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
	70RM	A. BUILDING: _____ B. WING _____	R 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 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) COMPLETE DATE
{M 000}	Initial Comments The State Agency (SA) conducted post-certification revisit for M 640 related to hazardous chemical storage, M 655 related to dating and storage of oxygen and nebulizer tubing on 12/27/2021 to 12/28/2021. The SA determined that the facility followed the requirements for the Minimum Standards for the Institutions for the Aged or Infirmed and no deficiencies were cited. The facility was licensed for 148 beds and had a census of 107 at the time of the survey. The State Agency (SA) conducted post-certification revisit for M 640 related to hazardous chemical storage, M 655 related to dating and storage of oxygen and nebulizer tubing, on 12/27/2021 to 12/28/2021. , the SA determined that the facility followed the requirements for the Minimum Standards for the Institutions for the Aged or Infirm, and no deficiencies were cited. The facility was licensed for 148 beds and had a census of 107, 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

Electronically Signed | 01/17/22