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 **05/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	**1005 CITY AVENUE NORTH PO BOX 499, 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 On 05/05/26 the State Agency (SA) conducted an onsite revisit related to the annual survey that was completed on 02/19/26. The SA determined that the corrective measures taken by the facility corrected the deficiencies cited on the 02/19/26 survey as of 03/24/26. However, the facility remained out of compliance with the requirements of participation in the Minimum Standards for The Aged and Infirm, state licensure requirements until 04/30/26, the compliance date for the 03/26/26 Federal Comparative Survey. The census at the time of survey was 31 and the facility held a license for 40 beds.	M0000		

Office of Primary Care and Health Systems Management

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