

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 70RM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint survey CI MS #18647 and CI MS #18779 along with the staff vaccination section of the Infection Prevention, Control and Immunization pathway, at the facility from 05/10/2022 to 05/11/2022. During the survey, the SA determined that the facility was in compliance with the requirements for The Aged and Infirmed. The SA could not substantiate the complaint for CI MS #18647 Resident Rights and nursing services or CI MS #18779 related to resident /client abuse and neglect and there were no deficiencies cited. The facility was licensed for 130 beds and had a census of 110 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