

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54BM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/15/2021
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF BATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 154 WOODLAND ROAD BATESVILLE, MS 38606		
(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 facility reported incident complaint survey, MS # 18281 at the facility from 12/15/2021 to 12/15/2021. During the survey, the SA determined that the facility followed the requirements for the Minimum Standards for the Institutions for the Aged or Infirm. The SA did not substantiate noncompliance with MS #18281 Quality of Care related to left wet for extended periods of time, services not performed, and services not received and cited no deficiencies. The facility was licensed for 130 beds and had a census of 76 at the time of the survey.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE