STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255174	A. BUILDING _____ B. WING _____	C 03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MOSS POINT	**3401 MAIN STREET MOSS POINT, MS 39563**

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted five (5) Complaint Investigations (CIs), MS #27513, MS #27842, MS #27843, MS #27936, and MS #27956, at the facility from 3/3/25 through 3/5/25. MS #27513 was investigated for quality of care. MS #27842 was investigated for neglect, nursing services, resident left wet, and quality of care. MS #27843 was investigated for neglect, quality of care, resident left wet, and nursing services. MS #27936 was investigated for quality of care, resident left wet, call bells, neglect, and missing clothes. MS #27956 was investigated for injury, falls, responsible representatives not notified of changes, neglect, and quality of care. During the survey, the SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid. and there were no deficiencies cited related to the investigations. The facility held a license for 160 beds and had a census of 112 at the time of the survey.	F 000		

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

Electronically Signed | 03/18/2025

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 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.