

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41TM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/03/2019
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF TUPELO		STREET ADDRESS, CITY, STATE, ZIP CODE 2273 SOUTH EASON BOULEVARD TUPELO, MS 38804		
(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 Survey Agency (SA) conducted a complaint investigation (CI MS#15797 & CI MS#15854) on 05/03/19. The result of the investigation was unsubstantiated for Quality of Care and Admission/Discharge rights with no deficiencies cited. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation. At the time of the survey, the census was 108.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE