

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 300S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/09/2023
NAME OF PROVIDER OR SUPPLIER OCEAN SPRINGS HEALTH & REHABILITATION CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 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) conducted a Complaint Investigation (CI), MS #21357, at the facility on 5/9/23. The SA investigated the complaint for neglect and cited no deficiencies; however, the facility remains out of compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged and Infirm due to deficiencies cited on the 4/19/23 complaint survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

05/17/23