantiate MS #18581 for neglect, facility staffing, resident representative not notified of resident change of condition. The SA did not substantiate MS #18590 for restraints/seclusion, pressure sores, resident representative not notified of resident change of condition, resident services not provided per plan of care or physician instructions, physical environment for lack of supplies, or resident rights for denied visitation. The SA did not substantiate MS #18331 for rehabilitation services, inadequate grooming, or facility staffing. The SA did not substantiate MS #18287 for rehabilitation services, care not provided, or medications not administered per physician instructions. There were no deficiencies cited. The facility held a license for 73 beds, with a census of 54.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/08/2022

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.