

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54BM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF BATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 154 WOODLAND ROAD BATESVILLE, MS 38606		
(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 #24878, CI MS #24942, and CI MS #25000) at the facility from 5/15/24 through 5/16/24. During the survey, the SA determined that the facility was in compliance the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. There were no deficiencies cited for CI MS #24878 related to Quality of Care, CI MS #24942 related to allegations of neglect or CI MS #25000 related to allegations of abuse. The census at the time of the survey was 100 with a bed capacity of 126 bed	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

05/21/24