STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	C 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #25416 and CI MS #25425) at the facility on 06/27/24. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. CI MS #25416 was investigated related to pressure ulcers and there were no deficiencies cited related to the complaint. CI MS #25425 was investigated related to a resident's fall and F689 was cited. The facility had a census of 108 and licensed for 151.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and the facility policy review, the facility failed to develop appropriate interventions for a cognitively impaired resident after a fall to prevent reoccurrence for one (1) of three (3) sampled residents. Resident #1 Findings include: A record review of the facility's policy "Fall Risk	F 689	1) The care plan audit for revisions was started on 6/28/2024 and completed on 7/3/2024 for Resident #1. The interventions for Resident #1 include: * Physical Therapy providing treatment beginning on 6/17/2024 to current date for therapeutic exercise, therapeutic activities, and gait training * Occupational Therapy providing treatment beginning on 6/13/2024 to	8/8/24

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

Electronically Signed | 07/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	Continued From page 1 Assessment" with revised date 01/05/24 revealed " ... It is the policy of this facility to provide an environment that is free from accidents and hazards ...Policy Explanation and Compliance Guidelines: ... 4. The "At Risk for Falls" care plan will include interventions, including adequate supervision, consistent with a resident's needs, goals, and current standards of practice in order to reduce the risk of an accident ..." A record review of the "Witnessed Fall" Report dated 05/15/24 revealed Resident #1 had a fall in the hallway. When the staff asked Resident #1 what had happened, he indicated that he did not know. A record review of the "Witnessed Fall" Report dated 05/23/24 revealed Resident #1 had a fall in his room. The resident's roommate stated that the resident was trying to get in the bed. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/08/24 revealed Resident #1's cognitive skills for daily decision making were moderately impaired. Record review of the care plan with an initiation date of 10/31/23 revealed "Problem Falls: At risk for falls r/t (related to) ...cognitive impairment .... Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed ...date initiated 5/20/2024 ...Educate resident/family/caregivers about safety reminders and what to do if a fall occurs. Date initiated 5/24/24 ..." The care plan indicated Resident #1 had a witnessed fall out to the wheelchair on 5/15/24 and another witnessed fall on 5/23/24 transferring from the wheelchair to	F 689	current date for therapeutic exercise, therapeutic activities, neuromuscular re-education, and wheelchair management * be sure the residents' call light is within reach and promptly respond to all requests for assistance (history of making one word requests) - 6/28/2024 * assess resident for conditions/medication as possible contributing factors and/or root cause of postural change if resident observed slumped/leaning forward and/or displays significant change in usual posture - 6/28/2024 * during rounds and/or routine care/activities, anticipate elder's needs i.e. offer fluids, assist with repositioning, toileting, transfers as indicated - 6/28/2024 * observe for non-verbal indicators of discomfort/fatigue/restlessness and offer assist - 6/28/2024 * educate staff/caregivers as needed about standard fall precautions and what to do if a fall occurs as needed - 6/28/2024 * observe for unsteady attempts to/with transfers and redirect resident as needed - 6/28/2024 * staff to assist resident to bed after meals per resident preference (history of saying "bed" when wanting to lay down) - 6/28/2024 * customized wheelchair with non-skid material to seat to promote proper positioning and safety - 7/3/2024	

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F 689	Continued From page 2 bed unassisted. At 12:10 PM on 06/27/24, during an interview with the Director of Nursing (DON), she confirmed Resident #1 was severely cognitively impaired and had memory loss. She explained he did not say many words but would answer yes and no questions. She stated she did not think Resident #1 could remember to use the call light or remember safety education provided to him. The DON reviewed Resident #1's care plan and confirmed after the resident's fall on 05/15/24 the intervention that was developed was to keep the call light within reach and encourage the resident to use it. The DON confirmed that was not appropriate for Resident #1 because of his cognitive impairment. She also confirmed the intervention initiated on 05/24/23 after the resident's second fall that was developed was to educate the resident about safety reminders and confirmed that was also not appropriate. She stated she expected care plan interventions to reflect the resident's individual needs and the care plan nurse to develop interventions that are appropriate for residents. On 06/27/24 at 12:35 PM, during an interview with Registered Nurse (RN) #1, she stated she was responsible for developing care plan interventions after a resident had a fall. She confirmed care plan interventions for Resident #1 included safety education and to encourage the resident to use the call light. She confirmed Resident #1 had memory problems and was oriented only to person. Resident #1 could not remember things and if his call light was in reach, he was cognitively impaired and would not know or remember how to use it.	F 689	2) All residents who have experienced a fall that resulted in injury have the potential to be affected. 3) Quality Assurance Nurse audit of all residents care plans who have experienced a fall that resulted in injury over the last quarter for appropriate interventions to prevent another fall was completed on 7/10/2024. All staff will be in serviced by 7/31/2024 on the facility Accident/Supervision Policy by the Nursing Home Administrator and/or the Director of Nurses beginning 7/17/2024. 4) All care plans of falls that result in an injury will be audited weekly by the Quality Assurance Nurse, Director of Nurses, Social Services Director and Administrator for appropriate interventions and the findings will be brought to the weekly Quality Assurance meeting for review and recommendations beginning on 7/3/2024 and will continue for the next (25 weeks) 6 months thru 12/31/24.The appropriate interventions will be determined by reviewing the residents' medical record and current interventions for their effectiveness, interviewing the resident (if appropriate) and involving the Interdisciplinary Team's recommendations. To ensure sustained compliance, weekly review findings will be presented weekly times four (4) weeks and then monthly, to the Interdisciplinary Team meeting, for the next six (6) months beginning on	

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F 689	Continued From page 3 On 06/27/24 at 4:30 PM, during an interview with the Administrator, she explained the facility discussed falls and interventions daily and she expected the care plan nurse to add appropriate interventions to resident care plans to prevent future falls. A record review of the "Admission Record" revealed the facility admitted Resident #1 on 07/19/2022 with diagnoses that included Hemiplegia and Hemiparesis.	F 689	7/25/2024 thru 12/31/2024.	