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 09/03/2021

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 The State Agency (SA) conducted a complaint investigation for MS # 17617, MS #17876, and MS #18025 at the facility from 9/2/21 to 9/3/21. The SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Aged and Infirm. The SA was unable to substantiate MS #17617 for assessment and monitoring and failure to notify physician, MS# 17876 for Quality of Care and Resident Rights related to safety, pressure ulcers, staffing ,following physician orders and incontinence and MS #18025 for assessment and monitoring and services not performed for a PEG site, resident grooming, misappropriation of clothing and discharge medications. No deficiencies were cited. At the time of the survey, the facility had a census of 114 and held a license for 140 beds.	M 000		

Mississippi State Department of Health

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