

Mississippi State Department of Health

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|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>08/06/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIVERSICARE OF MOSS POINT</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3401 MAIN STREET , MOSS POINT, Mississippi, 39563</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |  | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| M0000                                                                | Initial Comments<br><br>The State Agency (SA) conducted a Complaint Investigation (CI), MS #3063455 and MS #3092894, at the facility from 8/5/26 through 8/6/26. MS #3063455 was investigated for nursing services, quality of care/treatment, and discharge rights. MS #3092894 was investigated for infection control, quality of care, and abuse. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited. |                                                       |  | M0000                                                                                                 |                                                                                                                          |                                                     |                            |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE |  | TITLE | (X6) DATE |
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