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 **08/21/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TYLERTOWN	**200 MEDICAL CIRCLE P.O. BOX 112, TYLERTOWN, Mississippi, 39667**

(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 Investigation for Complaint 2592288, Complaint 2590269, Complaint 500452, Complaint 2563104, Complaint 2561790, Complaint 500450, and Complaint 500451 at the facility from 8/19/25 through 8/20/25. Complaint 2592288 was investigated related to neglect and quality of care and pressure ulcers. Complaint 2590269 was investigated regarding accidents/fall. Complaint 500452 was investigated related to abuse, neglect, quality of care and residents' rights. Complaint 2563104 was investigated related to neglect and quality of care. Complaint 2561790 was investigated related to resident left wet/soiled for extended period, neglect and quality of caer. Complaint 500450 was investigated related to physical environment. Complaint 500451 was investigated related to resident left wet/soiled for extended period, quality of care and neglect. 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. The facility held a license for 60 beds, with a census of 50 residents.	M0000		

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