

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><br>B. WING                                          |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>09/30/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIVERSICARE OF EUPORA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>156 E WALNUT AVE , EUPORA, Mississippi, 39744</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                                                            | <p>Initial Comments</p> <p>The State Agency (SA) conducted six (6) Complaint Investigations (CI MS #3006913, CI MS #3013511, CI MS #3153433, CI MS #3173087, CI MS #3187539, and CI MS #3194598) at the facility from 9/29/26 through 9/30/26. During the survey, the SA determined that the facility was compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm and there were no deficiencies cited.</p> <p>Census at the time of the survey was 105 with a bed capacity of 119 beds.</p> |                                                       |  | 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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