

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 11/07/2022
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 On 11/07/22 the State Agency (SA) conducted an on site complaint investigation, MS00019760 for alleged negligence of a resident. The SA did not substantiate the complaint and no deficiencies were cited. The SA determined that the facility was in substantial compliance with the regulations for the Aged and Infirmed. The census was 93 and the facility held a license for 120 beds on 11/07/22.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

11/21/22