

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43BM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/21/2021
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF BROOKHAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 519 BROOKMAN DRIVE BROOKHAVEN, MS 39601		
(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 On 12/21/21 two (2) Complaint Investigations, CI MS 18314 and CI MS 17926 were conducted by the State Agency (SA) on 12/21/21. The facility was found to be in compliance with the Minimum Standards for Institutions for the Aged or Infirm. CI MS 18314 was not substantiated for dirty bathrooms and lack of heating system in the facility. CI MS 17926 was not substantiated for infection control due to a scabies outbreak at the facility. No deficiencies cited. The census at the time of the survey was 54 with a license for 58 beds.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE