

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255299		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/23/2025	
NAME OF PROVIDER OR SUPPLIER VINEYARD COURT NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2002 5TH STREET NORTH , COLUMBUS, Mississippi, 39705			
(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted four (4) Complaint Investigations (CI MS #2682458, CI MS #2685521, CI MS #2687158, and CI MS #2695403) at the facility from 12/22/25 through 12/23/25. During the survey, the SA determined the facility was in compliance with the requirements of participation in Medicare and Medicaid. The SA investigated CI MS 2682458 for accidents, abuse, and neglect, CI MS #2685521 for misappropriation of property, resident rights, and abuse, CI MS #2687158 for resident rights and nursing service, and CI MS #2695403 for abuse and quality of care and cited no deficiencies. The census at the time of the survey was 53 with a bed licensure for 55 beds.			F0000			

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 reverse for further 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.

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