

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 04/01/2022
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 Agency (SA) conducted complaint survey for MS #18061, MS #18639, and MS# 18090 at the facility from 03/30/2022 to 04/01/2022 along with an Employee Vaccination section of the Infection Control survey. During the survey, the SA determined that the facility followed the Minimum Standards for the Institutions for the Aged or Infirm. The SA did not substantiate noncompliance with MS #18061 related to quality of care/treatment or services not received and medications not given as ordered, MS #18639 environment roaches and services not received as physician ordered, and MS #18090 related to short staffing, were not substantiated and there were no deficiencies cited. The facility was licensed for 120 beds and the census was 79 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

04/07/22