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 |
|---|---|---|---|
| | 17SH | A. BUILDING: _____ B. WING _____ | C 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DIVERSICARE OF SOUTHAVEN | 1730 DORCHESTER DR SOUTHAVEN, MS 38671 |

| (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 a complaint investigation (CI) at the facility on 11/25/24 for CI MS #26562 related to dietary services, misappropriation of funds, quality of care, and administration and CI MS #26598 related to environment, falls,nursing services, and quality of care. During the survey, the SA determined the facility was in compliance with the requirements for the Minimum Standards of Operation for Institutions of Aged or Infirm and there were no deficiencies cited.<br><br>At the time of the survey, the facility had a census of 130 residents and was licensed for 140 beds. | M 000 | | |

Mississippi State Department of Health

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 12/03/24 |