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 |
|---|---|---|---|
| | 43BM | A. BUILDING: _____ B. WING _____ | C 09/26/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DIVERSICARE OF BROOKHAVEN | 519 BROOKMAN DRIVE BROOKHAVEN, MS 39601 |

| (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<br><br>The State Agency (SA) conducted Complaint Investigations (CI), CI MS #22852 and CI MS # 22803, at the facility from 09/25/23 through 09/26/23. CI MS #22852 was investigated related to resident abuse and Resident Representative not being notified of a change in the resident's condition. CI MS #22803 was investigated regarding abuse and a resident being left wet for an extended period of time. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements related to CI MS #22852 and CI MS #22803. However, the facility remains out of compliance due to deficiencies cited on 8/31/23. | M 000 | | |

Mississippi State Department of Health

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 10/06/23 |