

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/31/2025	
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF RIPLEY				STREET ADDRESS, CITY, STATE, ZIP CODE 101 CUNNINGHAM DR 101 CUNNINGHAM DRIVE, RIPLEY, Mississippi, 38663			
(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
M0000	Initial Comments The State Agency (SA) conducted a complaint survey for 2561805 and 2574020 at the facility on 07/31/25. During the survey, the SA determined that the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm and there were no deficiencies cited. The census at the time of the complaint survey was 121 and they held a license for 140 beds.			M0000			

Office of Primary Care and Health Systems Management

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