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 **12/17/2025**

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 #2678116, MS #2690785, MS #2653466, and MS #2638107, at the facility from 12/15/25 through 12/17/25. MS #2678116 was investigated for an allegation of neglect when a resident reportedly fell after sitting in a wheelchair for several hours, was not timely assisted to bed, and staff allegedly made inappropriate comments following the fall. MS #2690785 was investigated for an allegation of neglect and failure to provide appropriate care when a resident reportedly was not turned as required, developed a wound, and staff attitudes toward the resident and family were described as degrading. MS #2653466 was investigated for an allegation of neglect when a resident reportedly developed a rash on her back and family reported staff were not addressing the condition. MS #2638107 was investigated for an allegation of insufficient staffing when the facility was reportedly short staffed, lacked key nursing leadership positions, and assigned nurses an unsafe number of residents. 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		

Office of Primary Care and Health Systems Management

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