MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 12/01/2022

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint survey, MS00019790 at the facility from 11/30/22 to 12/01/22. During the survey, the SA determined that the facility was in compliance with the requirements of participation in the requirements for the Aged and Infirm. The SA did not substantiate the complaint for Quality of Care/Treatment Resident Safety/Falls, Quality of Care/Treatment Resident Left Wet For Extended Periods, Quality of Care/Treatment resident Not Groomed Adequately, and cited no deficiencies. The facility is licensed for 119 beds and at the time of the survey the census was 103.	M 000		