

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255102		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/28/2021	
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF RIPLEY				STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE
{E 000}	Initial Comments The State Agency (SA) conducted post-certification revisit for Infection Control with deficiency F- 880, related to Hand hygiene and disinfecting equipment, F 689 related to Hazardous chemical storage, F 695 related to dating and storage of oxygen and nebulizer tubing, and F 761 related to storage of drugs at the facility on 12/27/2021 to 12/28/2021. The SA determined that the facility was, in compliance with the requirements for participation in Medicare and Medicaid related to infection control, dating and storage of tubing, storage of chemicals and drugs and no deficiencies were cited. The facility was licensed for 148 beds and had a census of 107, at the time of the survey.			{E 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/17/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.