STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255117	A. BUILDING _____ B. WING _____	C 04/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	**156 E WALNUT AVE EUPORA, MS 39744**

(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
F 000	INITIAL COMMENTS On 04/27/2022 through 04/29/2022 the State Agency (SA) conducted complaint survey for (CI) MS # 18017, CI MS #18290, CI MS 18573 and CI MS #18675 along with a Staff Vaccination Status section of the Infection Control Survey. During the survey, the SA determined that the facility followed the requirements for participation in Medicare and Medicaid. The SA did not substantiate noncompliance with CI) MS#18017 Quality of care-resident left soiled for extended periods of time, resident left wet for extended periods of time, and resident not turned /repositioned timely, CI MS #181290 Quality of Care-resident left wet for extended periods of time, resident left soiled for extended period of time, Resident client /patient abuse, physical Environment- roaches in the building, CI MS 18573 Quality of care- left wet for extended periods of time, and CI MS #18657 Quality of Care facility staffing, resident not groomed properly, resident safety, resident medication improperly administered, Nursing Services, Dietary services, Physical environment -facility not clean were not substantiated and there were no deficiencies cited. The Facility was licensed for 119 beds and the census was 110 at the time of the survey.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/06/2022

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.