

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 78EH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/14/2024
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF EUPORA		STREET ADDRESS, CITY, STATE, ZIP CODE 156 E WALNUT AVE EUPORA, MS 39744		
(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 On 02/14/24 the State Agency (SA) conducted an onsite complaint investigation (CI MS#24003) which alleged misappropriation of resident funds. The SA determined that the facility was in compliance with the requirements for the Aged and Infirm and no deficiencies were cited. The facility had a license for 119 beds and had a resident census of 106 at the time of the survey.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

03/04/24