## MSDH - Health Facilities Licensure and Certification

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE JIP CODE.  4347 WEST GAY ROAD DISERVILLE, MS 38540  SUMMARY STATEMENT OF DESCRIPCIONS THE STATE PROCESSED RY FILL REGULATORY OR LISC IDENTIFYING INFORMATION)  [EACH LOGRECOPE AND OF CORRECTION SEACH CORRECTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION)  [M 000]  Initial Comments  The State Agency (SA) conducted a follow up/revisit survey on 1704/22 at the facility for the Substandard Quality of Care (SSC) cited on an annual survey that was conducted 11/01/21 through 11/04/22. The SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid effective 12/26/2021.  The facility held a license for 106 beds, with a census of 66.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4347 WEST GAY ROAD DIBERVILLE, MS 39540   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  (M 000)  Initial Comments  The State Agency (SA) conducted a follow up/revisit survey on 1/04/22 at the facility for the Substandard Quality of Care (SQC) cited on an annual survey that was conducted 11/01/21 through 11/04/21. The SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid effective 12/26/2021.  The facility held a license for 106 beds, with a				A. BOILDING.		ь		
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Mississippi State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed 01/24/22