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 **09/11/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	**4728 HIGHWAY 39 NORTH , MERIDIAN, Mississippi, 39301**

(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 Complaint Investigations (CIs), MS #472310, MS #2573384, MS #2611481, and MS #2597847, and a Facility Reported Incident (FRI), MS #2612491, at the facility from 9/10/25 through 9/11/25. MS #472310 was investigated for an allegation of insufficient staffing. MS #2573384 was investigated for an allegation of neglect when a resident reportedly fell from her wheelchair and sustained a hematoma and a laceration. MS #2611481 was investigated for an allegation of neglect when a resident sustained a skin tear, which was not reported to the family, and later developed complications. MS #2597847 was investigated for an allegation of misappropriation of resident property when a resident's wallet and birthday gift items went missing. MS #2612491 was a Facility Reported Incident (FRI) investigated for an allegation of verbal abuse when a staff member allegedly directed inappropriate and derogatory remarks toward a resident. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited.	M0000		

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